Exploring the Transition Experiences of Ethnically Minoritised Student Nurses into University.

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A thesis submitted in partial fulfilment of the requirements of Sheffield Hallam University for the degree of Doctor in Education.

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Declaration

I hereby declare that:

1. I have not been enrolled for another award of the University or other academic or professional organisation, whilst undertaking my research degree.

2. None of the material contained in the thesis has been used in any other submission for an academic award.

3. I certify that this thesis is my own work. The use of all published or other sources of material consulted have been properly and fully acknowledged.

4. The work undertaken towards the thesis has been conducted in accordance with the SHU Principles of Integrity in Research and the SHU Research Ethics Policy, and ethics approval has been granted for all research studies in the thesis.

5. The word count of the thesis is words 65,505.

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Abstract

Aim

This study examines the transition experience of ethnically minoritised (EM) nursing students into a North of England university using Critical Race Theory (CRT) as a theoretical framework. This includes an exploration of the institutional barriers to transitioning and how the students see themselves as emerging professionals.

Background

Belonging is a necessary condition for students to obtain a positive learning experience and successfully transition (Archer et al., 2003; Frame, 2015). The Office for Students (2020b) acknowledges that the issues EM students face is complex and also affect their sense of belonging. The 'Closing the Gap? Trends in Educational Attainment and Disadvantage' policy (Education Policy Institute, 2017) identifies that EM students are disadvantaged by degree classifications based on their ethnicity. The policy aims to ensure that all students can achieve their full potential regardless of their social, economic or cultural background. However, students can only achieve their full potential if they feel a sense of belonging within educational spaces. Structural racism within nursing impacts EM students' educational experience, hence making it imperative to dismantle the system (Broome & Villarruel, 2020; Naqvi et al., 2015). Furthermore, discussing racial inequalities in nursing education represents a significant challenge as no nurse believes they are racist (Bennett et al., 2019).

Method

The study uses narrative inquiry and semi-structured interviews to obtain the participant's stories. Seven ethnically minoritised student nurses were interviewed individually three times over a year to critically examine their experiences of transitioning into university.

Findings

Using thematic analysis, the findings identified three key themes which included experiences with the curriculum, placement, and support. The findings have demonstrated that racism is embedded in all aspects of nursing education and the student lifecycle. All the participants shared experiences of racism in the form of overt incidents and microaggressions. The key contribution to knowledge from this study is how CRT which acknowledges intersectional influences is applied to understand the transition experience of EM student nurses into university and their placement experiences within a UK context. The participants have shared that racism is evident in all aspects of the nursing programme and that intersectionality impacts these experiences. Importantly the study has found that the experiences of EM students are nuanced and cannot be homogenised as the different intersectional characteristics they possess could impact their individual experiences.

Conclusion

The use of CRT, blended with intersectionality in research goes further than obtaining stories from marginalised individuals. Action needs to be undertaken by white nurses, students, and educators. The responsibility does not lie with ethnically minoritised individuals to fix the issue or find the solutions caused by systemic racism.

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Table of Contents

Glossary

Term	Definition	Abbreviation (if applicable)
Academic	A term used interchangeably with lecturer. A person who is responsible for teaching at the university.	
Access and Participation Plan	A plan that sets out how Higher Education Institutes need to improve access to university, success, and progression for students from underrepresented groups.	
Black, Asian, Minority Ethnic or Black Minority Ethnic	A homogeneous term to describe everyone who is not white.	BAME
Coding	Allocating a term that	

	provides a topical overview to a set of data.	
Colour Blind	The belief is that a person's race or ethnicity should not influence the treatment they receive. This results in individuals stating they do not see colour. By not seeing colour, you are unable to see the structural disadvantage that people of colour face.	
Constructivism	The belief that knowledge is socially constructed.	
Counter- storytelling	Stories and experiences of historically oppressed and marginalised people.	
Critical Race Theory	A framework that analyses, critiques, and addresses racial inequality.	CRT
Curriculum	All aspects of student	

	educational experience including teaching, placements, well-being, assessments and environments.	
Data Analysis	The process of analysing data obtained from research.	
Decolonising the Curriculum	Challenging the colonial systems and structures that exist within the higher education context.	
Diversifying the Curriculum	Expanding the curriculum content and reading to include underrepresented groups.	
Epistemology	The theory of knowledge and how knowledge is gathered.	
Equality Act	A law that was brought out in 2010 to protect people with protected	

	characteristics from discrimination, victimisation, and harassment.	
Ethics	Process of questioning, justifying, and defending moral values and principles about research.	
Ethnically Minoritised	People who are from any other ethnicity/race apart from white.	EM
Ethnicity	Ethnicity is the characterisation of people who have a shared culture, such as food, cultural attire, values and beliefs, which is passed on through generations and maintained through marrying individuals from the same ethnic group or caste.	

Ethnicity Degree Awarding Gap	The disparity of the awarding of Good Honours degrees between white students and ethnically minoritised students. A good honours is a First Class or 2:1 degree classification.	EDAG
Eurocentric	Where the main focus is on European culture and experiences with the exclusion of the wider view of the world.	
Field Questions	Questions used during participants' interviews to support the answering of research questions.	
Higher Education (Institute)	Higher Education is the next level of education once you complete level 3 studies. Normally, this refers to a university.	HE/HEI

Intersectionality	Multiple layers of marginalisation and discrimination due to possessing more than one social category.	
Link Lecturer	A nursing academic who oversees placement areas and supports students whilst on placement.	
Methodology	The techniques used to identify and select the research process and design.	
Microaggression	The subtle statements or actions towards people from marginalised groups. Identified as the modern form of racism, actions are normally covert.	
Narrative Inquiry	Recording the lived experiences of individuals to understand the meaning	

	behind their stories.	
National Health Service	A government funded health care service, which is available to everyone and is the biggest provider of health services in the UK.	NHS
Nursing and Midwifery Council	Independent regulator for nurses and midwives, setting standards and quality for the profession.	NMC
Office For Students	Higher education regulator who reports to parliament through the Department for Education.	OfS
Ontology	The knowing, perceiving, and interpreting of the world and reality.	
Practice Assessor	A registered nurse who assesses and confirms the student's achievement of practice learning for a	PA

	placement or a series of placements.	
Race	Race is a social construct and categorises people based on perceived physical characteristics and is loosely applied to people from similar geographical areas.	
Racism	Prejudice/discrimination towards individuals or groups of people based on their race or ethnicity.	
Reflexivity	Questioning and examining one's own reactions and motives and how these influence research.	
Research Questions	The questions that the research project/study sets out to answer.	
Semi-structured Interviews	A qualitative research method that uses a pre-	

	determined set of field questions with the opportunity to ask further questions in the interview.	
Student Nurses	Students at a HEI who are undertaking a nursing degree.	
Thematic Analysis	A method that organises qualitative data into a series of patterns and themes.	
Theoretical Framework	The framework that supports the structure and guides the research process. It helps shape the study.	
Transition	Substantial shift in a student's life including understanding, growth, and maturity. Transitions transpire throughout the course of a student's	

	educational experience.	
Whiteness	Refers to the way that white people, their customs, culture, and beliefs operate as the standard.	
White Privilege	Inherent advantages possessed by a white person based on their race in a society characterized by racial inequality and injustice.	
White Supremacy	The belief that white people constitute a superior race and should therefore dominate society, typically to the exclusion or detriment of other racial and ethnic groups.	

Workforce Race Equality Standards	NHS providers must show progress across a number of race equality indicators.	

Exploring The Transition Experiences of Ethnically Minoritised Student Nurses into University.

“The world is a dangerous place to live, not because of the people who are evil, but because of the people who don’t do anything about it.”

Albert Einstein (n.d)

Chapter 1- Background and Introduction

1.1 Introduction

This chapter introduces the background to why this research was undertaken by providing aims and objectives of the study and exploring key areas of importance. The research explores the transition experience of ethnically minoritised (EM) students into university within the nursing department. Due to anonymity, the university will not be named and will be referred to as the university in the thesis and in any references. In this chapter, I will outline my positionality as a researcher, linking how my childhood and own university experience plays a part in my role as a researcher. I will explore how I "fit in" to my proposed project alongside the work I lead with minoritised student groups across the university. In this introductory chapter, I discuss the key areas that outline the context of the research. These include an overview of the nursing programme, the impact of transition on belonging and employability, and how racism impacts nursing education. I will demonstrate an understanding of the historical, ethical, and global factors around my proposed research project, which includes a discussion of Critical Race Theory (CRT) and how this approach could be modelled into nursing, creating new knowledge. I aim to critically evaluate the policy document titled ‘Closing the Gap’ (Education Policy Institute, 2017), where EM students are disadvantaged in relation to the attainment gap, which is now mostly referred to as the degree awarding gap in the industry.

1.2 The importance of terminology

The concepts of race and ethnicity, while often conflated in everyday discourse, represent distinct yet interconnected dimensions of human identity that carry particular significance within the United Kingdom's diverse social landscape. Understanding their differences is crucial for comprehending contemporary British society, policy formation, and the lived experiences of its multicultural population (Song, 2014).

Race, as conceptualised in sociological refers primarily to socially constructed categories based on perceived physical characteristics, particularly skin colour, facial features, and hair texture (Thompson, 2023). Race is a powerful social reality that shapes individual experiences and societal structures. Ethnicity, encompasses cultural, linguistic, religious, and ancestral characteristics that bind communities together. Ethnic identity incorporates shared traditions, values, historical narratives, and often geographical origins. Unlike race, ethnicity is generally recognised as having a meaningful form of group identification, as it reflects genuine cultural differences and heritage rather than physical distinctions (Gunaratnam, 2003). Racial and ethnic categories are never neutral, they are usually developed response to political context (Gunaratnam, 2003).

The Office for National Statistics uses ethnic categories in census data collection and avoids using the term race. These categories include "White British," "Asian or Asian British," "Black or Black British," and "Mixed or Multiple ethnic groups," among others. This classification system demonstrates the complexity of identity in modern Britain, where second and third-generation immigrants, like me may identify simultaneously with British nationality and their ancestral ethnic heritage. EM

individuals navigate multiple identities, often maintaining strong ethnic connections while developing distinctly British cultural practices (Song, 2003).However, their identity is ultimately given to them by other people and actively used (Collins & Solomos, 2010).

The interaction between race and ethnicity becomes particularly complex when examining experiences of discrimination and marginalisation. While EM communities may face cultural misunderstanding or religious prejudice, racialised minorities often encounter additional barriers based on physical appearance. There is reluctance to use the word race or racism as opposed to ethnicity. However, both terms are important and demonstrates the diversification of societies which are growing in Britain. However, by using race instead of ethnicity highlights the power possessed by white people (Song, 2018). Using ethnic group or ethnicity rather than race allows organisations to avoid issues related to race as ethnicity feels a more accepted term that avoid issues related to race.

Deciding on a term to describe a group of students exclusively based on their race is problematic and the terminology to describe racialised groups is often contested (Gunaratnam, 2003). Debates in relation to the meaning of racial and ethnic categories are ongoing. Society often conflates ethnicity with race, when they are two separate characteristics. Race is a social construct and categorises people based on perceived physical characteristics and is loosely applied to people from similar geographical areas (Thompson, 2023). Ethnicity is the characterisation of people who have a shared culture, such as food, cultural attire, values and beliefs (Thompson, 2023). By using fixed categories or identity markers to describe groups of people highlights social differences and hierarchies, as well as centres whiteness as the norm. The term racialised is commonly given to structures and processes

where there are differences in political, economic, and social aspects (Agnew, 2007). The United Kingdom (UK) government emphasised in 2021 (Cabinet Office, 2021b) that the use of BAME (Black, Asian, Minority Ethnic) should be discontinued as the term homogenises everyone into an 'other' group whilst excluding certain minority ethnic groups. However, this is the case for all terminology used to describe people based on their race. When reporting statistics the term BAME is commonly used, however this term is not meant to be used to refer to a group of people outside of statistical purposes. There are many terms that could be used, examples are people of colour, racially minoritised, Black and Brown, and global ethnic majority. However, these terms are all problematic and homogenise people into a group, whilst centring whiteness. This highlights racial groups of people who are referred to as minorities in the UK. Whilst EM groups are not in receipt of the same privileges, power and outcomes as white people, then policies will still continue to categorise individuals into groups based on their race, particularly for statistical purposes. Ethnic minority people are the global majority making up 80% of the world's population (Gunter, 2019). This term removes the power hierarchy and the white supremacy that is associated with people who are racialised as white and allows the EM community to claim back power. However, in the UK context using this term takes away the impact of real issue that exists.

Using the term ethnically minoritised recognises that individuals or communities have been minoritised through social processes of power and domination rather than just existing in minority groups (Gunaratnam, 2003). This also reflects that these groups are a minority in the UK but a majority globally. The word minoritised positions groups as passive victims of social processes, potentially removing their agency (Song,2014). Some community members prefer terms that do not emphasise their

marginalisation as the defining characteristic of their identity. However, it is important to recognise how social power has impacted these communities and this context, nursing students These terms are also problematic and disliked as they focus on the idea that people are a minority because of their ethnicity, thereby asserting that white British is the default and therefore those that do not fit that default are 'others' (Song,2014).

The contestation ultimately reflects broader questions about who has the authority to define group identities, whether academic language should take precedence over community preferences, and how terminology can either reinforce or challenge existing power structures. The debate continues because there is no universal agreement in relation to terminology, however it is usually politically driven.

Throughout the doctoral process, I have changed the terminology several times and I have now decided on ethnically minoritised (EM) as this highlights that this group of people are minoritised against their will and face systemic oppression. Equally, I will use the term white to refer to any student who does not identify as being part of the EM community. This term also homogenises people identified as white into a category, but this is a widely used and understood term within society.

Finally, a considerable amount of research around race, education and CRT has been conducted in the United States of America (USA) and the language used in the US differs to that which is used in the UK. The US heavily uses, people of colour, Latinx and African American to describe their EM population and this is not applicable in the UK. Therefore, for ease, I will change any of the US terms to EM within the thesis apart from any direct quotes used or if changing the original term used manipulates the intended meaning of the original author.

1.3 Aims and objectives

The aim of the research is to ascertain the transition experience of EM student nurses into university and whether any barriers, including in relation to their race or ethnicity, exist into the context of their transitioning into university. I will also explore how student nurses see themselves as emerging professionals and scrutinise whether their race is a factor in their experiences. Based on the aims of the study, the following research questions have been generated.

1. What institutional barriers exist in relation to transitioning to university for Ethnically Minoritised nursing students?
2. How do Ethnically Minoritised students perceive themselves as emerging professionals in the nursing workforce?
3. What do Ethnically Minoritised student nurses perceive to be positive/negative transition experiences?

1.4 An overview of the nursing programme

The research study was undertaken with pre-registration undergraduate nursing students who are enrolled at a university in England and from a September 2022 cohort. The nursing course is the biggest course in the university and the pre-registration programme is made up of two courses: a 3-year Bachelor of Science or a 2-year Master of Science. The nursing programme is a nonstandard university programme in that it is delivered over three semesters and does not follow the standard university holidays. Nursing students are given seven weeks holiday a year, which is planned at certain points throughout the year. They could be expected to on placement during national holidays like Easter and Christmas. The participants

of this study were from the Bachelor of Science programme. Every nursing education provider delivers their nursing programme differently. The Nursing and Midwifery Council (NMC) stipulate that the programme must be made up of 50% clinical placement and 50% on campus education, each providing 2300 hours of learning over three years. At this university, the approach taken is that the 50% allocation is delivered each year, rather than over three years. Therefore, in each academic year, the students receive 50% campus time and 50% clinical placement attendance. The placement allocated throughout each year are made up of a minimum of two placement per academic year. If students do not complete the clinical placement hours recommended each year, they can still progress onto subsequent years with outstanding clinical hours as long as they have passed their clinical assessment each year. They are unable to qualify at the end of their 3 year programme and register with the NMC unless they have completed 2300 clinical hours.

The nursing course is the biggest course in the university and there are approx.1700 student nurses enrolled, of which 1500 of these are undergraduate students. Of these students, 90% are female students and 26% are EM students. In terms of staff, the university's workforce is made up of 17% EM staff, however in the college where the nursing courses are based, the staff EM population is the lowest across the institution at 9% (University, 2025b). When exploring the data, I was reminded that I am also an 'other' at this university, in terms of my ethnicity. Most ethnicity groupings do not recognise Arab, however, over the years this is now seen as a separate group in most organisations. In terms of students at this university, Arab is an identifier for students to select. However, for staff such as myself, this is not the case.

1.5 The Degree Awarding Gap- the political context

In recent years, the UK has seen a significant growth in the participation in higher education (HE), (Universities UK, 2014; Yorke & Longden, 2008). As well as this growth, this has resulted in both students and governments scrutinising the outcomes for students as well as student satisfaction. However, the student experience is much broader than just satisfaction and financial impact (Neves & Hillman, 2017).

The government completed the Report of the Commission on Race and Ethnic Disparities, (Commission on Race and Ethnic Disparities, 2021a), otherwise known as the Sewell Report. This report explored the impact of race and racism in society, with a section about education. Most reports in the past (Advance HE, 2021; Miller, 2016; Universities UK, 2019) have addressed that racial inequality in HE is due to the structural and systemic racism that exists. However, the Sewell Report denies the existence of institutional racism and suggests that the UK society is more inclusive than ever before. However, a positive from the Sewell Report is that it recognises that belonging is a factor for success. The report highlights that racist behaviours and incidents can lead to the feeling of being othered but concludes that racism is not a factor that accounts for any racial disparities in the UK. The Runnymede Trust (2021) response to the report accuses the government of manipulating the data to fit its narrative and hiding the real issues that exist. The report portrays EM individuals and communities as the deficit for the poor outcomes in the report rather than acknowledging the structural and systemic racism that exists.

Education Endowment Education (2018) defines the attainment gap as a persistent disparity of academic performance between two groups of students: white students and EM students. Herein, I will not refer to this disparity as the attainment gap but the ethnicity degree awarding gap (EDAG) as the use of the word attainment takes a deficit approach towards this group of students. There is no deficit with the students being able to attain. The issue lies within the institution and the awarding of degree classifications is due to structural advantage and the racial inequalities that exist (Universities UK, 2022b), which I will discuss in further detail later in the chapter.

In 2017 the Education Policy Institute released the policy document titled ‘Closing the Gap? Trends in Educational Attainment and Disadvantage.’ (Education Policy Institute, 2017), previous governments have attempted to improve social mobility by increasing funding and introducing targeted intervention programmes. The main aim and focus of the policy are to ensure that all students, whatever their background, can achieve their full potential. The policy recognises that one of the groups that face an issue with the awarding gap is those from EM backgrounds. The policy recognises that the grouping of EM students is broad when analysing the awarding gap. Every ethnic group under the EM umbrella faces an element of disparity with the awarding gap. However, Chinese students are the highest performing group overall, in comparison students to Black Caribbean students who display the largest awarding gap (Education Policy Institute, 2017). Education Policy Institute (2017) acknowledges that the awarding gap has been an issue for several decades; however, the work to resolve this has been slow to progress. Governments in the past have sought to combat this issue by increasing funding through targeted interventions with slow progress. There is recognition that an issue exists, however

the changes are too slow. The Education Policy Institute (2017) recommends that the pace to combat this issue is increased, otherwise based on the current trend it will take at least another 50 years before the gap is closed and for students from EM backgrounds achieve the same outcomes as their white peers.

Universities UK followed up on the Closing the Gap report with a 'three years on report' (Universities UK, 2022a). The most recent report shows that the EDAG has reduced by 4.45% in 2020/2021, with the largest disparity between white and Black students. This disparity widens when the data for First Class honours is explored, with a gap of 9.5% rising to 19.3% for Black students. The report suggests that the initial recommendations still stand and that the Covid-19 pandemic has delayed the reduction of the EDAG due to resources in HE being used to deal with the impact of the pandemic.

A literature review by Stevenson and Whelan (2013) confirms that analysis of EM factors in relation to the increased EDAG is often simplified, when it is clearly complex and has multiple facets that require exploration. Statistics show that the university where this research was undertaken has an overall EDAG of 15.3% in 2022/2023, which has shown little improvement since 2013/2014 when it was 17%. However, in 2011/2012 the EDAG was 24% (University, 2025a).

The Office for Students (OfS) (Office for Students, 2020b) investigated whether the awarding gap was related to different entry qualifications between white and EM students. They found that degree outcomes are different between white and EM students regardless of whether they have the same entry qualification when entering HE. The OfS suggest that this may be associated with other factors such as the curriculum and institutional structures. Where there is a difference in entry

qualifications, we expect this to be reflected in the EDAG (Hammond et al., 2019; Smith, 2017; Stevenson, 2012). However other facets, such as the transition period requires further exploration to assess whether this stage has an impact on overall achievement (Richardson, 2013). Through researching the EDAG, I soon discovered that the issue was greater than imagined. Additional research conducted discussed sense of belonging as a potential factor in the disparity of award classification (Cureton & Gravestock, 2019). Sense of belonging starts and can disappear at various stages in the student's cycle and that lecturers play a large part in ensuring that students feel they belong (Cureton & Gravestock, 2019).

The Closing the Gap Policy (Education Policy Institute, 2017) suggests that students from disadvantaged backgrounds are less likely to attend post compulsory education due to several factors, such as, finances as well as lack of role models. However, a larger number of EM students are likely to attend university in comparison with their white peers (Crawford & Greaves, 2015). This includes all ethnic minority groups, even in the case of groups who used to be underrepresented such as Black Caribbean students (Crawford & Greaves, 2015). Not allowing students to achieve their full potential has an impact on social, cultural and economic capital for the country. All students across intersections of gender, race and class should have the opportunities for equal access to education. Furthermore, the lack of representation from disadvantaged background within HE remains a social justice issue that needs to be addressed.

Universities UK (2022a) recommends that students need to feel a sense of belonging within university spaces and the lack of belonging can cause their degree classification to suffer. University spaces include educational spaces and the

learning environment, but also social spaces, such as the canteen. EM communities often feel that they do not have permission to fit into social institutions where white power is deep rooted (Purwar, 2004) such as in universities.

First and foremost, improving the EDAG is a crucial social justice issue for everyone. Taking measures to improve EDAG will ensure that all students feel that they belong in HE. However, this can only be achieved through an institutional approach (Universities UK, 2022a).

Students primarily select their choice of higher education institutes (HEI) based upon league tables as well as several other factors. The awarding gap for each university could be a factor in student choices, especially, for those who come from an EM background. Student could be more likely to select a HEI with a lower awarding gap over a HEI with a large awarding gap as this could influence the degree classification of EM individuals, and therefore, impact their sense of belonging. It is an effective marketing strategy for any HEI to demonstrate their investment in improving their awarding gap. One could argue that more EM students may apply to a HEI with a lower awarding gap as students will feel that they are not placed at a disadvantage from the offset, and that the HEI is committed to improving student belonging through targeted interventions. This is related to the performance of the HEI in relation to how they are improving their awarding gap. If more students apply because the EDAG is improving, then this also results in an increase in profit (Lynch, 2006; Rutherford, 2005). However, once again, the importance of eradicating the EDAG is not to generate income for the HEIs, but due to the social justice issues that are a result of racial inequity. Having said that, it is imperative that universities take strict measures to eradicate the EDAG regardless of profits.

There are two different worlds; one where we are now in the 21st century and still question why we need to have policies in relation to inequality. This further demonstrates that inequality still exists and a need for such policies as it recognises that there are issues in certain areas within society and without policies such as Closing the Gap (Education Policy Institute, 2017), the problem would only widen, and EM students would encounter greater inequalities than they already do. Having a policy in place forces HEI to take responsibility for the EDAG. Even if the awarding gap improves there are multiple issues that students face after the completion of their degree, such as, obtaining postgraduate research posts and employment that impact future career prospects.

Structural racism exists across the HE sectors and not just in this North of England University. Initiatives such as the Race Equality Charter Mark and the lack of take up of the charter reinforces how far we are yet to travel within HE (Bhopal & Pitkin, 2018, 2020).

1.6 Transition and belonging

From a social justice perspective, regardless of their background or privilege, everyone should be provided with the same access to education. It is important to recognise that the issue does not lie with the students but with an education system that hinders students from underrepresented groups to access and succeed at university. To support the widening participation of students from certain underrepresented groups, the OfS devised the access and participation plans (Office for Students, 2023) which set out how HEI needs to improve access to university as well as succession and progression whilst at university for students from underrepresented groups. The plan needs to include how the HEI has an ambition to

contribute to changes, how it plans to achieve these, as well as the investment they will provide to support any proposed changes.

However, current literature highlights that once at university EM students do not have the same experiences as their white counterparts and this includes not seeing themselves reflected in the curriculum (Singh, 2011; Sleeter, 2017). One of the strategies to bridge the differences between EM students and their white counterparts is to implement inclusive and diverse pedagogies and learning approaches. May and Thomas (2010) inform that inclusive teaching and learning is a way in achieving a diverse student body.

There are varied definitions in relation to when the transition stage commences. This could start from acceptance onto the course and before course induction. Howson (2014) states that the transition stage needs to commence early to achieve a sense of belonging with a university programme, however, no timescale is provided to clarify this. Furthermore, Thomas (2012a) states that sense of belonging starts at the transition stage when entering university for induction. There are several models and timeframes developed in relation to student transition.

Ecclestone (2006) suggests that there are four facets within transition. One of them being the conceptualism of individual identity and emotions. Pekrun (2011) suggests that emotions affect learning through attention, motivation, and memory. Burnett (2007) follows a similar suggestion in stating that there are six levels to the transition stage. Level two is the transition or preparing for university, which is the stipulated time between being offered a university place and the induction week. This is when the students will experience mixed emotions from excitement to fear. This is also precisely where the element of belonging becomes vital. According to Baumeister

and Leary (1995), the belonging hypothesis is the formation of interpersonal relationships for students, which are supposed to be positive and lead to positive outcomes. Students require belonging to develop meaningful and trusting relationships with their peers and academic staff (Archer et al., 2003; Thomas, 2012a). This is supported by Tinto's theory of integration, which is a framework that suggests for students to succeed and feel that they belong they must integrate into the academic and social systems of an HEI (Connolly, 2016). However, an issue with this theory is that the onus is on the student to integrate rather than on the institution to develop an environment that allows a student to belong. Pascarella and Terenzini (1983), highlight that when academics interact with students informally, this has a positive impact on their academic experience and enhances the bond between the educational environment and the student. Having a sense of belonging allows for positivity regarding their course and their life at university to occur. It can be argued that if students do not experience this positivity, then this could have an impact on various areas including their sense of belonging and potentially the levels of achievement in their degree. Thomas (2002) further highlights that students require support socially throughout their time at university as well as support during their placement period in order to succeed. I argue that is this is a crucial factor for nursing students who spend fifty percent of their degree on placement in each academic year.

During the transition stage, students undergo a complex and emotional time in their life; they are starting a new educational course, developing new relationships, and potentially moving geographical areas (Hussey & Smith, 2010; Jindal-Snape, 2009). There is an understanding that the transition stage is complex and is not made up of

one aspect but from several views. This includes developing a sense of belonging, particularly within the context of the ethnicity of the student, this plays a large part during this process (Sleeter, 2017) Moreover, this is further paramount, especially when referring to international students experience who have additional facets to navigate and establishing belonging within these groups of students promotes better student engagement (The Quality Assurance Agency for Higher Education, 2023). Other areas fundamental to the complexity of the transition stage include English as a Second Language as well as gender, class and cultural differences. This is particularly more complex for international students, where English is a completely foreign language as they do not need to use it in their home countries. Sleeter (2017) suggests that students from EM backgrounds experience greater difficulties in comparison to their white peers due to various other factors as well during the course of study. These factors include term-time working, low parental income, education, and also cultural differences. Suggestions have been made that EM students are more likely to leave a course within the transition stage compared to their white peers (Sleeter, 2017). Hence, it is vitally important to ascertain the true issues that EM students face during this period, to make recommendations for improvement and to provide structured and constructive support to dismantle issues. The OfS (Office for Students, 2020b), corroborates the above and states that the issues EM students face is complex and requires greater awareness.

The experience of a first-year student has significant implications on their engagement and retention during their course (Hartley et al., 2000). Most students who leave their course is due to issues they have encountered during placement (Crombie et al., 2013). Students who leave their university course before completion

have worse labour market outcomes than those who complete. By leaving the course early, the financial implications are worse than those who never attended at all (Social Market Foundation, 2016).

Deficit approaches inform the position that EM students are at fault for poor academic performance and enter university without the knowledge and skills required. It is also implied that their social class and economic circumstances playing a vital part in their poor outcomes. Leese (2010) concludes that universities need to shift away from the idea that a deficit exists due to an individual and should seek to adapt their current processes so that universities accommodate those students from diverse backgrounds.

Crafter and Maunder (2012) suggest three elements to transition that is underpinned by the sociocultural theory of development. These are consequential transitions, symbolic transitions and identity rupture. Consequential transitions are where the experience of transition impacts on the relationship of the learner and the social setting. Symbolic transitions are the individual growth of a learner based on reflection, transformation and changes to social position. The transition into HE is challenging, and the issues learners face can alter them as an individual. This is known as identity change or rupture (Crafter & Maunder, 2012). Students question and develop their identity and image in the context of HE and this leads to a personal transformation to fit in and feel that they belong rather than being able to be their authentic selves.

1.7 Transition and employability

The Joseph Rowntree Report (Joseph Rowntree Foundation, 2017) demonstrates evidence of the intersection of race and class in the UK ranging from higher unemployment rates, poverty, and lack of recruitment of EM staff in higher paid roles. This includes certain EM communities (Bangladeshis and Africans) being in roles where they are overqualified and demonstrating a lack of return for their skills. This also suggests that there is a considerable amount of work that needs to be completed to ensure equality within the EM community. Abbas et al., (2015) recommend a high-quality learning course that will support employability skills, develop autonomous learners, as well as, prepare them for the employment market.

There are approximately 730,000 registered nurses on the Nursing and Midwifery register. Historically, nursing has always been a woman dominated profession and currently nearly 89% of the nursing workforce are women (National Health Service England, 2021) and this accounts for approx. 26,000 student nurses per year (Nursing Times, 2019b; UCAS, 2022). Nursing education has had a substantial impact within the UK's HE sectors for over 30 years. Nursing education has supported the growth of females attending HE and also mature students. This is a considerate contribution when considering that female student makes up 56% of university entrants across all courses (Higher Education Policy Institute, 2020). Out of all the registered nursing students, approx. 17,000 are mature students (UCAS, 2022). The nursing workforce has become increasingly diverse over the years as it seeks to reflect the demographics of the UK population. According to the 2021 census the UK population is made up of 18% of people from the EM community (The Office for National Statistics, 2022). The nursing workforce has a higher

representation with 25% of the nursing workforce coming from the EM population (National Health Service England, 2022b). However, this is due to the increase recruitment of international nurses, particularly from developing countries. The government has now developed a code of practice for the recruitment of international staff to ensure that recruitment is ethical (Department of Health and Social Care, 2024).

1.8 Critical race theory

CRT emerged from the mid 1970's in the USA by lawyers, activists, and legal scholars due to the pace of racial reform and the effects of race and subtle forms of racism within the USA. This led to a movement within law (Delgado, 1995; Delgado & Stefancic, 2017). CRT analyses the effect of race within groups which are deemed to be marginalized resulting in social disparities (Ladson-Billings & Tate, 1995). Matsuda et al. (1993) further describes CRT as working towards "Eliminating racial oppression as part of the broader goal of ending all forms of oppression" (Matsuda et al., 1993, p. 6).

Hiraldo (2010) describes CRT as critical studies that analyses and addresses racial inequalities and is normally formed by a group of individuals who want to challenge and improve the relationship between race and power in different areas. Since the development of CRT, the concept has spread within education to explore biological racism within American schools and now it has become a global issue explored further afield including in the UK. In the UK, HEIs are more than ever working towards being more diverse and inclusive and CRT can play a vital role in supporting this agenda. Decuir and Dixson (2004) suggest that CRT was first used as an analytical framework back in 1994. Since then, CRT has been used to critique

educational practice (Ladson-Billings, 2005) and is used to identify and analyse cultural and structural facets (Solórzano & Yosso, 2002). CRT is based on the premise that racism is embedded structurally and institutionally and then it impacts on the success of EM students (Demathews & Watson, 2020). However, Gillborn (2015) argues that the primacy of race is important whilst recognising the importance of 'aspects of intersectionality' (Gillborn, 2015, p277). I further discuss this concept in chapter 3.15.

CRT is made up of five tenets: counter-storytelling; permanence of racism, whiteness as a property; interest convergence and the critique of liberalism (McCoy, 2006; Solórzano, 1997). Counter-storytelling is simply explained as the narrative of the experiences of the EM population. Permanence of racism is the suggestion that racism controls politics, social and economic aspects of society. This means that white individuals are privileged over EM individuals. Often preferential access, treatment or structures are invisible and unintentional (Gillborn, 2015). These advantaged structures allow white people to have power and control within various settings; known as white supremacy (Gillborn, 2015). White supremacy is the belief that white people are the superior race over all other races.

The third tenet, whiteness as a property is the right to property albeit whether it is the right of possessions, enjoyment, disposition, or exclusion (Ladson-Billings, 1998). Harris (1993) adds an additional layer by explaining that this also incorporates EM people's self-identity and the structural advantages that they do not possess. Whiteness as a property is the right to a white identity and all the values that comes with being white.

Interest convergence is the fourth tenet and is when the primary beneficiaries of legislation are white individuals rather than people who are EM. The Closing the Gap policy (Education Policy Institute, 2017) fits in with interest convergence as the policy holds HEI's to account regarding all their outcomes for all students from disadvantaged backgrounds. The report also highlighted that EM students are potentially paying for a lower degree classification in comparison to their white counterparts who receive a better degree classification (Education Policy Institute, 2017). Therefore, the policy was not developed purely for the students who are from the EM but for all disadvantaged students.

The final tenet is easily explained by the term colour blindness. A concept where white individuals claim that they do not see colour, and everyone is treated the same. This ideology is supported by nurses' perception of the Nursing and Midwifery Council (NMC) Code of conduct (Nursing and Midwifery Council, 2018b) where patients are 'treated equally' and therefore this ideology is carried over into nursing education towards students. However, claiming that you cannot see the skin colour of individuals perpetuates racism and the message received is that individuals do not recognise the daily barriers, exclusions, and structural advantages that exist for EM students (McGibbon et al., 2014; Thorne, 2017). Therefore, this allows society to ignore legislation or policies that enhance social inequalities.

CRT's supports the use of experiential knowledge which is drawing upon the lived experiences of a teacher or researcher and is closely linked to their positionality. CRT recognises that people of colour have valuable experience which acts as their core strength when developing research within the subject area. Through my own lived personal experiences, I believe that this approach can support and empower

the research participants in finding their voice and having an understanding that they are not alone in their feelings and experiences, especially, during the transition period. Lachuk and Moseley (2012) encourage the discussion of the lived experience within education and race in order to develop educational practice.

1.9 Nursing education and racism

Nurses abide and follow the NMC Code of Conduct (Nursing and Midwifery Council, 2018b), which encompasses many expectations and behaviours demonstrated by nurses. One of the expectations is that nurses treat everyone equally regardless of age, sex, race etc. This is a neo-liberal understanding of equality whereby everyone should have fair access and treatment regardless of certain characteristics. This approach is also supported by the UK legislation around equality. However, we understand that there is a wide gap in equity between racial groups.

Before 2010, there were separate laws to cover individual types of discrimination and protected characteristics. To make these laws clearer and to strengthen protection, one defined act was created: The Equality Act 2010 (Government Equalities Office & Equality and Human Rights Commission, 2013). This act states that one must not be treated differently based on any protected characteristics such as gender, sexuality, race etc. However, this is not always the case in healthcare where health equalities exist between different community groups ranging from life expectancy to health conditions (Public Health England, 2018). Inequalities also exist within education such as the EDAG, which I have discussed in chapter 1.5. The Equality and Human Rights Commission (2014) highlights that some students are disadvantaged based on protected characteristics such as race due to their social and economic backgrounds. For education providers to take action to remedy the disproportion

within certain groups, positive action has been identified as a provision that educational institutes can apply to students who identify as having a protected characteristic under The Equality Act 2010 (Government Equalities Office & Equality and Human Rights Commission, 2013). However, Bunce et al. (2019) highlighted that usually EM students want to succeed and achieve on their own merit. The strategies and provisions developed by educational providers to further support EM students often instil a sense that they are somehow inferior, deficient or not as academically capable as their white contemporaries. HEI should be held accountable to explore the structural advantage that exists and change the culture of the institution to allow the creation of an educational environment that allows EM students to succeed.

The Equality Act 2010 (Government Equalities Office & Equality and Human Rights Commission, 2013) characteristic of race, which is defined as individuals who come from different nationalities or ethnic groups, is the characteristic that links my research interests. Though caste is not prohibited under this legislation, it is important to recognise that that caste falls into the category of race (Pyper, 2018). There is no universal definition of caste. However, it can be explained as a hereditary or endogamous community that carries social group ranking based which community an individual is born in to (2018). Nightingale et al., (2022) found that nursing colleagues treated EM students differently to their white counterparts during their placement. This behaviour does not adhere to the NMC Code of Conduct (Nursing and Midwifery Council, 2018b) as well as the Equality Act 2010 (Government Equalities Office & Equality and Human Rights Commission, 2013). Some of the prejudices were around the student's accent, cultural needs or that they

were treated differently to their white colleagues. These include how EM students are not provided with the same opportunities as their white counterparts and not included in friendly workplace discussions. This impacted on their mental wellbeing. If EM students do not have access to the same opportunities this can directly impact on them being able to achieve their clinical proficiencies and therefore, they may not pass a placement due to this.

Nurses, whether registered or students should treat everyone fairly, however, unconscious bias exists in everyone; it is the simply summarised by the stereotypes individuals hold about others (Baker & Schultz, 2017). This influences our behaviour and decision making without the actual realisation of doing so (Patton & Staats, 2013). Unconscious bias exists in healthcare and can contribute to poor communication with patients as well as health disparities (Blair et al., 2011; Blair et al., 2016).

The 1960s was a period of migration into the UK for EM nurses to support the NHS. As time progressed the overt racism that EM nurses faced gradually started to reduce. However, what is embedded in the foundation of healthcare and the NHS is colonialism and this is reflected in the disparities between EM and white nurses (Brathwaite, 2018a). Racism in nursing has been evident for decades (Anti-Racism Research Group, 2022). Naqvi et al. (2015) highlighted that institutionalised racism still exists in the UK nursing workforce (Anti-Racism Research Group, 2022). Now there is an urgency to tackle and talk about this issue as if it is a new issue. Instead, there are now more individuals collectively attempting to generate discussion in relation to racism within the healthcare system in the UK.

Nursing education is developed using a Eurocentric lens and there is an ongoing pressure to decolonise nursing education (Murray & Noone, 2022). What is even more concerning is that, in nursing education, race is presented as a biological construct for a vast number of medical conditions and in publications as well as in health research. Doing so creates a deficit thought process toward EM people and supports white supremacy (Bell, 2021). This could range from treating service users differently due to embedded white power differentials, to the lack of additional provisions which EM students require at university. Nurse educators have a role in addressing this discourse toward EM communities. To do this, nurse educators need to continue their professional development around race to support conversations around race (Markey & Tilki, 2007). Nurse educators need to ensure that the curriculum content disrupts racist and colonial ideologies and encourages students and healthcare professionals of the future to use an anti-racist and decolonial lens in their practice (Browne & Varcoe, 2006). Lack of awareness of white privilege should not be used as an excuse for invisible racism (Blackford, 2003).

Bell (2021) conducted a literature review on white privilege, racism, and antiracism within nursing education. The findings were startling as there had previously been sparse research undertaken in relation to racism and nursing education. Most of the research around nursing education avoids the use of the word racism and would rather opt for the softer approach such as cultural competency, diversity, and inclusion (Bell, 2021). This reinforces the notion that nurses avoid using the term racism as it violates the NMC code of conduct (Nursing and Midwifery Council, 2018a).

1.10 Whiteness in education

In the earlier days of my academic career and as my exposure within the classroom setting increased, it became apparent that EM students sat together, and white students sat separately. Cooper and Datnow (1997) suggest that by creating race peer networks within the educational setting allows for EM students to cope with negativity within a white institute. Following discussions with the course leader around my concerns, it was highlighted this is a known area of concern and that the department was unsure how to support students, but no one had taken on the role to seek further information for fear of 'getting it wrong.' With less than 12 months experience in academia, I decided to develop a peer support group for EM students so that they feel they belong. I have led the development of minoritised student groups across the majority of departments in the institution. For students to make the best choices possible, they need access to advice and guidance. Mountford-Zimdars et al., (2015) and Thomas (2012a) also express that one key factor around successful engagement is for students to feel a sense of belonging, which in turn will increase their confidence. The group was initially developed for EM students, however, following feedback from the students they decided to open the group to all races as the EM students expressed that they felt their white peers lacked an understanding of the issues that they faced as well as felt a lack of support from them (Carter, 2007). The opening of the group to all ethnicities allows individuals to identify themselves as belonging to a group and demonstrate support for members of that group (Buckle & Corbin Dwyer, 2009). Further reflection is provided in the methodology chapter 3.5 in relation to my positionality.

Love (2004) highlights that if white people listen to the stories of EM people, they will be able to take a different view of them, an issue that has been previously masked by white privilege. Delgado and Stefancic (1997) identify that white educationalists are now analysing their own practice to expose white privilege and racism, more so than ever before due to the current climate and racial tension worldwide. Madriaga (2018) suggests that the concept of whiteness is taken for granted by white students as the privileges they possess are invisible to them. However, people who do not possess the same privilege, in this case EM students, notice how pervasive the privileges others possess in comparison to themselves. This is supported by Bain (2018) who states that students lack awareness of structural racism. Therefore, the suggestion of opening the group up to all has merit. The term whiteness defines differentiation between ethnic groups based on white supremacy and it continues to serve the needs of the categorization of EM students especially within education (Madriaga, 2018).

The concept of whiteness within education impacts the lives of EM students daily especially in educational settings (Gillborn, 2015; Stevenson, 2012) and can absolve the responsibility of white people to make changes (St Denis, 2011). In its simplicity, it could be the failing of providing food in relation to religions such as Halal or Kosher food and organising social events where the main aspect is focussed around alcohol consumption (Hopkins, 2011; Sims, 2007). This indicates that there is the notion of sameness when it comes to students if we are not meeting all their needs. Educationally, Matias (2016) suggests that when teachers discuss race related content, it is primarily focussed on the needs of the white students. This is easier for academics who are worried that they may offend EM students. For understanding

the potential difficulties EM students may face, acknowledgment is also required in understanding the experience of EM academics. Bhopal (2015) argues that EM people, especially women, face barriers in career progression and a pay gap, and that HEI have racist recruitment processes. EM academics also experience high volumes of stress, anxiety, discrimination and racial battle fatigue (Arday & Mirza, 2018; Johnson & Joseph-Salisbury, 2018; Ladson-Billings & Tate, 1995; Rollock, 2019; Sian, 2019). Racial battle fatigue is described as the physiological, psychological strain and energy consumed by EM people who fight against racism and the energy required to cope with this battle (Hartlep & Ball, 2020). Often the expectation is for EM academics to take the responsibility in leading equality, diversity and inclusion work and to discuss race in the classroom with no consideration to racial battle fatigue. Hence, Singh (2011) suggests that all staff should demonstrate inclusive teaching and learning regardless of their background.

According to literature, EM students require additional support in instilling confidence within education and engagement in comparison to their white peers (Mountford-Zimdars et al., 2015). The lack of confidence within an educational institute could be due to previous poor educational experiences prior to attending University (Bean & Eaton, 2002). This statement suggests that EM students were confident until their interaction within education and potentially the education providers are the cause of the widening statistics between EM and white students that we are now attempting to solve nationally.

CRT analyses the embedded whiteness and white-centric pedagogies of teachers. Singh (2011) identifies that some universities accept that an element of institutional racism exists in the form of structural inequalities which can be related and partly

responsible for negative experiences that EM students face. Whereas Sleeter (2017) suggests that the education system is not deemed to be racist, however, there are a number of factors that have an impact on the education of EM students. These include lack of reflection by the educator and lack of consideration for the student's background and identity. Epstein et al. (2015) suggests that due to these factors teachers are not readily equipped to teach or assess EM students or multicultural subjects. If teachers are not ready for the transition of students into a HEI, then it can be argued that the students are already at a disadvantage.

Nursing education should be concerned with issues of inequality surrounding racism towards EM students (Beard, 2016; Iheduru-Anderson, 2020; Lancellotti, 2008). Nurse educators are poorly equipped to have discussions around race (Holland, 2015; Nairn et al., 2004; Nairn et al., 2012). Often these conversations are avoided due to being uncomfortable and concerns about reproach from students and colleagues (Cottingham et al., 2018; Hall & Fields, 2013; Johnson-Mallard et al., 2019). If conversations about race, advantage and white supremacy are not happening in the classroom then future nurses are produced to behave and practice in the same way as current educators rather than disrupting the norms within educational practices. This results in ‘hiding’ behind the NMC Code of Conduct (Nursing & Midwifery Council, 2018b). By avoiding important discussions nursing educators are reinforcing the status quo. Nursing educators can inform the diversity of their profession and improve how diversity is represented in the curriculum (Hammond et al., 2019).

1.11 CRT and nursing- a new entity

CRT in nursing has not been explored as the barriers EM nurses face are only recently highlighted and the research being conducted in relation to this is slowly paced. The five tenets of CRT can be easily associated with nursing. The nursing workforces are also educators, as nursing students are assessed whilst out in placement (Nursing and Midwifery Council, 2020). Students spend 50% of their course on placement each academic year and therefore this will form part of their transition experience. Currently within this institution, no data has been analysed in relation to the statistics of EM students who pass or fail placement each year as the sector wide focus is on the EDAG. Nursing placements are assessed as a pass or fail, and therefore, this does not contribute to the EDAG. There is an awareness of the stories and harrowing experiences that EM students face in relation to racism on placement which could impact their placement assessment (Nightingale et al., 2022).

There is a lack of EM nursing staff in leadership roles. Within the United Kingdom only 3.4% of nursing directors are from an EM background (Nursing Times, 2019a). In context of whiteness as a property and due to poor placement experiences for EM students as well as the lack of belonging on campus, it is difficult to establish a sense of course enjoyment for EM students. Policies, procedures, and legislation exist; however, they are merely a document. The nursing workforce has a limited understanding of the differences that EM colleagues face in relation to their white counterparts.

One aspect of CRT is that of the commitment to social justice, a case of what is right and wrong, which links to the development of the student minoritised group and the aims of the group. Students often feel that there is a power imbalance between

themselves, placement educators, and lecturers. Calmore (1995) highlights that people who are oppressed critically understand their experiences and the difficulty in obtaining liberation. This is further enhanced for EM students due to their previous academic experiences (Mountford-Zimdars et al., 2015). This so-called power imbalance can have an impact on their sense of belonging. The ‘power imbalance’ between white and EM students exists in various aspects of their life. When the intersection of gender is brought in, then this is exacerbated. Thomas (2012b) suggests that this power imbalance could be due to the students' social class, however, the statistics do not support Thomas's (2012b) claims. Students from a lower socio-economic background and from EM backgrounds are more likely to apply to university than their white peers from the same social class (UCAS, 2018). Even so EM students are still under-represented within HEI. This is supported by the OfS (Office for Students, 2020b) statistics in 2017/18 where there were 26.8% EM students within HEI in comparison to white students who made up 73.2% of the population.

1.12 Who has the capital?

Yosso (2005) used a CRT lens to generate the phenomenon that all capital is wealth and can be used to empower individuals from EM backgrounds. Yosso (2005) developed the Cultural Wealth Model to highlight that students from EM backgrounds have strength-based attributes due to their background and removes the deficit, which aligns with social and racial justice. The model encompasses six forms of cultural wealth: aspirational, linguistic, familial, social, navigational, and resistance (Appendix 1). By using this model, EM students are bringing richness to the university due to the positives and strengths that EM students possess rather than

viewing these students as a deficit. According to Bourdieu (1973) having a degree is classed as having cultural capital. Statistics from 22/23 (University, 2025b) show that 24% of students who enrolled across the entire university identified themselves as EM and 76% were from a white background. Therefore, based on Bourdieu's explanation of cultural capital only 24% of students who have cultural capital are EM. However, if Yosso's cultural wealth model is applied using the six forms above, most EM students will have cultural capital. Wallace (2017) suggests that Bourdieu's work may have limitations in relation to race and social class due to the discriminatory process which has been highlighted. Students from EM backgrounds have additional barriers and additional responsibilities in comparison to white students, such as coming from a lower socio-economic background or having to financially support family overseas. This puts the students at a disadvantage from the start. They may have to work more whilst studying to financially support their family (Sleeter, 2017). This could then have an impact on their time to study and prepare for assessments which ultimately results in them obtaining lower degree classifications resulting in an increased awarding gap. Other causational factors include lack of identity reflected in the curriculum, staff and student relationships and family pressure and obligations (Brathwaite, 2018b; Claridge et al., 2018; Dyson et al., 2008; Mountford-Zimdars et al., 2015; Smith, 2017).

Through identifying key areas within this space, a set of guiding review questions have been developed to support the literature search strategy. These are:

- What initiatives/research studies have taken place in relation to transition experiences of students?

- What initiatives/research studies have taken place in relation to EM students accessing university and their transition experience?
- What methods /theoretical frameworks were used in these studies?
- Is there any literature in relation to CRT and nursing?

1.13 Chapter summary

This chapter has provided an overview of the background to this study, including the aims. The political context has been highlighted and linked to transition and belonging. Most importantly racism within HEI and in nursing education has been detailed.

Hughes and Small (2014) state the experience students are exposed to at the transition stage has an impact on academic performance and lifelong success and that early transition support shows that there is an increase in student wellbeing and engagement with the course. Ladson-Billings (1998) argues that by using CRT in education to expose racism, then we also need to address the racism identified and work towards solutions.

The aims and objectives are to explore the transition experience of EM student nurses, whilst scrutinising whether race is a factor in their experiences. Therefore, based on the discussion in this chapter the study seeks to investigate three key areas. First it aims to examine the systemic and organisational challenges that EM students face when transitioning into nursing education. Secondly the study will explore how students view their developing professional identity as they prepare to enter the nursing workforce. Lastly, it investigates EM student experiences when transitioning into university.

This thesis has a further five chapters, Literature review, methodology, findings, discussion and conclusion.

In the following chapter is a review of the literature is discussed. This will incorporate how the searches were performed. The following chapter also presents where the gap in knowledge is evident and therefore justifies the requirement of this research projects as well as the methodological approach taken.

In the methodology chapter, my positionality as a researcher and how this impacts my research is discussed. This chapter also explains the choice of methods, methodology and theoretical perspectives. Finally, this chapter concludes with the data analysis process and how the themes were created whilst ensuring trustworthiness throughout.

The findings chapter, provides the findings based on three themes, decolonising the curriculum, placement and wellbeing and support, with impactful quotes from the participants.

The discussions chapter reintroduces the themes from the findings chapter and are linked to current policy and literature, with the themes refined further to highlight the more nuance findings. The chapter concludes with recommendation and implications for future practice.

In the conclusion chapter, key reflections are introduced, and the research questions are revisited. A summary of the limitations is provided, ending with some final key words.

Chapter 2- Literature Review

2.1 Introduction

The previous chapter provided an overview of the background to this study and its aims. I introduced my reflexivity, which remains an important part of this study. I discuss the importance of dismantling racism in nursing education with a focus on transition and belonging. This chapter leads on from the previous chapter by exploring the guiding review questions and how these questions have developed the literature review strategy. I will discuss how the literature review was undertaken, what literature has been established, as well as reviewing previous studies conducted in this area. Using the findings of previous studies and policy, I will set the context for the requirement of this review and highlight previous findings as well as the gaps from previous studies that will place my study within the field. In the final part of this chapter, overall knowledge gaps are identified from the literature review, and I will highlight how these gaps will be addressed.

The aim of the research is to focus on the EM student nurse's transition experience into university. The research aims to ascertain whether the transition experience impacts student belonging. The focus of the literature is two-fold; racism within nursing and the transition experience of student nurses, specifically EM, will be undertaken. A thorough review of the literature in relation to CRT, blended with intersectionality within nursing will also be explored.

2.2 Literature search strategy

The purpose of a literature review is that it can provide a background to the research, an overview of current context in the field and explores theories that are relevant to the field,(Ridley,2012). It is important to recognise that a literature review for a professional doctorate is professionally focussed compared to a PhD (Bathmaker et al., 2005). To ensure that the searches conducted were not repetitive and thorough, I created a literature search strategy (Appendix 2). This enabled me to log how I conducted my search, the search terms used and how many articles were retrieved. Exploration of alternative terms is identified in the search strategy as well as using Boolean logic (AND/OR) to identify further appropriate publications. The inclusion criteria included in the search was inclusive, except where it returns too many results, and will therefore include articles:

- all years from 2015 onwards
- academic publications
- all countries of origin, but only publications in English
- both theoretical and empirical studies
- Focuses on EM students

This method was selected to ensure that no publications which could be relevant would be missed. The choice to select articles from 2015 onwards is due to a government reform regarding nursing policy bursaries (Department of Health and Social Care, 2017). The announcement to withdraw bursaries and paid tuition fees was in 2015 and implemented in 2017. However, the bursary was reintroduced in 2020, but tuition fees still applied. The initial change contributed to a 23% reduction in applications (Nursing Times, 2017). EM students have to work more than their

white counterparts during their studies (Sleeter, 2017). Therefore, the removal of the bursary adds additional pressure on all students to obtain paid jobs during their studies (Moreau & Leathwood, 2006). If EM normally work more than their white counterparts during the course of their studies, then the removal of the bursary will further enhance this gap.

I am mostly looking at literature published after 2015 due to a considerable policy change that affected nursing education. However, I acknowledge that there is literature that is pre 2015 that is still relevant and paves the way for the more recent studies that apply, particularly when focussed on EM students.

The exclusion criteria selected is justified below:

- Literature that relates to other educational sectors, such a primary, secondary and further education was excluded as these were less relevant as the educational sectors are not the same as HE.
- Other healthcare disciplines such as medicine, biomedical science etc was excluded as the aim of the study is to focus on nursing students.
- Literature in relation to post graduate or newly qualified nurses was not used. The study is in relation to student nurses transition into education and not as newly qualified or qualified nurses.

I initially wanted to restrict the search criteria to articles from the UK only, however, this would have removed relevant articles of similar research. The reason for initially wanting to keep the search criteria to research within the UK only is because the educational route into university in the UK is different to other countries such as in America, Europe and Australia. The nursing programme in the UK also differs from

international programmes and I aim to keep a UK context. Keeping the search range worldwide highlighted research of interest around this subject matter that has been explored in other countries and identified a clearer gap in knowledge.

Once the search was completed, I either included or excluded literature initially based on the title and/or abstract. The analysis started with initially reviewing the abstract to explore whether the full paper would help answer any of the guiding literature review questions. If there was any doubt, then the full article was reviewed. Searches were also conducted using the terms within the entire article rather than the title to ensure that the search was thorough. Articles were excluded if they were not specific enough to the discipline or were based within other educational sectors, such as further education or secondary schools. A comprehensive search strategy was formulated to ensure consistency and reduce errors or omissions (Appendix 2). Included in the search strategy are more details about the inclusion and exclusion of searches.

Searches had taken place using reliable sources and databases, which resulted in ten articles. The first part of the literature search was undertaken using the databases CINAHL and APA PschINFO. Each stage of the search as outlined in the literature search strategy (Appendix 2) was replicated in each of these databases. Most articles found were around transitioning into a newly qualified nurse or transitioning into clinical practice. These were then sorted by relevance for ease of searching. A search within CINAHL identified four articles of interest. A search of APA PschINFO resulted in no new articles. The four suitable articles were found on the transition experience of students or student nurses into university and racism in nursing. The same principles were applied to the use of the University Library

Gateway, which is a comprehensive database that houses literature. The University Library Gateway established one article of interest. Following the above process, I continued the search within Google Scholar to obtain relevant articles as well as grey literature. This resulted in two articles within Google Scholar . To keep up to date with any latest releases of articles of interest I also signed up for alerts and notifications from Google Scholar during the taught element of the Doctorate. I continued to receive relevant literature via this method throughout the thesis writing stage. This resulted in finding three new articles in addition to the two found in the initial stages.

Following the above search strategy I also used the method of backward referencing, and this was due to the limited number of articles that I located. I used the technique of backward referencing articles which is the examination of literature cited within the identified articles (Haddaway et al., 2022). This technique has its benefits as this will identify any other articles which are similar in terms of the topic and content. However, it also has its limitations as the work identified can be restricted to preferred authors or professional persons of interest rather than a search of all research and articles of interest (Arthur et al., 2006). However, I found this a good place to start. In total, I obtained a small number of articles through the hand-searching technique. Most of these were either around preparation to enter the university or the focus was on a specific discipline that excluded nursing. However, three relevant articles were obtained using this method, resulting in thirteen articles in total.

Through my role at the university, I am aware of nursing professionals who have an interest in race equity issues within nursing. I, therefore, explored their published

work and hand-searched the reference lists within their publications. Unfortunately, this did not return any articles of interest as the studies conducted were either in relation to registered EM nurses in the current workforce, issues affecting EM nurses and barriers in relation to a medical specialty such as sickle cell thalassemia or sexually transmitted diseases. The above process in relation to literature searching was conducted several times over the taught and written stage of the thesis (2021-2025). This was to ensure that I am continuously up to date with relevant literature within this area.

2.3 Literature review questions

The development of literature review questions guided the literature review chapter to enable a thorough search of the literature and to ensure that the literature supports the identification of knowledge gaps (Greetham, 2020). The questions were:

- What does the literature identify in relation to EM students transitioning into university?
- What does the literature suggest in relation to belonging for student nurses?
- Does literature exist in relation to issues for nursing staff in relation to their ethnicity?
- What are the knowledge gaps in relation to CRT and Nursing?

Understanding the answers to these questions, supported the identification of the current literature, and knowledge gaps and allowed context within the thesis. Identifying the gaps in knowledge will justify the need for this study and highlight the contribution to knowledge.

2.4 Creating a themes matrix

Following the literature search, I appraised and analysed each study by reading the entire articles extracting key information that would support the selection of the methodology and methods as well as key themes from each article. From this I selected information from the studies to create a themes matrix (Appendix 3),.The themes matrix included the authors, a brief overview of the study, the gap in knowledge, study design, and themes identified from each piece of literature. The findings from the literature were correlated to the literature review questions and this helped the development of the matrix and discussion within this chapter. Within the matrix, I also collated the methodology and methods used for each of the articles to help support the decision making when selecting the appropriate methodology and methods later in the study.

The themes were initially categorised as basic themes (Table 1). The basic themes were then analysed to establish similarities between the basic themes and to create a narrower organisation of themes.

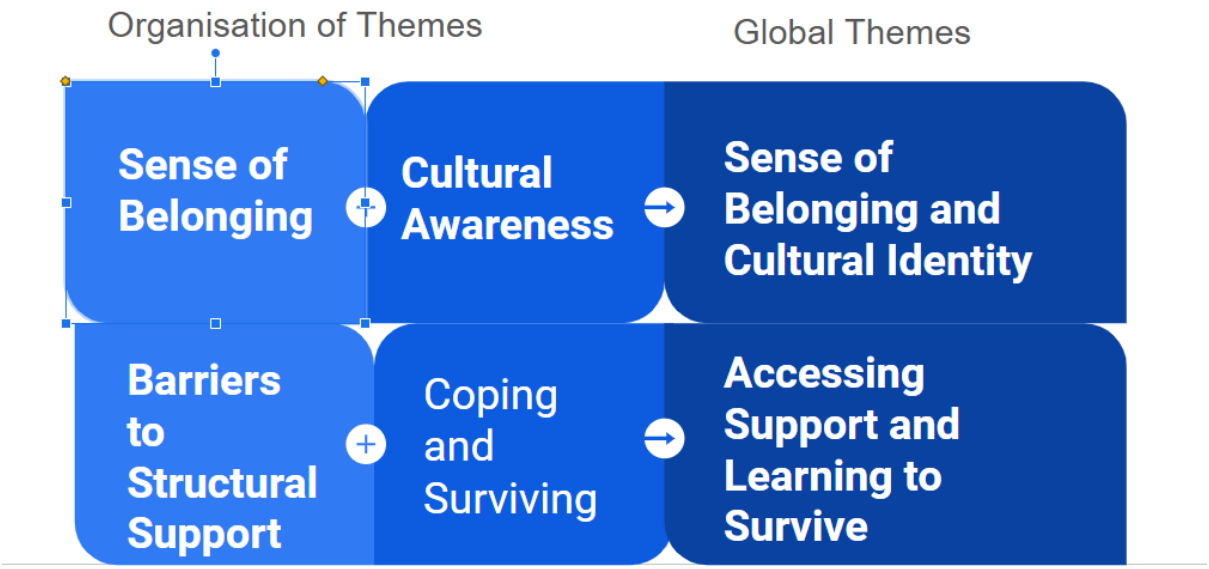
2.4.1 Table 1: Developing basic themes into organisation of themes

Basic Themes	**Organisation of Themes**
Expectations Personal development Lack of relationships	Sense of belonging
Cultural Identity	Cultural awareness

Stereotypes and stigma Cultural awareness Integration & inclusion Being different	
Lack of support Support (studying, orientation, learning, and facilities Challenges and barriers Seeking support	Barriers to structural support
Coping/surviving Moving forward Challenges and barriers Learning to survive coping strategies Social support	Coping and Surviving

From the basic themes and using the organisation of theme I created a set of global themes as some organisational themes are intricately linked to each other. By creating global themes this allowed the organisation of themes to be streamlined. Table 2 provides an overview of the global themes derived from the organisation of themes. Through this I identified two global themes from the studies, these are Sense of Belonging and Cultural Identity and Accessing Support and Learning to Survive.

2.4.2 Table 2: Table of organisation themes into global themes



2.5 Educational transition

The OfS (Office for Students, 2020a) stated that HEI's need to improve the opportunities for students who have protected characteristics under the Equality Act 2010. Work is currently being undertaken around access and participation of EM students. Universities are conducting targeted activity to recruit more EM students through increasing aspirations, providing enhanced advice and guidance, and undertaking outreach activities. The UK government recognises that inequalities between ethnic groups are in existence and these need to be tackled (Commission on Race and Ethnic Disparities, 2021a). To drive changes universities are now held to account in relation to the work they do to combat these inequalities. This is through various measures such as league tables and reports on how educational providers are tackling disparities (Diversity UK, 2019).The UK has seen a significant rise of EM students into university from 14.9% in 2003/2004 to 23.6% in 2017/2018

(Equality Challenge unit, 2019). However, what has also risen is the withdrawal rates of the EM student population (Bradley & Migali, 2015). Therefore, if EM students are more likely to withdraw, then HEIs need to focus on why this is happening.

The OfS stated that around 16% of pastoral support is targeted toward EM students and even more worryingly only 9% of HEI provide staff training around supporting EM students (Office for Students, 2020b). The EM community is now further supported to access degrees within HEIs through the 'National Collaborative Outreach Programme' (National Collaborative Outreach Programme, 2018) This is a 4-year evaluation through the Higher Education Funding Council for England (HEFCE's) where one of the aims is to increase EM participation by 20% by 2020. The HEFCE commissioned this university to support the evaluation of this work which demonstrates a commitment to improvement. This also corresponds with the access and participation plans (Office for Students, 2020a), where the OfS holds HEIs to account. If a HEI wishes to charge students the maximum tuition fees, they need to demonstrate through an access and participation plan how they will support underrepresented groups such as EM students in accessing, succeeding, and progressing. The plan needs to include how the HEI have the ambition to contribute to changes, how it plans to achieve these changes, the targets they have set, and the investment it will provide to support any proposed changes (Office for Students, 2020a). Some of the initiatives from the university to support students who fall into this category are projects such as community engagement, role models, and a university progress initiative (financial support). However, once students start university, they anecdotally report that they receive little additional support due to their protected characteristics. Once the HEI has fulfilled its role in inducting students

at the university, little support is provided for them during the next part of the transition stage. The student may apply to university; however, they need to feel like they belong there and that feeling can be achieved within the transition stage (Tinto, 2012). Therefore, there is a gap between the students accessing university and feeling supported once they are on the course. Hence, the need for an intervention to aid the transition of students into the nursing course with an emphasis on EM students and to ensure that they remain on the course. Attrition is also impacted when student nurses cannot find their identity on a nursing course and feel that there is a lack of support (Briggs et al., 2012).

Briggs et al., (2012) explored the implementation of a transition program for nursing students in an educational institute in the USA. Latham et al., (2016) suggested that attrition rates improved during the study as students became socially and academically involved. The program was introduced before commencing semester one to create a sense of community and support EM students with issues. However, when Latham et al., (2016) explored this further, the transition programme covered areas, such as, what to expect from the university, how to write assignments, professional conduct, and uniforms, etc which are all covered at a student nurses' induction at this university.

The first year of the student journey within a HEI is complex and yet there is a dearth of literature exploring the transition experience of nursing students into university (Porteous & Machin, 2018). The transition into university from post-16 education is complex, particularly for students, who have different educational experiences compared to traditional students (Bathmaker, 2015; Leathwood & O'Connell, 2003; Lowe & Cook, 2003; Money et al., 2020; Simm et al., 2012). Academic transitions

are normally characterised by rapid changes in an environment and intense learning situations that can be difficult for students to adapt to. A positive and successful transition into university is important and those who do not receive this face difficulty in navigating their first year (Kantanis, 2000). Those who have a negative transition are more likely to leave their course (Kantanis, 2000; Pryjmachuk et al., 2019). Tinto (2012) states this is caused by failure to adjust to the demands of academic and social responsibilities. Integrating academically and socially early are both crucial factors when considering reasons for attrition (Kantanis, 2000; Tinto, 1975; Tinto, 1993). However, Tinto's model does not explore issues related to nursing students and the complexities of nursing degrees including the amount of time nursing students spend in different placements and away from campus each academic year (Sweetman et al., 2022). Those students who have successful transitions are more likely to graduate and achieve higher outcomes (Parker et al., 2017). The transition stage is vitally important when you consider the existing issues of the degree awarding gap between white and EM students as discussed previously in chapter 1.5. Latham et al., (2016) suggest that transition programmes could help relieve the anxieties and challenges that student nurses face when entering a HEI. This is even more important for EM student nurses as they are often the first in the family to attend university and have little insight into the HE environment. Nursing students require an effective transition into university to support them both academically and socially (Latham et al., 2016).

2.6 Who am I and what am I doing here? Sense of belonging and Identity

There are several theoretical lenses to view belonging (Baumeister & Leary, 2017; Maslow, 1954; Tinto, 1987). Maslow's hierarchy of needs (1943),states that it is essential for human beings to feel that they belong. Belonging is classified as being one of the five basic human needs (Maslow, 1943). However, what is not acknowledged is that these five basic human needs do not take into account the hierarchy of cultural needs (Tay & Diener, 2011). Belonging is important for EM students who experiencing a transition into university. A sense of community helps students to understand their professional identity, and this leads to a positive learning experience (Archer et al., 2003; Maunder et al., 2013). Hagerty et al. (1992), defines a sense of belonging as “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (p.173).

Baumeister and Leary (2017), highlight that humans are more motivated when they feel they belong. Students forge positive relationships with other students who share similar life experiences, and this enhances belonging (Kantanis, 2000; McDonald et al., 2018; Meehan & Howells, 2017). Briggs et al. (2012) explored the transition of students into a HEI and identified that the formation of learner identity is important, especially, from the ‘Bridging the Gap’ respondents. EM students expressed they wish that they were treated as individuals rather than being categorised into a homogenous group which impacted their sense of belonging.

White students are significantly more likely to make friends and feel that they belong compared to EM students (Parker et al., 2017). One important reason for this is that

HEIs are not prepared to create an inclusive environment that welcomes and allows EM students to feel that they belong (Parker et al., 2017). If EM students feel that they do not belong to a community, this affects their professional identity and negatively impacts them being able to succeed academically and in practice (Machin et al., 2012). Forming an identity as a student requires individuals to transform their self-perception and attempt to integrate both academically and professionally (Cameron, 2005; Maunder et al., 2013) in an environment that is not reflective of its student population. Parker et al., (2017) found that EM students did not engage socially due to cultural differences. Singh (2011) highlighted that EM students have raised concerns about the lack of cultural awareness displayed by staff and students and the barriers to accessing facilities and social activities on campus. This area is starting to be explored more on a global scale, however, what represents a significant challenge is the inadequate research on race and racism in the context of transition with a focus on nursing students.

EM students insist that HEIs do not have enough supportive measures which enables them to integrate into university (Stevenson, 2012). Universities must do more to support EM in transitioning into university by making them feel welcome and creating an inclusive environment where they see themselves reflected. In turn, this will enhance student outcomes (Thomas, 2012a). To summarise, Maslow (1943) and Baumeister and Leary (2017) emphasise that for humans to have the desire to learn and understand knowledge then they must feel that they belong. Otherwise, they will have a difficult experience coupled with an environment that does not allow them to succeed as well as their peers.

Porteous and Machin (2018) describe the nursing programme as having additional pressure in comparison to other degrees due to the responsibilities that student nurses have in achieving professional practice competencies to enable them to qualify. These professional competencies are obtained during clinical practice where students spend 50% of their university time. Therefore, a sense of belonging is required both in clinical practice and the campus environment. This is an additional factor to navigate compared to the requirements of a traditional course. Porteous and Machin (2018) raised concerns that there is a lack of research into the first year transition experience for student nurses, and therefore, explored the experiences of all student nurses at set points within their first year (4, 8, and 12 months) regardless of their ethnicity. Interviewing ten student nurses they identified key themes ranging from uncertainty, support, and learning to survive, to developing coping strategies for the remainder of their programme. Porteous and Machin (2018) describe how student nurses need positive feedback, a sense of community, and identity in relation to succeed. This is extended to studies by Gardner (2005) and Abriam-Yago et al. (2006), who found that student nurses expressed that the feeling of not belonging was also experienced in their later years of studies and not just isolated to the first year and transitioning into university.

Increasingly concerning is how we understand that the needs of EM students are different from white students, with difference in their needs. These can include visa requirements and different linguistics. EM students are subjected to negative experiences from placements to degree awarding gaps and little is done to stop this. Students who feel a sense of belonging to an environment are more likely to have an increase in academic performance, engagement, and an improvement in well-being

(Ashktorab et al., 2017; Hall, 2014). Banister et al. (2014) highlights several factors that impact student success including racism and lack of cultural knowledge amongst their peers. However, the research explores the end of the nurse's journey and the transition into a registered nursing post with the use of a mentor rather than exploring the transition into university.

The Nursing and Midwifery Council (Nursing and Midwifery Council, 2020) stipulate that for a student to enter the nursing register, they must complete a minimum of 2300 hours of academic work and 2300 hours of assessed clinical placements. Academic work is classified and graded as per the standard guidelines. However, placements are assessed against proficiencies, completion of clinical skills, as well as additional care and medicine management assessments. If one practice element is not achieved, the student fails their entire assessed placement. If they fail their refer attempt, the student cannot progress with the remainder of their course. This assessment outcome does not impact the degree awarding gap as the assessment is graded using a pass or fail criteria rather than a graded percentage as commonly found with written assessments. This highlights that the gap is purely down to the assessed academic work which students complete. If placement assessments were included, then the gap has potential to widen further.

A sense of belonging is important during the placement period as student nurses spend 50% of their time away from campus. Therefore, spending time away from their peers and any potential support networks that they have developed. EM students experiencing a lack of belonging may not be able to perform to their full potential in their assessments. The experiences students face when starting university, their confidence, and feeling of belonging could also be present during the

start of each placement. Therefore, I argue that a lack of belonging could be detrimental to their placement assessment outcomes as this will impact their ability to demonstrate the skills and proficiencies which they possess.

Self-identity is described by Phinney (2006) as your racial identification, cultural values, and beliefs when part of a racial group, a lost identity is when you do not visualise your racial identity within a group. Fields et al. (2004) explored the lived experience of Black nursing students within a predominantly white programme and identified that one of the largest themes extracted from their research was social isolation and lost identity. Anionwu et al. (2008) support that when students feel that they do not belong due to their identity, this impacts their academic grades. The study established that students from a Black ethnic background were 65% more likely to fail their course as they did not feel that they belong. This identifies that feeling that you belong and visualising your identity is paramount in achieving success during academic studies.

To obtain a positive learning experience, a feeling of belonging is required and to support this a ‘successful’ transition is required (Archer et al., 2002; Frame, 2015; Maunder et al., 2013; Meehan & Howells, 2017). A student’s university experience is not primarily focused on completing their programme and successful outcomes. Students also require the development of relationships between staff and fellow students to feel that they belong (Archer et al., 2003; Thomas, 2012a). The importance of EM seeing themselves reflected in social spaces and the curriculum cannot be ignored (Cavanagh, 2008).

2.7 Lack of awareness of racism in nursing education

Nursing educational facilities are not well equipped to challenge student nurses' thoughts and opinions on racism (Costa et al., 2024; Johnson et al., 2019). This is due to cultural bias and also because learning packages are not sufficient for challenging assumptions and biases on a complex level. These packages only skim the surface of racism when covered. Within the nursing programme, historical oppression in relation to structural advantage and the concept of white supremacy is not part of the curriculum. Healthcare and academic staff need to understand historical oppression, race, and power in order to understand their own structural advantage and privilege, and to educate the future nursing workforce (Johnson et al., 2019). Nurse educators need to explore and employ strategies that enhance the student voice from historically disadvantaged groups and promote positive social interactions between peers and staff (Popoola et al., 2022). By doing so, they will be able to support student belonging and identity.

Over the years there has been a dearth of articles written about nursing within a race-related context, with the majority exploring how racism impacts health inequalities and access to treatment within healthcare services. Serrant-Green (2001) and Costa et al. (2024) argue that high-quality care provided by nurses to the EM community starts from ensuring that nurse education is transcultural so this can improve nursing care.

Markey and Tilki (2007) identified that lecturers need to challenge debates, encourage dialogue, and use strategies to deal with racism among student nurses. However, this does not always occur due to the lack of confidence exhibited by the lecturers feeling uncomfortable or worried about saying the wrong thing (Davis et al.,

2007; Hardy et al., 2012). Hardy et al., (2012) suggest that the experiences found within the classroom also resonate within a clinical environment and that not challenging behaviours in a classroom will impact the quality of care provided to patients and a non-inclusive working environment within the workforce. Therefore, the experiences of EM students in the classroom could continue during placement and when joining the healthcare workforce. There is an understanding that there needs to be an improvement in educating staff to deal with these challenges. Experiences that students encounter from racism, and acts of microaggression, to the lack of challenges made by the nursing lecturers in relation to other student's behaviour, could impact the student's transition experience. This leads to a poor student experience, lower self-esteem and may hinder their sense of belonging within a HEI (Thomas, 2012a). Therefore, a gap in the literature which I have found in this research is the examination of EM students' transition experience using the lens of CRT.

People are worried about using the term race or racism or holding conversations about this for the simplistic fear of being called a racist or an expectation that they should know all the answers. Helms (1995, 2014) acknowledges that society is reluctant to believe that racism exists as it contradicts their beliefs that we live in a fair society and if racism exists that means that society is not doing enough to challenge university structures and processes.

Bell (2021) highlights how white supremacy is a factor in advancing anti-racism in nursing education. More nursing academics are engaging with racial literacy, but most individuals are resistant to change (Collier-Sewell, 2022). It is no longer acceptable for nurses to be colour blind, however, by having academics who do not

engage with racial literacy coupled with nursing curricula that does not explore decolonisation and diversification, this ultimately leads to a racist workforce. Therefore, not only will EM students suffer during their academic studies but also when they enter the profession as a registrant of the Nursing and Midwifery Council (Ramamurthy et al., 2022).

2.8 Support and expectations

The first-year transition into university is difficult and likely to have an impact on the future success of students (Hughes et al., 2020; Hultberg et al., 2008.) Students find the competing priorities of academic work and social responsibilities overwhelming (Bowles et al., 2011; Gause et al., 2024; Maunder et al., 2013; McDonald et al., 2018). However, student nurses are generally motivated to develop their own coping skills and seek guidance to support them in tackling academic and practice issues (Gause et al., 2024; Porteous & Machin, 2018). Developing resilience is a key part of nursing education (Hughes et al., 2020; Thomas & Hunter Revell, 2016). However, positive accessible support is needed during the transition period to enable students to succeed, develop resilience, and feel that they belong in a HEI. Support and feedback have a direct positive impact on transitioning into university (Lee et al., 2014; Wolf et al., 2015). Feedback is a key component in developing learning and understanding expectations (Webb & Shakespeare, 2008).

Nursing students hold preconceptions and expectations about transitioning into university and these come from previous educational experiences (Hughes et al., 2020; McDonald et al., 2018). The expectations of other peers play a large part in the transition experience (Maunder et al., 2013). Any previous racist educational experiences that students are subjected to are carried with them into their future

education (Joseph-Salisbury, 2020). However, EM students' main concern is the lack of knowledge about diversity among their white peers (Maunder et al., 2013). There is also the expectation of support from family members. If students have the support of family and positive family influences, students are more likely to feel less stressed during the transition experience. Historically, female students from the EM lack family support and have lower aspirations within HE, however over the last 40 years this has significantly improved (Kettley, 2007). Considering that 89% of the nursing workforce is females (Ford, 2019a) the potential impact of a successful transition for EM females could be disproportionate amongst this group of students.

The transition experience impacts students emotionally during this complex time (Thomas, 2012a). Some students feel judged and uncomfortable in new learning environments, and this can impact their sense of belonging (Harvey et al., 2006; Palmer et al., 2009). Belonging may also be defined as fitting in with the institution and more widely with their peers. Fitting into the institution is supported by learning the HEI's processes and rules. The primary issue with this approach is that these topics are generally covered during induction week in students' first year rather than an ongoing process that is gradual throughout the first year of a student's studies (Briggs et al., 2012). Chencheri et al. (2017) express concerns that adequate HEI organisational processes are required to enable a positive student experience and for the students to succeed. Whereas Bowles et al. (2011) highlight that a successful transition is related to enablers that are intrinsic to the student and extrinsic, whereby the university has the remit to support. This suggests that transition enablers are multi-faceted.

Students from the EM community find the transition into university difficult. This also includes difficulty in making friends, feeling socially isolated, and family and financial issues (Harvey et al., 2006; Quinn, 2013). EM students make up 26% of all the student nurses at this North of England university. Therefore, this highlights the importance of exploring the transition experience of EM student nurses. Social connectedness and environments that support students during the transition period are critical in enabling students to succeed (Karmelita, 2020; Maunder et al., 2013; Van Herpen et al., 2019). This leads to a positive sense of belonging for EM students if staff and peers are also supportive (Cole et al., 2020; Karmelita, 2018).

2.9 Placements

Nursing placements make up fifty percent of nursing students' time at university, where most students are away from their peer support network. These placements can only take place where there are registered nurses to assess and supervise student nurses.

Das Gupta (2009) found that 90% of EM nurses stated that they were insulted, degraded, or put down due to their race or ethnicity by colleagues ranging from Healthcare Assistants, Nurses, managers, and Doctors. EM nurses also expressed that they have been taught from an early age that to succeed, they are required to work twice as hard as their white counterparts (Nightingale et al., 2022). Participants also raised concerns in relation to being treated differently when absent, had limited access to training, and progression into a senior role within the healthcare workforce. These findings echo the concerns that I hear from EM student nurses anecdotally and underpin the question of whether nurses are racist.

Ackerman-Barger and Hummel, (2015) explored the narratives of the experiences of USA EM nurses in relation to equity and inclusion using CRT as a theoretical framework. The findings were like that of Das Gupta (2009), and additionally, the participants also highlighted that they had to learn to deal with racism and microaggression, and lack of identity within the workforce. Interestingly and rather worryingly, Ackerman-Barger and Hummel, (2015) highlight the experience of EM student nurses has been the same for all EM nurses over the last 70 years. This leads me to believe that there has been no, or few improvements made in relation to racial equity since the 1950s within the culture of nursing and nursing education.

2.10 Transition, racism, and nursing

In 1948, the first group of people from the Caribbean known as the Windrush generation came to the UK to support the public sector after World War Two (Nursing Times, 2020). A vast number of the Black Windrush community supported the NHS in its early days and contributed to its success, even though, they faced racism and prejudice. Currently, the NHS has a workforce made up of 26% EM staff (Ethnicity Facts and Figures,2023) However, the NHS is systemically racist and even after the 70 years of support and dedication provided by Black nurses (Nursing Times, 2020). Discussing racial inequalities in healthcare or within nursing represents a significant challenge as no nurse believes they are racist (Bennett et al., 2019). Nurses are deemed to be at the forefront of advocacy and ensuring equality as specified in the NMC Code of Conduct (Nursing and Midwifery Council, 2018b). However, structural racism within nursing still exists and this requires dismantling (Broome & Villarruel, 2020).

As discussed in the previous chapter, there is a requirement that nurses have an ethical responsibility to question any bias that may impact their practice, and these conversations need to start in a classroom to drive changes with the future workforce (Hall & Fields, 2012). Moorley et al., (2020) highlight the lack and depth of self-awareness of nursing academics and clinical practitioners and the implications of this poor practice. Experiences that students encounter from racism, and acts of microaggression, to the lack of challenges made by the nursing lecturers concerning other students' behaviour, all impact the student's transition experience. This leads to a poor student experience and may hinder their sense of belonging within a HEI (Ackerman-Barger et al., 2020).

Findings from the literature review identified several studies that have indicated that a sense of belonging has a part to play within education, whether that is the degree-awarding gap to challenging racism within the NHS. Therefore, exploration of the transition experience is vitally important in establishing the lived experience of the student nurses and how this may affect their sense of belonging.

2.11 Social class, gender and migration

The nursing profession faces significant systemic inequalities that affect EM student nurses and creates barriers such as the gender pay gap, career progression for EM healthcare workers and how these are impacted by the different axes of oppression.

Despite considering the large proportion of women in this profession, they continue to make up less than a third of senior positions in nursing and a gender pay gap of up to 24% exists (Royal College of Nursing, 2022). Men in nursing also progress faster through the grades of nursing in comparison to women (Nursing Times,

2019b). There are several reasons why men progress quicker than women in nursing and these reasons also attributed to the causes of the gender pay gap. One of these reasons are social pressures and norms. Women are more likely to work part time and take time out of their careers for family reasons in comparison to men (Equality and Human Rights Commission, 2017).

The National Health Service (NHS) recognises that EM employees do not experience equity in career opportunities and progression, and therefore, it implemented the Workforce Race Equality Standard (National Health Service England, 2014). The Workforce Race Equality Standard expects NHS providers to show progress across a number or race equality indicators. This highlights that if you are from an EM background and a woman in the nursing profession, then it is significantly more difficult to progress (National Health Service, 2019). The Nursing Narratives report (Anti-Racism Research Group, 2022) also highlighted the structural inequalities that exist in the healthcare sector, and how these were further exacerbated by the Covid pandemic. One of the findings was that 60% of EM healthcare workers had been prevented from progressing in their career by being told they had to pay for their own training, having their ambition diminished by senior staff member, or being placed on short term contracts.

It is important as a workforce that colleagues understand the experiences of each other and ensure that their EM colleagues feel that they belong and allow delivery of high-quality patient care (National Health Service England, 2014). For inclusive practice to take place the workforce needs to be diverse and that any differences between cultures need to be respected (Tallo, 2016). The issues faced throughout the transition process into a university programme could also be present

when making a transition into employment (Likupe, 2006). Therefore, by developing an understanding of the transition experience and areas for improvement, this could also be used to equip student nurses from an EM background for the transition into a newly qualified nurses' post.

The main facet of intersectionality includes the emphasis on how different axes of oppression creates intersecting power relation, rather than a single class such as race, ethnicity, gender, migrant status, social class, age or disability (Collins, 1997; Dhamoon & Hankivsky, 2011; Valdez & Golash-Boza,2017). Intersectionality is used as an analytical framework to analyse complex levels of discrimination. It is not about how the experience of different forms of oppression intersects at the axes of multiple oppressed identities (Collins, 2016;Weber,2001) . The focus is on how structures and power interplay and work together to create the issues by centring people's experiences (Weber,2006). Intersectionality theory argues that peoples experiencing marginalisation are often managing multiple forms of oppression and therefore focussing on one area of oppression disregards the intersectionality's of various forms of oppression in a single person (Wesp et al, 2018). Intersectionality recognises that the multiple axes of oppression limits opportunities (Collins,1998). However, it also recognises that some people may face oppression whilst also experiencing advantages in other identities that they possess.

In a UK context, intersectionality predominantly emerged due to the struggles of Black women as feminism was centred around the struggle for white middle class women, who's experiences are different to Black women (Anthias & Yuval-Davis, 1992; Brah,1996). This led to a movement where racist structures were challenged

(Bhopal, 2020) and questioning the basis of feminism and how experiences differed due to race (Collins,2000). Intersectionality in relation to gender and race also incorporates social class. Even though this is not a protected characteristic it is equally important. This is often known as a triple burden carried by ethnically minoritised women (Collins & Solomos, 2010). However, it is important to recognise the importance of other characteristics that EM individuals may possess and impacts on their experiences collectively including race, ethnicity, gender, migrant status, social class, age or disability.

Hankivsky & Christofferson (2008) and Hankivsky et al (2010) highlighted concerns where research is focussed on one system of oppression whilst examining other oppressive intersects. There is not a hierarchy of oppression, however, in the academic world, gender has been a marginal issue compared to race, though still important, (Pateman, 1988) especially with the degree awarding gap. Within Britain, there is the avoidance around discussing race and racism, where society believes that racism has reduced in Britain (Song, 2018), however this is untrue. There are problems within education that impacts on the success of EM students. The EDAG demonstrates that racism is still a real problem for EM people. The Equality and Human Rights Commission (EHRC) found that EM graduates are two and half times more likely to be unemployed in comparison to white graduates. Those Black graduates who did secure employment were found to earn 23% less than a white person with the same qualifications (Times, 2016).

2.12 The gap

This literature review has highlighted that there is substantial research that has been undertaken around transitioning from a student nurse into an employed newly qualified nursing role. However, there is limited literature on nursing students' transition experience into a HEI, particularly, during the first year transition experience (Montague et al., 2022; Porteous & Machin, 2018). Previous studies have focussed on specific transition programmes (Campbell, 2015; & McSharry & Timmins, 2016) or the exploration of individual coping strategies (Reeve et al., 2013). By conducting the literature search I identified that there is no literature that explores the transition experiences of EM student nurses into university with a UK context. This is an issue when EM student nurses make up nearly a quarter of the nursing student body at this university, resulting in their experiences not being acknowledged in research.

There have been several studies in the United States that explore the experiences of EM student nurses (Abriam-Yago et al., 2006; Coleman, 2008; & Evans, 2008; Gardner, 2005; Goetz, 2007). What remains a key concern within these studies is that they all report similar concerns ranging from the lack of cultural awareness of staff and fellow students, isolation, ‘differentness,’ and coping with insensitivity and discrimination from others which could be linked to racism. Each study explored one particular ethnic group in the USA, rather than one larger category to fit all EM student nurses. Further research is needed to explore EM student nurses’ experiences rather than focusing on one ethnic group and the UK view is imperative as all previous studies have an American context.

Literature in relation to the transition experience, particularly for nursing students is limited in both quality and quantity. However, the literature does identify similarities in themes established including expectations and belonging. Most of this literature is pre-2015 and upon searching this literature there is no research in relation to transition experiences for EM student nurses in the UK.

Hughes and Small (2014), state the experience students are exposed to at the transition stage has an impact on academic performance and lifelong success; and that early transition support shows that there is an increase in student well-being and engagement with the course. Porteous and Machin (2018) identify that the first year of a nursing programme is where students demonstrate engagement, learn in practice, seek additional support, and build relationships and belonging with lecturers (Barrett et al., 2017).

Although, there is research in existence in relation to the experiences of EM students in university, there is limited research in relation to diversity and the experiences of EM students within nursing education (Ackerman-Barger, & Hummel, 2015). Research that has been conducted primarily focuses on placement experiences or transitioning into a registered nurse role. However, research that has been conducted suggests that a sense of belonging is important and can impact inclusion, progression, degree awards, and student perceptions amongst other areas. Even though some of the data from the studies look promising, there is relatively scant attention being paid to a sense of belonging in relation to the transition experience of student nurses into university. If educators were to understand the complexities around the transition experience, then effective strategies can be employed to

support these transitions and therefore enhance educational experiences (Montague et al., 2022).

Furthermore, there is only one study (Ackerman-Barger & Hummel, 2015) that uses CRT as a lens for exploring nursing education. This has a U.S context and does not include the transition experience of nursing students, especially, EM nursing students. There is a considerable gap in applying CRT, blended with intersectionality in nursing education and within transition. This needs further exploration to understand the transition experiences using CRT with 'aspects of intersectionality' (Gillborn, 2015, p277). This will elevate the issues that EM students face with a clear focus on race. However, to understand the intersecting roles of race, class, gender and migration in students' experiences, I also draw on intersectionality. Therefore, the research questions which have been established based on the gap are:

1. What institutional barriers exist in relation to transitioning to university for Ethnically Minoritised nursing students?
2. How do Ethnically Minoritised students perceive themselves as emerging professionals in the nursing workforce?
3. What do Ethnically Minoritised student nurses perceive to be positive/negative transition experiences?

2.13 Chapter summary

A sense of belonging commences at the beginning of a course; hence the need to explore the transition experience of EM students. If I can ascertain the issues and experiences of students at the beginning of the course, this could improve the other issues faced throughout their course as well as being able to provide students with

the confidence to highlight and escalate areas of concern, rather than accepting these issues for fear of reprisal. I need to ensure that the student's voice is heard throughout this study.

Weaver (2001) highlights key concerns when investigating the educational experiences of nurses, these ranged from the nurse's own identity, and racist attitudes to isolation. However, we know that this continues to be a problem as many authors have identified similar concerns which all refer to the transition experience. However, the results from the literature search assert that there is limited research on nursing transition with a focus on ethnicity and CRT within the UK. The literature identifies transition in general, transition for EM student nurses with an international context or focusing on a single ethnicity, mostly in the USA. The gap identified is that some of the barriers from the research suggest nurses, HEI and the nursing workforce and structures are racist. Further to this other characteristics play a part in EM peoples experiences, including other factors such as social class, gender, age and migration. Therefore, I aim to research the transition experience of EM student nurses into university by using the theoretical framework of CRT blended with intersectionality as a lens.

In the next chapter I will discuss the research design, ethical considerations for the study and provide a reflexive account of the philosophical underpinning for the study. I introduce the theoretical framework in further details and discuss the approach to data analysis using a step by step process.

Chapter 3-Methodology

3.1 Introduction

The previous chapter outlines the guiding review questions and how these questions have developed the literature search strategy. Using the literature review the chapter outlines the requirements of this study by identifying gaps in knowledge.

This section will cover the research philosophy and design, ethical considerations and data analysis. This chapter provides a reflexive account of the philosophical underpinning of the study and my ontological and epistemological stance. The theoretical framework will highlight the importance of CRT within this research, whilst incorporating intersectionality, and I will reflect on my positionality within this specialty. I will briefly evaluate the rationale and aim for the pilot study and how this supports the development of the main study. I discuss the selection and justification of the methodology and methods and how this aligns to the theoretical framework selected.

In this chapter, I provide a discussion in relation to the main ethical considerations needed, the difficulties faced with recruiting participants and the implications of power.

Furthermore, I will discuss the approach used to support the data analysis process and how this was applied to the data using a step-by-step process. The chapter concludes with a discussion on the limitations of the study.

3.2 Research philosophy; epistemology, ontology and research paradigms

Before deciding on my epistemological approach, I need to consider my ontological stance. Together, the epistemology and ontological approach support the formulation of the theoretical perspective. Ontology is the exploration of the nature of reality (Lawson, 2019). Reality can be a product of power relations and includes my values as the researcher which will support the framing of the inquiry. My ontological stance is that of a relativist, and therefore, recognises that realities are different for each participant based on their individual background and experiences. I prefer the stance of a relativist over a realist. Realist relates to the existence of one single reality and is independent of human experiences (Snape & Spencer, 2003) and this study is based on storytelling. Therefore, the participants' experiences are important, and individuals bring different riches to the world (Coe, 1994).

Epistemology is the study of knowledge and seeks to explain how we know what we know. The creation of knowledge is usually based on expertise. There are different types of expertise required during various research phases (Sandelowski, 1998). As a researcher, I have developed knowledge through immersion with the data and engagement with participants. There is also the personal expertise I possess as a researcher with lived experience in this area of research and how my position impacts the research findings. Later in the chapter, I discuss my positionality and the potential impact this may have on the different stages of the study.

My epistemological stance is aligned with constructivism, bringing reality into being. Constructivism involves the belief that knowledge is socially constructed. According to Ültanir (2012) Piaget, a psychologist, the creation of knowledge is viewed as a

consequence of experiences and that individuals create knowledge through interaction and collaboration with others. This means that the researcher takes an active role within the construction of knowledge.

Constructivism includes multiple realities and perspectives which are important to investigate individuals' points of view to create a worldview of those experiences. It recognises that individuals can experience the same event differently based on their own reality (Ültanir, 2012). Schwandt (2000) believes that as soon as we accept that our minds construct knowledge, then we accept constructivism. Social research is accepted to be subjective as the values of the researcher are always present and therefore objectivity cannot be achieved (Crotty, 1998).

The selection of a constructivism paradigm is based on understanding the knowledge created, rather than, the explanatory approaches to how knowledge is created (Buchanan, 1998; Creswell, 2014). This is supported by counter story- telling which requires the narrative to be challenging and highlighting the stories of those who are marginalised (Delgado & Stefancic, 2017). Constructivism aligns with qualitative research and allows the researchers to view and understand the world (Thanh & Thanh, 2015).

Constructivism acknowledges the researcher is within the research process as they are immersed in the research. Due to this, the field questions changed throughout the initial interview stage and upon evaluating the pilot study. During the pilot study, I began to understand what is meant by research paradigms, which Costley and Fulton (2018) simplistically explain how we view reality. Constructivism paradigms can be difficult to ensure reliability in comparison to a scientific approach. Objectivity cannot be guaranteed, instead, this approach seeks to improve trustworthiness. This

can be achieved through the researcher demonstrating an understanding of their positionality and critical reflection and accepting that subjectivity is part of this process (Sikes, 2006). Graham et al. (2011) supports that using CRT requires the researcher to be subjective with the findings. This is an aspect I was consciously aware of during the entire research process.

Reflexivity in research is not a single area for consideration but more of a continuous process that permeates throughout the entire research study. Our social and political stance does affect our research (Harding, 1991). I initially struggled with acknowledging and understanding my stances.

In my reflective journal I write:

> *"Will my ontological and epistemological stance change through the duration of the research process?" (2021).*

In the earlier stages of the study, I accepted that this would be a fluid element. I am still in agreement with my initial stance.

The epistemological stance of researchers supports the theoretical perspective and selection of methodology. Theoretical perspectives are the philosophical stance informing the methodology and providing a context for the process selected (Crotty, 1998). It is the approach the researcher takes in understanding and explaining both society and the human world. Crotty (1998) omits ontology from the research process but claims that epistemology and ontology are in mutual existence and are difficult to distinguish. Epistemology is the support of a philosophical grounding and allows the researcher to understand what kinds of knowledge exists and to ensure that it is legitimate.

This aligns with CRT where the researchers' individual experiences are used with the stories of the participants to create knowledge and to challenge policies. Graham et al. (2011) acknowledges that researchers who use CRT as a theoretical framework need to accept that their experiences will impact the research and that this is an important part. This will be discussed further within this chapter.

3.3 Positionality

Bathmaker et al. (2005), suggest that when an individual is conducting research, it is nearby impossible to remove themselves, their values, and beliefs from the task in hand. Dean (2017) suggests that to determine our positionality within our research we need to understand the term reflexivity. This is the researcher's position within both social structures and educational institutions. Reflexive work cannot just be about the person doing the research but the examination of both the structural and personal conditions which help us understand the knowledge we create.

I am a 41 year old woman from a diverse background, Yemeni but with some Irish, Indian, and Danish ancestry too. Born in Sheffield to Yemeni parents, my father who recently died, was in his 80's, came to the UK when he was fifteen, and my mother was born in the UK, as were her mother and maternal grandmother. I am a registered nurse working in the world of academia and have lived in Rotherham all my life. I was born into a working-class family and still consider myself to be working class, regardless of my professional achievements. Bourdieu (1973) states that social class is not just based on sociological and vocational factors but based on the social relations that you possess (Compton, 2008). In sociological and vocational terms, I am considered as being middle class due to my income, job role, and owing to the fact that I have access to privileged networks (Savage, 2016). However, this

does not resonate with me at a personal level. Part of this is because of the stereotypical perception of a middle-class person being well spoken, having no financial worries and growing up in a white middle class, professional and successful family. I do not fit into any of these groups or categories. Growing up, I came from a working-class Arab family where I was one of six children. My mother was a homemaker until the late 1990's and my father worked in the steel industry. Given my family background, I will never be able to perceive myself to be middle class.

Growing up as a child my family and I encountered overt racism on a daily basis from our neighbours and at school. Audre Lorde (1992, p. 2) defines racism as 'the belief in the inherent superiority of one race over all others and thereby the right to dominance'. The range of racist behaviours that I experienced as a child were fear of playing outside due to physical and verbal assaults, to having bricks thrown through our living room window while we were watching TV. I am still a victim of racism as an adult, but these are often played out in the form of microaggressions. Microaggressions are defined as brief everyday interactions that are subtle forms of harassment. They are less obvious than the overt forms of racism and can include remarks, exclusionary behaviour, comments based on stereotypes, and undermining individuals (Rollock, 2012; Rollock, 2019). In a work context, I have experienced overt forms of racism by being told I could not apply for a job as I do not have the qualifications needed, however, a white counterpart could. I was told that I cannot be an academic as I am not from a white middle-class family. The microaggressions that I have encountered include comments in relation to my name and being informed that I understand the needs of all EM students as a racialised person.

During my childhood, I clearly remember my father coming home from work and telling my mother all about his racial experiences daily and the continuous racism he faced at work. I remember listening to his reactions to this racism and how as a child I struggled to comprehend this.

There were two incidents which remained with me from a young age. The first one being the lack of managerial progression for my father which was made clear that this was due to his race rather than his abilities within the role. Lockwood (1956) noted that society ignores the interests of groups from different backgrounds, and that society is more concerned about core values and norms. Parsons (1991) and Lockwood (1956) classed the Black Minority Ethnic community as being a low-ranking group which ultimately has an impact on their access to money, property, job prospects and goods which directly links to their quality of life and capital. I am compelled to disagree. They are not a low-ranking group but the victims of white privilege. White privilege is when white people receive advantages within society based on the membership of a racial group (McIntosh, 1989). This can also be described as white people receiving additional benefits or an unfair advantage due to their racial group (Goodman & Kwate, 2014).

The second incident was when my father risked his own life in a fire to save the lives of his white colleagues who had always been racist towards him. He was late home, and my mother could not get hold of anyone at the factory or my father. She later found him in hospital several hours after the incident where the foreman said he had forgotten to call my mother but remembered to let the next of kin know of those who were white. As a child I did not question such behaviour but growing up I realised the fundamental reason for the foreman's behaviour. Such behaviour causes tension

and disharmony amongst different groups within society (Cureton & Gravestock, 2019). Even though my father suffered racism all his life as he came to the UK in the 1950's he always taught me to be respectful of other races and cultures. His favourite saying was "There is good and bad in all races and cultures. Never judge!" A statement that I now repeat to my own children.

In the early 2000's, I attended university and commenced a degree in Biomedical Science. I was there for 8 weeks until I left the course due to feeling that I did not belong. I felt like an outcast, an imposter and questioned whether I was meant to be there. Imposter syndrome is a recognised term to describe those who feel that their accomplishments are doubted (Robinson-Walker, 2011) and they feel like a fraud. There were very few EM students in my class and most of them were male. As I was growing up, I was informed by my parents that I cannot speak to the opposite gender due to religious and cultural beliefs.

This made me feel even more isolated. A few years later, I returned to study nursing, where my experience was positive, and I felt like I had a place within my group, and this supported me in achieving a First-Class Honours Degree. My own experiences throughout my childhood and beyond have had an impact on who I am now and the work I am involved with in relation to race equity for students. Blumer (1969) and Garfinkel (1967) expressed that a person's own accounts, beliefs and experiences should play no part in a problem or research. However, this is no longer the case. Calhoun (2011) argues that researchers need to have an awareness of our own knowledge, competencies and beliefs as these characteristics have an impact on our research. I am inclined to agree with the latter and throughout the research process I have been consciously aware of how my knowledge and how both my professional

and personal experiences may impact the outcomes of this study. I recognise that the research is influenced by my own identity, which is an Arab, cis woman, a registered nurse, who undertook my nursing qualification at the same institution where this research took place. I undertake this research to better serve our future nursing student body. I will expand on this further in the methodology chapter.

3.4 Reflexive journey- am I a researcher?

When I began this research adventure, I questioned whether I could undergo the complexities of doctoral research and whether my limited research knowledge would be sufficient to undertake a complex research study. Yes, I am an academic, but the imposter phenomenon was and still is overwhelming (Cutri, et al., 2021). However, my passion and interest concerning social justice, in particular for students from EM backgrounds, has spurred my courage and desire to continue my path of self-development and to research an area I deem to be important. Through this journey so far, I have leaped into the world of research and the creation of knowledge excites me.

Before embarking upon my research journey, I realised I was a novice in several aspects of the research process, including research paradigms. The Doctorate in Education has challenged my knowledge around research but has also equipped me to progress onto further post-doctoral research studies, should the opportunities arise. I started this research journey believing that there were only two types of research: quantitative and qualitative. Crotty (1998) suggests that all beginner researchers believe this. I began exploring different methodological approaches and methods during the literature review process of the taught element of study. This is

where I began to ‘respect’ the other research perspectives and believe that knowledge can also be socially constructed (Aull Davies, 1998).

Coming from a nursing background, the research that nurses engage with sits with the epistemological stance of positivism (Corry et al., 2019). Nurses heavily rely on quantitative paradigms in creating knowledge. A paradigm explores the researchers' concept of the world and their position within that world which ultimately brings into research their past life experiences and knowledge that informs the research (Arthur et al., 2017). I first engaged with research when I was studying for an Advanced Diploma in Nursing Studies. This is where I was first introduced to gold-standard research designs such as randomised controlled trials and their hierarchy within research (Hariton & Locascio, 2018). These were predominantly used when evaluating evidence for medical treatments. Due to this, my epistemological viewpoint has always been objective hard facts that contain no researcher bias. Therefore, exploring and recognising my reflexivity as a researcher was initially a challenge. Due to recognising the importance of the positionality of the researcher, I have shifted to a subjective stance which allows me to consider personal opinions and viewpoints as being equally important in research. I have learned during this journey that both qualitative and quantitative research serve their purpose. Therefore, reflexivity emphasises the importance of the researcher being part of the social world and allows the researcher to examine their role within the research (Alvesson, 2003).

It is vitally important that researchers understand their epistemological perspective as this will influence the selection of research methods for the study. Based on the research topic, I have had to shift my ‘natural’ stance from positivism to

constructivism, as this is the approach that will answer the research questions and provide trustworthy data. Had I not accepted that constructivism is as important as positivism then the selection of methods based on this approach would not have formulated high-quality data based on my research interests. McGraw et al. (2000) suggests that through reflexivity, research stances, especially theoretical perspectives, may change.

3.5 Insider vs outsider

Being reflexive in research demonstrates consideration towards ethical practice and supports the trustworthiness, authenticity, and reliability of the researcher (Costley & Fulton, 2018). As a researcher, I need to consider my own previous experiences, thoughts, values, and beliefs. Being a registered nurse will also influence how I approach this study; however, I will present this research as authentically as possible.

Positionality is based upon a multitude of areas such as your age, race, gender, social class, social experiences, your own educational experiences, and where you are now (Bourke, 2014). Moore (2012) states that these contexts define our position and identity which ultimately has an impact on research and how that research is conducted. Initially, I assumed that being reflexive would be an easy task as it is linked to nursing and that is my main profession. Nurses are expected to be critically reflective and self-aware during all aspects of their practice (Brechin et al., 2000).

Research bias can never be eliminated and as a researcher and I need to be continuously aware of any preconceived ideas I have about the findings. Preconceived ideas can cause bias (Arthur et al., 2006). Therefore, being aware of all my decisions and actions is important. At every action and choice made, the

researcher's approach has implications for the study. The trustworthiness of the research and findings is dependent on the researcher and whether they can demonstrate justifiable reasons for their actions and choices. Guillemin and Gillam (2004) suggest that becoming a reflexive researcher improves the quality and trustworthiness of research which leads to rigour. Arthur et al. (2017) asserts that researchers need to understand that research is framed around various assumptions. Qualitative research often involves the study or a particular group, including different aspects of their lives (Agar,1980). Researchers need to have an understanding of their own identity that will allow them to research others and understand their identity (Serrant-Green, 2002). I am closely aligned to this study for the reasons discussed in the previous two chapters. Sikes (2006) highlights that individuals often undertake research that is close to them from a professional and personal perspective. Coffey (1999) states that researchers who do this are supporting their own being and identity. I have both my own personal and professional experiences that could influence this study, however these experiences are not the motivator for this research. The aim is to improve the experiences of the student body by acting upon the recommendations.

Below I discuss and reflect on some key experiences that have impacted my thoughts and approaches to the study. Early in the study I decided to keep a reflective account of my journey and challenges throughout the stages of developing the pilot proposal and in undertaking the full study. The reflective journal was used to record issues that I had highlighted as well as areas of success. I found this to be a good tool for supporting the design of the main study and critically analyse my position within the study (Shacklock & Smyth, 1998; Tesch, 1990).

During the research and data collection stage, I was a Senior Lecturer in the Academic Development and Diversity team and prior to this role I was an academic in the Nursing and Midwifery department. I did not know, teach, or assess any of these students individually as I was based outside of the nursing department. I have been an academic since 2016 and a registered nurse since 2010.I no longer tutor students and my main role during the main course of the thesis was to develop academic staff across the institution in relation to equality, diversity, and inclusion with a specific focus on eradicating the EDAG.

Previously, as a nursing academic, I provided EM student nurses with a sense of belonging through the minoritised student group that I led. I hosted workshops to raise awareness and educate staff and students of all ethnic backgrounds about the experiences of EM students. According to Serrant-Green (2002), this has positioned me as an insider researcher as I was closely aligned to EM students in the department. Although at the time of recruitment, I was not leading the support group, a couple of the participants identified in their interviews that they had found support through the group that I established.

From my own experiences working in HE and feedback received from students, I do not believe that all nursing educators provide EM students with a sense of belonging and often view the student as a deficit rather than exploring the structurally racist educational environment that does not enable EM students to thrive (Bell, 2024). I experienced this environment as an academic when I first came to the university. Out of an academic nursing workforce of over one hundred lecturers, there were only three other EM lecturers, I was the fourth. Sitting in a meeting amongst white academics and after being in the role only for a few weeks, a colleague stated that to

be an academic ‘you must be from a white middle-class background.’ Already experiencing imposter syndrome, feeling that I do not belong, and not seeing colleagues who looked like me, I felt I could not challenge this. More importantly and rather worryingly, no one else challenged this either. Incidents such as this led me on a personal development journey in relation to anti-racist education, which has resulted in my passion for race equity and the completion of this study. I am now one of the co-chairs of the university's staff race network. I use the position and the influence I have in this role to enact change for EM staff.

During the writing of the thesis, I encountered another incident of racism that was directed at me by two white academics in a workshop that I was facilitating. I challenged them at the time, but the incident left me feeling emotional and angry. I was conflicted about whether I should report this due to being perceived as a troublemaker. This incident, positioned me back as an insider researcher as it made me reflect on how the participants may feel when they are sharing their experiences with me and how difficult they may find reporting their own experiences. I reflected on the perceived power dynamic between the researcher being an academic and the participants being students. This made me more aware of ensuring that I protect their identity.

In this study, it would not be ideal to bracket my own experiences, even if I could (Burgess, 2005; Simons, 1989). May (1997) believes that being an outsider in research is the ideal approach as emotions must be separated. Newman and Tufford (2010) explain the concept of bracketing as the researcher who brackets or ‘forgets’ their previous experiences and conceptions to mitigate any tainting of the research process and increase trustworthiness. Therefore, I explored how to bracket research

bias and found that the researchers' assumptions and experiences are important as reflexivity is required in qualitative research. This allows the researcher to be aware of their ontological and epistemological stance (Alvesson & Sköldberg, 2009; Berger, 2015). This relaxed my tensions and individual expectations in believing I must bracket my previous experiences and acknowledge that these will enhance the research process and findings. When EM researchers research their own communities, being an outsider can be classed as less desirable. It is important to place your identity and experiences within the group that is being researched. However, Kaufman (1994), believes that participants may feel more comfortable if they are discussing their experiences with individuals who they do not interact with. As I was no longer in the nursing department at the time of data collection, I did not have to be concerned about my personal or professional relationships with the participants. In relation to data analysis and bracketing oneself, Brown (2010) acknowledges that either a different researcher or even the same researcher who is in a different mindset on a particular day could potentially use the same data but create different findings and themes. Reflexivity could therefore have an impact on research findings and is an area I remain mindful of (Lamb & Huttlinger,1989).

CRT challenges the notion of bracketing and states that you cannot be objective, and that the data is always viewed subjectively due to the researchers' experiences, assumptions and views (Delgado Bernal, 1998). Theorists argue that no matter how much the researcher tries to bracket their prior experience, this is not possible (Graham et al., 2011; Lawless et al., 2006). Therefore, CRT questions value-neutral research (Solórzano & Yosso, 2002). Value neutral research encourages researchers to keep their emotions and biases in check. Hence, I need to accept that in all aspects of the research process, and I am shaping the research based on my

own knowledge and experiences (Lawless et al., 2006). The experiences of the participants coupled with my stance as a researcher will offer a clearer understanding of the lived experiences of the participants and to allow co-creation of knowledge to occur (Le Voi, 2000).

Harvey and Knight (1996) call for researchers to identify similarities and differences between research participants and the researcher to develop self-awareness within research and to ensure that bias is removed. However, when EM researchers are researching their own communities, they need to understand the experiences of the participants (Serrant-Green, 2002), which allows quality data to be retrieved. Parsons (1991) suggests that motivational elements in an individual's life are based upon beliefs and attachments, these could be internalised but still present. Layder (1994) supports this statement and reiterates that personal experiences have an impact on an individual to ensure that they seek self-gratification.

Throughout this study, I have reflected upon my personal experience of racism growing up, working in the NHS and within HE. There were incidents that I did not explore in detail at the time of the event. However, through being immersed in race equity work and this study, these incidents have been brought to the forefront. I acknowledge that my own personal and previous incidents may impact my reflexivity in this study. These experiences included asking me if I could speak English and whether I purchased my qualifications from the internet. When interviewing a participant from the pilot study, she discussed how she felt she had to change her name to fit in. This reminded me of when I was a student nurse, and I was on a ward placement where I wanted to get a job at the end of my studies. I was asked if I had a nickname and felt I was put on the spot. I scrambled to find a nickname and blurted

out a nickname from when I was 15 years old, ‘Iffy’. I hated that nickname as a child and now I put myself in the same difficult situation by giving staff permission to use this rather than challenging racist behaviours. I went on to secure a job in this area and continued to work there until I moved to HE. Therefore, for over a decade I was known by this awful name and felt it was too late to revert to my actual name as I wanted to fit in.

Reflecting on my own life experiences I can see how these experiences are linked to my research interest with the transition experience of EM students. I class myself as an insider for several reasons; I am a nurse researching this area and my transition experience with my first university encounter was poor. I am an outsider concerning my second encounter which was more positive. However, I cannot truly as a researcher understand the impact of the degree awarding gap as I obtained a First Degree classification in Nursing. I, therefore, sit within both insider and outsider roles within this research. I recognise that some aspects will be familiar to my own experiences and ensure these views are not exposed within my research whereby it affects the findings and creation of knowledge. Haig (2004) suggests that the researcher should hold both an outsider and an insider stance. Matsuda (1991) suggests that for social justice to occur for EM groups, they need to be empowered, and this can be achieved through counter- storytelling. Delgado- Bernal (1998) highlights that to develop counter-stories, four sources are required. These are data gathering through the research process, exploring existing literature, using the researchers’ personal experiences, and lastly, the researchers’ professional experiences. Therefore, my professional and personal experiences are important in this study.

3.6 Informal observations: informing the research design

Over the years, through a support group for EM nursing students, I witnessed multiple disclosures from students concerning racial incidents during their university life and feeling lack of belonging has also been raised. Concerns raised included lack of representation in the curriculum, lack of belonging on campus, differential support offers from academic staff, and racial incidents, primarily on placement.

During the early interview stages, I was part of a discussion with EM students at the university from a different discipline area. Students raised concerns about how they were being treated on placement, the othering they experienced, the racism they faced, and how they do not feel they belong. The students raised issues around interactions with admin, finance, staff not replying to emails, and the lack of support they receive. Due to this, I decided to amend the field questions for interview sets 2 and 3 to reflect the informal observations that I have made about other areas of support and interactions that the participants may experience during their studies, which fall out of the responsibilities of an academic.

The university recognises the importance of race equity work. In my previous role, one of my responsibilities was to create initiatives to reduce the degree awarding gap. Targeted intervention and initiatives have been developed including the scaling up of minoritised student groups in most departments across the university. Another intervention is the development of an anti-racist programme that explores race and racism, language and terminology, white privilege, power, and microaggressions. A further initiative includes the deployment of a culturally sensitive curriculum scale to survey students to ascertain the diversity of courses and modules to enable staff to

decolonise the curriculum. These interventions are currently being evaluated for impact.

3.7 Risks to the researcher

One of my biggest areas of concern is how I plan to document the findings in a way that is truthful but also does not negatively impact my potential career prospects and leave me marginalised or discredited (Sikes, 2006).

EM academics navigate invisible labour which is the way we exist in both social and professional spaces. The dissemination of this study could result in additional invisible labour placed upon me and the potential to justify the research findings amongst colleagues and senior leaders. This will add a burden to the emotional and cognitive energy required to 'fit' into white spaces, known as the inclusion tax (Melaku & Beeman, 2022). EM staff often stay silent about the inequalities they face, fearing that it may impact their chances of promotion (Wingfield, 2019). This could also result in the formation of white saviours who want to 'fix' the problem. A white saviour is a person who identifies as being white and through self-service and admiration looks to liberate or 'rescue' EM people (Saad, 2020).

It is important that I am aware of these issues as these could influence the objectivity of the findings and how they are critically presented. Throughout the whole process, I made a conscious decision not to be concerned or fearful of potential repercussions, or potentially upsetting colleagues. I am aware of the risks but have made a conscious decision not to filter the findings due to any potential risks to myself and need to do the students stories justice. Unfortunately, this is the reality of anti-racist work when you are an EM academic. However, undertaking such a study would be feeble if I do not use the findings from the counter-narratives to

enact change through disruption of the status quo which is a fundamental principle of CRT.

3.8 Research design; the pilot study

Undertaking the pilot proposal provided me with valuable information that supported the development and refinement of the main study (Arthur et al., 2006). The pilot study aimed to explore whether the method selected is the most appropriate to collate the data required and answer the research questions. Through undertaking the pilot study, I was able to refine my field questions. The pilot study also supported the review of the support mechanisms and services offered in the participant debrief to censure that the students were supported psychologically. The purpose of the pilot study was to help focus the full study and ensure that the field questions were suitable to answer the research questions and to support storytelling of the participants experiences. The participants were made aware in the pilot study participant information sheets that the data would not be used in the full study. The main purpose of the study was to test the research instruments and methods to ensure that they were the most appropriate tools to obtain trustworthy data. In addition to this, the data is not comparable as the pilot study only interviewed the participant once during the end of their first year, rather than a series of three interviews over the course of their first academic year.

Clough and Nutbrown (2012) suggest using the Goldilocks tool to assess whether research questions are too big or too small to explore the aims of the study. Therefore, the pilot study allowed for the research questions to be reviewed and to seek clarification on any aspects of the pilot study before the main study was undertaken. Moreover, the pilot study supported the review and identification of any

ethical issues that needed to be taken into consideration for the main study. Thus, allowing for amendments to be considered before the main study (Kelly, 2007; Sampson, 2004). This ensures that the methodology chosen is rigorous and therefore should lead to research findings of a high quality (Costley & Fulton, 2018; Doody & Doody, 2015). Deciding on a methodology is considered the most important aspect of research. Costley and Fulton (2018) explain that methods and methodologies need to be continuously developed, and the completion of a pilot proposal allows this to occur. An overview of the pilot study can be located in Appendix 4.

3.9 Methodological considerations

This section offers an overview of some of the methodological considerations that were embarked on as part of the research design process.

Silverman (2001) explains methodology as the general approach to studying the research methods, which are the tools and techniques used to obtain the data. The methodology also comprises the theoretical frameworks and together they provide the rationale for the selection of the methods (Stierer & Antoniou, 2004). Cordeiro et al. (2017) suggest that the selection of the methodology supports the theoretical framework of the research undertaken and highlights the stance the researcher is taking throughout the research.

I examined different methodological designs, from the literature review to ensure that the selection supports the purpose of this study and the theoretical framework, including reviewing the choices selected by authors from the literature search. The methodological choices from the literature review are recorded in appendix 3. Some of the other research designs under consideration were phenomenology as this helps to understand the lived experiences of a group of people (Gallagher, 2022).

Another option was ethnography which is used to identify the beliefs of a group based on individuals who belong to a group (Jones & Smith, 2017; Khan, 2018). The possible methodological choices and the justification for discounting were analysed (Appendix 5). Through engagement with this process, narrative inquiry was the selected methodology for the study. In addition to this process, the pilot study was also used to test out the tools needed for the main study as discussed in the previous section.

3.10 Narrative inquiry

Narrative research is often criticised as having a lack of rigour as it is qualitative, and this is often described as a less credible approach to research especially when compared to quantitative research. However, to ensure rigour, the researcher must demonstrate reflexivity, so they can understand how their positionality impacts the research (Finlay, 1998; Koch & Harrington, 1998; Rice & Ezzy, 1999). Chase (2005) and Daiute and Lightfoot (2004) recognise the analytic practices that qualitative research brings to different disciplines, and that narrative inquiry begins with the lived experience of individuals. Becker (1998) argues that we need to explore the narrative, the story behind our research, and not always seek the cause of that experience.

Several authors (Casey, 1995; Munro, 1998; Sarbin, 1986) have implied that other research critics view the use of narrative inquiry as a weaker methodology in comparison to other designs as it is related to immaturity and a fantasy. Moreover, the narrative responses introduce richness to research and data as it seeks to explore the lived experience of the participants (Becker, 1998). It is vitally important that the selection of methods is considered in detail as the chosen method will

impact the production of reliable data and overall findings. As a researcher, I need to select the most appropriate method that allows the highest quality of data which supports the trustworthiness of the findings and the researcher and aligns with the selected methodology (Thomas, 2013).

I selected narrative inquiry as the paradigm as this has been used with CRT (Kim, 2016). Part of this selection was influenced from a previous role of an Academic Developer where CRT is used as a framework to deliver anti-racism workshops to academic staff at this university to improve staff literacy. Drawn from the CRT framework, narrative inquiry as a methodology allows the counter narratives and the voices of marginalised groups, who are normally silenced, to become a rich source of data (Miller et al., 2020). This helps support the re-centring of EM voices and the data created can support the generation of action which is an important principle of CRT. Furthermore, using counter- storytelling casts doubt on the assumptions held by others, particularly those who believe that they possess power (Delgado & Stefancic, 2001).

CRT acknowledges that the experiential knowledge of minoritised communities is important in understanding the racial issues that they experience rather than silencing these experiences (Solórzano & Solórzano, 1995). Critical race theorists assert that strength is obtained from this knowledge through methods such as storytelling and narratives (Delgado, 1996; Olivas, 1990; Solórzano & Yosso, 2002). Montecinos (1995) justifies the use of narratives in storytelling when considering racism and this methodology reduces the potential distortion of someone's lived experience when discussing race (Bell, 1992).

Using narrative inquiry means that the stories the participants narrate are rarely the same each time they share their experience (Josselson, 2006). Narrative inquiry relies heavily on the interpretation of those experiences. During the interview, those interpretations were made quickly to allow me to use further probing questions. However, when analysing the data these interpretations can change. The interpretation of the data is also based on my own beliefs and experiences. This is why I must immerse myself in the data as frequently as possible to ensure that I am open to interpretation and that it is not a process that is only completed once. This is where reflexivity is important and the use of a reflective journal which captured my thoughts and feelings throughout this process was fundamental.

Most researchers who incorporate CRT as a theoretical framework tend to use qualitative methods for data collection, including semi-structured interviews which is followed by thematic analysis (Miller et al., 2020).

Narrative inquiry is important for capturing an EM person's experience through listening to and observing their lived experiences, as well as, how society and institutions shape the individual experiences (Milner & Howard, 2013). When reflecting on the interview of the first participant I documented it in my reflective journal:

> *Should the first field question be 'Could you tell me about your transition experience when entering the university as a minoritised student nurse' as this will allow for a narrative to occur as some of the answers to the field questions were not answered in-depth and lots of prompts had to be used. (2022).*

This made me realise that narrative inquiry is more difficult than I anticipated as I need to collect extensive information about the participant's experience and understand the context. Elliot (2005) explains that there is a multi-layered context to someone's lived experience and that collaboration needs to exist between the researcher and the participants. I considered my own experience and reflexivity within this as this could shape the account verbalised by the participant. Narrative inquiry acknowledges that the researcher states their assumptions and beliefs within the process rather than separating themselves. The choice of this methodology supports the selection of CRT, blended with intersectionality (Gillborn, 2015) as the theoretical framework. CRT and storytelling are important to break down normative narratives and showcase the voices of EM people (Milner & Howard, 2013). CRT highlights white supremacy and makes privilege visible to those who are unaware of the benefits of using CRT within.

3.11 The choice of methods

Research methods are made up of theoretical frameworks and concepts to determine the approaches that are used to conduct a study (Miller et al., 2020). Through analysing the methods used from the articles identified from the literature review, I recommend an approach which I believe will obtain the true experiences of the participants and allow for storytelling to occur.

There are various methods available to conduct research and to support my selection. When I reviewed and analysed the articles identified in my systematic literature review, I also collated the methodological approach and research design used in each study (Appendix 3). This was to support my decision-making process when selecting a suitable methodological approach. The selected methods used

within the studies of the systematic literature review ranged from questionnaires, focus groups, reflections, or different types of interviews. Parker et al. (2017), utilised surveys initially to explore initial responses to the research questions and to obtain demographic information and proceeded with two focus groups with split ethnicity participants. The data generated from this study was mostly quantitative with some generalised thoughts expressed by the participants rather than narration from individuals' personal experiences. Ackerman-Barger and Hummel (2015) explored the experience of EM student nurses' journey within an educational setting using the framework of CRT. This allows for the examination of racism against social structures and practices within education (Yosso, 2005). From the literature search, very little research has been conducted in nursing using the CRT lens with a blend of intersectionality. Ackerman-Barger, and Hummel (2015), used narrative inquiry to capture the experience of the participants by making sense of their world through individual interviews, followed by thematic analysis (Braun & Clarke, 2006).

Most of the studies used various interviewing methods followed by a thematic analysis through transcribing the recorded interviews. There are several ways to conduct interviews with participants; they can be individual or using focus groups. Both these methods support storytelling. The advantages of focus groups are that they allow some participants to feel more comfortable and express their experiences as they feel relaxed in a group. However, this may also mean that other participants are not comfortable sharing personal experiences with others, especially, if there are dominant participants involved in the focus group. Due to the sensitivity of the subject within the study and ensuring that participants can discuss their experiences on a deeper level, I was not inclined to use the method of a focus group over individual interviews.

Parker et al., (2017), used a questionnaire, which was addressed to a select group of participants. Questionnaires can be associated with using a larger sample size and generalising across an identified group; however, this approach can also be used for a smaller sample size. The use of surveys alone does not always capture the thoughts and experiences of the participants in comparison to a verbal approach as there is no opportunity for additional prompts or probing questions (Story & Tait, 2019). Therefore, this approach was not considered.

To establish the lived experience of the participants and to also meet the needs of my study and answer the proposed research questions, I used the approach of semi-structured interviews. This supports the narrative inquiry element as it allows participants to freely express their experiences (Maunder et al., 2013) and aligns with CRT's storytelling. This aligns with the study where participants will discuss their lived experiences of transitioning into university. This will allow for depth in discussing their experiences, using probing techniques.

3.12 Semi-structured interviews

Semi-structured interviews allow the interviewer to capture insights into the participant's experiences that will answer the research question and place less demand on the interviewee through the researcher actively encouraging the participants to discuss their story (Gubriem et al., 2012). This method acknowledges the researcher's role and considers their experiences and expert knowledge, at the same time allowing the participants to unfold their lived experiences (Doringer, 2021).

To ascertain whether the interview questions were appropriate to collect the data, I listened to the audio recordings from the pilot study several times to analyse whether

the questions needed any modification. It was decided during a supervisory meeting that the questions needed some rephrasing before conducting the main study to allow the participants to engage with narrating their own experiences. The order of the questions posed also required adaptation. To obtain a longer narrative the first question was changed to, ‘How did you get to be a student nurse?’ This will allow the participant to openly narrate their story. The field questions can then follow to allow the precision of answers that will support the research questions (Appendix 6).

Semi-structured interviews allow the interviewer to have some flexibility with the wording of the field questions and to be able to reword questions to ensure understanding from the participants. However, it is imperative that prior to the interview, a set of field questions is generated to ensure that the main research questions will be answered. Consideration also needs to be given to any new questions generated during the interview due to the narrative provided by the participant (Scheibelhofer, 2008; Thomas, 2013).

Semi-structured interviews are not free conversations but should be a ‘professional’ conversation between the researcher and the participant. This is supported through using open questions to allow a free dialogue rather than closed questions where I am more likely to receive short answers. This allows the participant to provide the answer they want rather than what I may want to hear based on my position as the researcher (Kline, 1999). The use of semi-structured interviews allows me to explore areas of discussion within the interview to obtain further clarity surrounding the study, rather than based on assumptions of my personal experience or information relayed by previous participants. Further supporting this notion, Murray (2016), asserts that using interviews as the approach provides equal rights to the knowledge and experiences of the researcher and the participants. Semi-structured interviews

are used to create an understanding of the range of everyone's experiences (Bazen et al., 2021).

Morse (2015) describes the term "thick description" (p.1218) within semi-structured interviews which is when existing data is saturated, and no new emerging data occurs. Therefore, no further data is collected. The interviews were undertaken over the course of 1 year and therefore new data may arise as the participants went through different educational experiences. I decided not to follow this route as I was concerned that vital data may be missed if the earlier interviews identified data saturation.

As the researcher, I am required to view the data from a CRT premise to challenge and combat racism. I, therefore, included questions to whether race impacted their experiences. By using the CRT framework as a basis for my investigation, it will support exploring racial bias within nursing and university structures (Airhihenbuwa & Ford, 2010).

3.13 CRT and intersectionality

I initially explored different theoretical frameworks including critical theory which allows researchers to demonstrate freedom, emotions, and reflection. Critical theory can be separated from a traditional theory as the focus is on a specific issue and provides the basis for social inquiry through the deconstruction of domination and increasing freedom (Kim, 2016). It was borne by German philosophers and social theorists in the Marxist tradition (Crotty, 1998). As the basis is social justice, the outlook is based on morals and aims to seek human emancipation within oppression (Horkheimer, 1972). Critical theory challenges the status quo and allows social transformation to occur Bohman (2005). Critical theorists seek to understand the

experiences of individuals, concentrating on social structures to enact change (Clandinin & Rosiek, 2007). Some Marxist scholars argue that inequality is prominent in social class rather than racial inequality (Cole, 2009) and other Marxist scholars argue that racism has a place within social theory (Nursey-Bray, 1980; Fanon, 2023).

3.14 Critical Race Theory

In addition to the introduction of CRT in chapter 1.8, CRT recognises that the primary focus is race and racism. The importance of racism is based on three areas: axes of oppression, the importance of how CRT theorist views themselves and their experiences and finally possessing activism traits to challenge the status quo (Gillborn, 2015). The study aims to explore the transition experience of EM student nurses into university using CRT as the main theoretical framework. The thrust of CRT is to challenge and combat racism. Using CRT as a framework for the study will support exploring racial bias and counter the dominant narrative made about nursing education including university and placement structures (Airhihenbuwa & Ford, 2010).

Emphasising race and racism through using CRT allows all the focus to be solely on race and not diminishing the issues and barriers that come with racial oppression with intersectional forms of oppression (Solorzano & Yosso, 2002). CRT has an emphasis on disrupting racism and centring race. As discussed in chapter 1.2, there is avoidance around talking about race and using the term race, which is problematic and diminishes the issues that individuals face (Song, 2018). By using CRT, it foregrounds the findings by highlighting the dominant, majoritarian narrative and how it is racist and silencing. The importance of focussing on one system of oppression is

important to dismantling systemic forms of racism. This positions the importance of researching race individually to ensure that this form of oppression is not diminished within intersectionality. This will allow a specific understanding of the student experiences based on race entirely.

Matsuda (1991) defines CRT in education as developing theoretical and conceptual strategies to eliminate race and racism within graduate education where racism and race are endemic. Even though race and racism are at the centre of CRT, other intersections also exist, including the impact of gender (Crenshaw, 1993).

CRT in the UK has a different context to the US due to the difference with historical context and colonial legacy in relation to slavery and the Windrush generation. In the UK, CRT is leading the application and focus on education rather than the legal context where it is heavily focussed in the US. This because the UK do not have the same issues in relation to civil rights law as the US (Warmington, 2019). In terms of methodology and pedagogy, there is little difference in the application of CRT across the US and the UK, which could be due to the prevalence of structural racism. However, due to the differing historical context, there are some differences, namely CRT is mostly applied to the educational system in the UK rather than the legal systems it was initially set out to resolve (Hylton, 2012). Over the years, CRT has become more established in the UK and the call for its use has become stronger (Gillborn,2011).

CRT in the UK has not been without its issues. Society have attempted to misinterpret the approach of CRT. This has led to CRT being accused of being racist itself as it focusses on race inequity for ethnically minoritised people and challenges the colourblind narrative, which has resulted in society feeling it is racist towards

white people. (Gillborn, 2015). It has been perceived negatively by Marxist (Cole, 2009) as well the argument that white working class people face the similar barriers (Collins, 2004). In the UK the focus of CRT is the focus of structural racism across all ethnically minoritised communities. CRT has been growing in the UK since the 2000's, especially in educational research (Warmington, 2019). Much of this research focusses on the racial disparities and how structural racism maintains racial hierarchies through policies through the work of Ladson-Billings and Tate (1995), who built up their work from other scholars.

3.15 Intersectionality

The term intersectionality was first coined by Kimberlé Crenshaw in 1989 and highlights the ways that multiple forms of inequality and power differentials create additional oppressive systems compared to having one form of inequality (Crenshaw, 1993). The term was coined in response to the disproportional discrimination within the US judicial system due to race, gender and class. However, power and oppression are also evident in the NHS.

Intersectionality is an important factor when exploring and understanding race inequity (Gillborn, 2015). CRT main premise is that through structural racism, the power possessed oppresses EM people. (Hylton,2012). However, Cole, (2009) and Crenshaw (1991) states that intersectionality is a tenet of CRT and plays an important part. Intersectionality allows better understanding of how race operates with other forms of oppression and can therefore help in understanding the various forms of structural oppression that students experience. CRT recognises that intersectionality is important and should consider other factors such as gender, sexuality, social class, age, disability, ethnicity, migrant status and religion (Khan, 2016).

The main weakness of CRT is that it overlooks people's experiences based on the multiple axes of oppression that they may possess (Sleeter & Delgado Bernal, 2004). Intersectionality recognises that each individual system of oppression cannot be understood in isolation and that these systems of oppression impact each other and form a part of people's identity (Collins,1998). Therefore, an intersectional perspective is required to recognise that individual experiences are not solely linked to their race. I follow Gillborn (2015, p277) in drawing on intersectionality as a 'vital aspect of understanding race inequity but that racism retains a primacy' . Gillborn (2015) related this to three ways; empirical primacy of race, explained as how racism operates as a central issue when exploring how oppression operates. Secondly, personal primacy of race , which is how racism functions as a vital aspect in how scholars make sense of their experiences of the world. Lastly, the political primacy of race, where racism serves as a point for activism and to challenge the status quo.

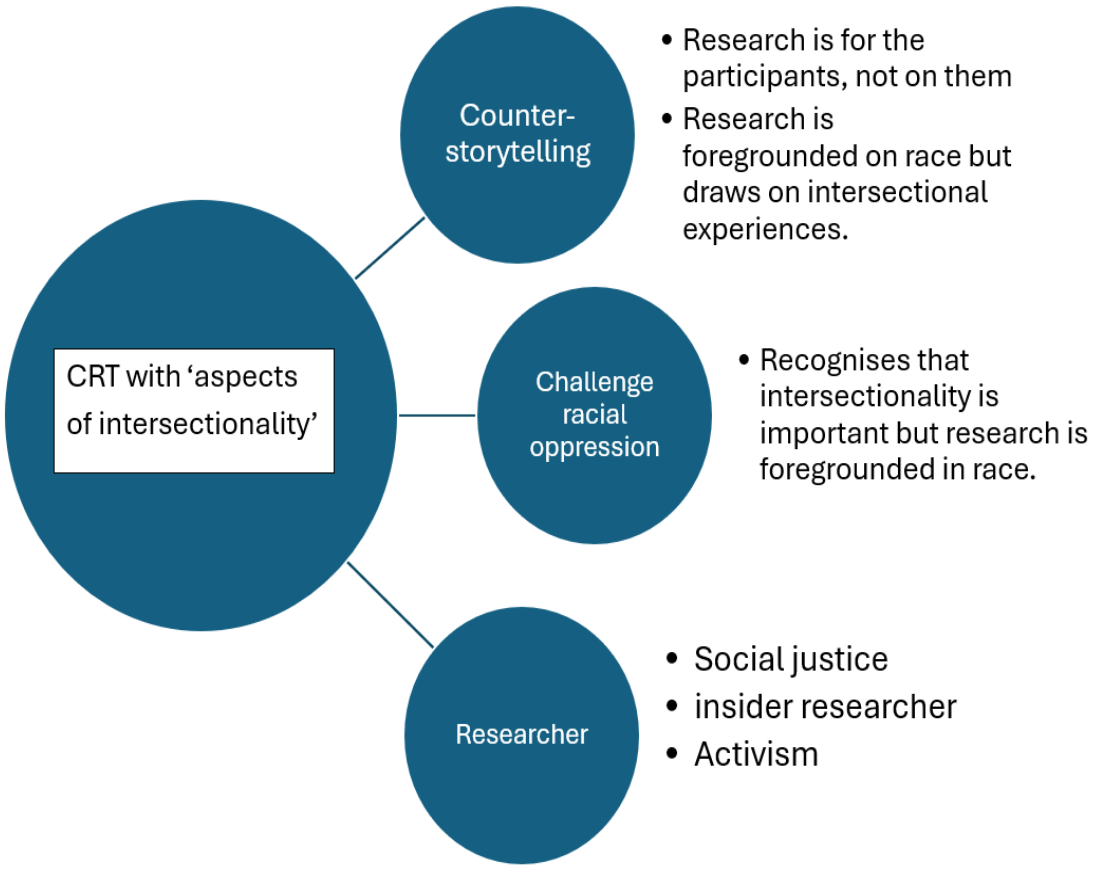
I have explored intersectionality and acknowledge it is important to recognise intersectionality's exist and that individual experiences vary. Adding an intersectional lens to the study has helped recognise and understand how racism operates, whilst recognising that other axes of oppressions need to be understood. This blend will also contextualise my findings and highlight the main issues of race and racism whilst recognising membership to other marginalised groups play a part in the findings. Blending intersectionality into CRT allows the exploration of the relationship between marginalised intersects and ethnically minoritised people (Leach & Crichlow, 2020). It is important to understand the identity of people and that there are differences between and within different groups (Crenshaw, 1995). I therefore

recognise that an intersectional perspective is also required when reporting the data. The participants will possess multiple characteristics as well as membership to marginalised groups which formulate their identity (Hobbel & Chapman, 2009).

Intersectionality aligns with CRT in that they recognise the importance of activism in its approach. Within intersectionality it recognised that the status quo can be challenged when aligning with other individual marginalised groups (Gillborn, 2015). I am keen to recognise and explore this research using CRT but appreciate that the findings could also reflect 'aspects of intersectionality' (Gillborn, 2015, p277). By utilising this blended approach, this will allow the study to recognise that people's experiences are not solely linked to race, but their experiences sit across multiple axes of oppression related to their identity (Crenshaw, 1991). Using a CRT methodology as a framework blended with intersectionality allows the researcher to challenge power relations that are associated with the experience of racism and how other intersections can impact experiences. Due to its approach to activism, it is often classed as a praxis (Hermes,1999).

There is no hierarchy to oppression. For the purpose of this study, I use the approach of CRT with the acknowledgement of the influences of intersectionality. Therefore, incorporating insights from intersectionality into CRT will cast the lens on race whilst recognising that other forms of oppression can contribute to the experiences of the participants. The diagram below, 3.15.1, visually acknowledges the selection of CRT with 'aspects of intersectionality' (Gillborn, 2015, p277).

3.15.1 Diagram 1: CRT with 'aspects of intersectionality'



3.16 Counter-storytelling

CRT is made up of five tenets: one being counter-storytelling;(McCoy, 2006; Solórzano, 1997), which is narrative of the experiences of EM individual. These experiences strengthen research by scrutinising how race and ethnicity affects EM people (Delgado & Stefancic, 2001). Supporting this, Lachuk and Moseley (2012), encourage the discussion of the lived experience within education and race to develop educational practice. CRT, blended with intersectionality as a theoretical framework is useful because it challenges other methodologies by allowing the creation of knowledge to include oppression, rather than, distorting the experiences of EM people (Lincoln, 1993). Utilising counter storytelling offers a way for EM

people to hear each other and to offer the wider society a different form to the dominant society to hear these stories (Alemãn & Alemãn, 2010). A core component of CRT is racial power and how the maintenance of white supremacy subordinates EM people and maintains social systems. CRT focuses on racial justice and the need to end racial disparities through systemic change (Airhihenbuwa & Ford, 2010).

One of the important aspects of CRT is valuing the experiences and voices of EM people (Bell, 1995; & Solórzano & Yosso, 2002). Ladson-Billings (2003) highlights that the social world is not a fixed entity and storytelling allows the construction of a social world based on the stories of EM individuals. Incorporating 'aspects of intersectionality' (Gillborn, 2015, p277) will highlight the nuances of individual experiences. Delgado (1995) described storytelling as re-centring the voices of marginalised groups rather than acknowledging the experiences of those who possess power. Storytelling examines social relations (Joseph, 2020), critiques dialogues that perpetuate racism (Decuir & Dixson, 2004), and challenges beliefs (Solórzano & Yosso, 2001).

CRT as a research paradigm has a strong desire towards social justice to change the world for the better. The main target is to dismantle oppressive systems (Airhihenbuwa & Ford, 2010). Critical race theorists look to transform and improve the world rather than observe only (Matsuda, 1991). This is achieved through research that leads to the foregrounding of race and empowers underrepresented groups, such as EM students (Solórzano & Yosso, 2001).

CRT foregrounds counter-narratives because race is not normally discussed and those who are affected by race, racism and ethnicity suffer in silence, blame themselves, or act like the incident never happened (Delgado & Stefancic, 2017).

Using counter-narratives can give EM people a voice and also demonstrate to others that they are encountering similar experiences.

Race is a social construct (Obach, 1999) and sharing these narratives should support the deconstruction of racism within society (Delgado & Stefancic, 2017). Counter-narratives are powerful data sources to recentre the voices of marginalised individuals and to consider how storytelling should generate action and challenge the status quo (Delgado & Stefancic, 2017). Counter-narratives are powerful in demonstrating how race influences the educational experiences of marginalised groups and countering the stories of privileged groups (Delgado, 1990). Through using counter-narratives, white supremacy, and privilege is made visible to those who do not always see the benefits that come with privilege and supreme (Bell, 2024).

Storytelling allows the participants to bring their experiences to the forefront and allows them to utilise their voice to share their experiences of racial oppression and intersecting identities (Leach & Crichlow, 2020). Using counter storytelling allows people who are identified as ‘others’ to change the narrative (Kolivoski, 2020) and take back control over the narrative as experiential knowledge is important. By supporting story telling this will help breakdown stereotypes of EM students (Hobbel & Chapman, 2009).

Counter-storytelling is a tool that exposes and challenges the stories of racial privilege (Solórzano & Yosso, 2002). The use of counter-storytelling will support the students as it will allow them to convey their story anonymously and without judgement. To enable the participants to narrate their story, the development of field questions was an important stage as it needs to provide the space for sharing their

experiences, including their experiences of other forms of oppression including class, gender, religion and migration. All field questions were open ended questions, to allow the participants to narrate their experiences with some potential prompt questions if the researcher needed the participant to expand on their story. Certain prompt questions were developed to push the participant to explore why certain parts of their story happened or why they may have felt a certain way (Appendix 6).

Counter-narratives are important in educational equity, but only if the narratives are used to transform education through action, agency, and disruption (Liu & Ball, 2019). Using narrative inquiry as an approach will support participants in sharing their experiences of racism as nursing students through counter-narratives. Counter-narratives were produced by selecting themes that are directly relevant to race and then weaving together verbatim extracts from the participants to spotlight their experiences of racism.

CRT foregrounds every stage of my research from the development of research questions to the selection of methods and the consideration of methodology (Creswell, 2007; Graham et al., 2011). CRT also informs how data analysis is undertaken and the creation of themes through the perspective of a race equity lens. Kim (2016) ascertains that using CRT as the theoretical framework within a narrative inquiry approach allows for a deeper understanding of the experiences of the participants. Utilising CRT when analysing the data cannot be used in isolation. Due to CRT recognising that other forms of oppression exist, a blended approach using intersectionality will be applied within the findings. This will highlight that the participants experiences are related to race, but other intersecting oppressive

systems negatively enhance their experiences, including race, ethnicity, gender, migrant status, social class, age or disability characteristics.

Closing this gap will help identify the true issues and experiences that EM students face and their feelings about transition and sense of belonging (Kim, 2016). As discussed in the background chapter, the disparity in belonging between white students and EM students is stark. Using CRT with 'aspects of intersectionality' (Gillborn, 2015, p277) as a theoretical framework will highlight how race impacts social structures and discourse (Browne et al., 2018).

3.17 Ethical considerations

Ethical tensions and dilemmas are part of everyday practice when undertaking research. Ethical decision making is a continuous reflexive process that requires scrutiny (Guillemin & Gillam, 2004; Haverkamp, 2004). Until undertaking the pilot study and following the university's ethical approval process, I did not consider the impact of all ethical considerations that are required in research. Undertaking training in relation to ethical approval has allowed me to be competent in relation to seeking ethical approval (Appendix 7).

Kubanyiova (2008) explains that ethical application cannot be limited to macro ethical principles. Micro ethical principles also require consideration, an area that has been highlighted during the study. Guillemin and Gillam (2004) suggest two dimensions exist with ethics in research. One is the submission of an ethics application for approval from the relevant university ethical committee via Converis, which is a formality (Converis reference ER41546983. Appendix 8). The feedback from this was approved with amendments. I was apprehensive about the number of

amendments I may be required to make. However, these were very minimal and suppressed the imposter syndrome feeling that I was and still am experiencing.

The second dimension; an area I did not truly consider until undertaking the pilot study, is ethics in practice. This is the acknowledgment of everyday ethical issues that arise in research and are not normally addressed in the research ethics application as they are micro-ethical issues (Kim, 2016; Komesaroff, 1995). This is explained as issues that you are not aware of until you are immersed in them. Moreover, this concept is a discursive tool that allows the researcher to validate their decisions. Time and experience have demonstrated the importance of ethics and that concerns needed to be checked with others, such as my supervisory team, to allow insight into beyond the macro ethical principles (Thomas, 2013).

An example of a micro-ethical issues was when after the interviews I was often emotional. I was reliving my own experiences in HE and I found detachment from this difficult. This is not an issue I had initially considered. When undergoing ethical review my focus was the psychological well-being of the participants and consideration of re-traumatising participants by asking them to relive potentially harmful experiences. Upon reflection, I realised that this was emotionally triggering and likened to vicarious trauma. This highlighted that as the researcher I was impacted by the information that was shared with me and therefore, I would not have been able to bracket my knowledge and approach to this study, even if I wanted to. This allowed me to have a shared understanding with the participants about my own and their experiences to share the participant's perspectives clearly (Doody & Doody, 2015; Thomas, 2013). Josselson (2007) asserts that relational ethics should

be at the heart of narrative inquiry and that the researcher needs to be empathetic to the participants' life experiences.

I then began to reflect on how the participants are feeling as this is a more recent experience for them and the following was documented in my journal:

> *Is it right to take up the students' time to discuss their lived experiences that could upset the participant? What about racial battle fatigue in racism and reliving experiences? What about the psychological strain and energy consumed to undertake these interviews? Is it right that I ask this of the participants? (2023)*

Taking into consideration Beauchamp and Childress (2013) ethical considerations of non-maleficence being the duty to do no harm to others or allow harm to be caused. I began to explore in my reflective journal whether the benefits of the intended findings outweigh the potential risk to that participant. Based on my stance around social justice, I concluded that the research should continue in its current form. This was because I do not know whether the sharing of the participant's lived experience will have any impact. I have been granted ethical approval and the findings from the research could have a greater impact on a wider future student population. Even though I have justified my actions, this does not stop the feeling of a gulf between ethics in research and ethics in practice.

3.18 Anonymity, confidentiality and GDPR

The audio files were transferred to the university encrypted Q drive on the secure university network. Access to the drive requires authorisation. Researchers can only view their own data and not that of anyone else's.

There is a file for each participant with the audio recording and a Microsoft Word transcription, with a pseudonym identifier and version number for each document, to show drafts, where required. Only the researcher and the supervisory team have access to the Q drive. Some interviews were transcribed by a third-party service that is approved by the University and is therefore required to adhere to the university's ethical guidelines regarding anonymity, confidentiality, and GDPR. No data was emailed to any party. The interview recordings were sent via https://zendto.xxx.ac.uk/ which is password protected with the password sent in a separate email.

All participants were given pseudonyms to maintain confidentiality and anonymity. Some participants disclosed personal information and background details that could lead to them being identified. To protect the anonymity of the participant, where necessary, some details were changed to prevent the identification of respondents. Details such as names of family members, places, countries lived, current occupation, and institutions were changed to protect participant identity.

During the data collection phase, I realised that by obtaining photos of the campus environment, I could provide some visual context to the findings. I therefore submitted an amendment to my ethical application. This was refused as I would not be able to commit to ensuring that participants are not identifiable. If people recognised the campus location based on the images and coupled those with the narrative from the interviews, then participants may have been identified. This would have required further consent from the participants for me to use such photos. As I have already completed over three-quarters of the interviews, I decided not to pursue this further. I was apprehensive about this because I felt that if I approached

students regarding the images after they had taken part in the study, they may withdraw from the study. Especially, if they feel that they could be identified from their narratives and the images of the campus. I also considered the power relation and how they may feel that they must consent as they have already taken part in the interviews.

3.19 Who has the power?

Symonds (2020) acknowledges that the concept of power between students and academics imposes limitations on students feeling that they can exercise power or act in a certain way. Hayward and Lukes, (2008) explain that interactions between students and staff are defined by a set of expectations and norms. Even though students do not always perceive academics as 'intimidating,' they often believe that they are expected to behave in a certain manner and maybe reluctant to challenge behaviours. I could argue that I am in a better position than EM students to challenge racist behaviours. It is often difficult for the EM community to challenge racist behaviours and the outcome of this can result in racial battle fatigue and cognitive overload (Franklin, 2016).

Using the constructivism paradigm requires me, as the researcher, to interpret the views of the participants and accept my subjectivity. However, to do this I need to be aware of my positionality and how this may impact the interpretation of the findings. The study has allowed me to take on the role of an insider researcher as I have my own lived experiences of racism. Therefore, I used my experiences in how I theoretically approached aspects of the study. This includes how I approached the participants from the recruitment stage to the interview stage. I was mindful with how

the participants could perceive power and hierarchy. I was extremely mindful of any biases I had concerning their narrative by being aware of my own experiences.

I grappled with the idea of power and hierarchy and how the participants may view myself as the researcher and a lecturer. I was mindful of how this could impact the trustworthiness of the data collected. I carefully considered how I could approach this. Reflecting on my own experience as a student, I remembered that I highly respected lecturers and observed them as having power. However, as an academic researcher, I do not view myself as having an element of power but need to be aware that may not be how the participants view me. I considered how to minimise the perception of power between the students who are the participants and the researcher, who is their academic. I fully acknowledge my positionality within this study and that I am positioned as an inside researcher, regardless of my past research experiences. The participants of the study were nursing students. At the time of data collection, I was not based in the nursing department as an academic, nor do I co-lead the minoritised student group. However, due to our professional identity, I feel that we belong to the same community. Moreover, the students may portray me as being in a position of power or hierarchy, even though, I do not view myself in the same way.

Being part of the same community meant that I had to consider confidentiality in greater detail than if I were an outsider. As a researcher, I have a moral duty to ensure that I respect all participants (Bassey,1999). If I were to see a participant on campus and smile or say ‘hello,’ this could this put them in a difficult situation with their colleagues who may wish to know why I spoke to them. If individuals are made aware of the research or findings, would they be able to identify the participants

based on these interactions? I clearly explained to the participants that the interview would be anonymised to maintain confidentiality as per the participant information sheet (Appendix 9). I also reiterated this before the interview took place and confirmed that all data would only be used for the purpose it was intended for (Thomas, 2013). However, upon reflection I should have asked the participants after the interviews how they would like me to approach them if we saw each other on campus. Through self-selecting not to approach them, they may feel that I did not value their contribution. The participants may perceive myself, the researcher, to be in a position of power. I will protect the participants by being aware of this influence but also recognise that the participants may tell the researcher 'What they want to hear.' This is where the development of trusting relationships is paramount (Barnett, 2018). To develop trustworthy relationships, I need to be willing to open up too, but also be mindful not to overshare my own experiences with participants (Bondy, 2012; Grinyer & Thomas, 2012)

Careful consideration needed to be applied to the environment when undertaking the main study. Due to COVID-19 and the pandemic, the pilot interviews were completed using an online platform called Zoom. Due to this format being successful, I continued this method for the main study. I did not analyse the impact of the environment in relation to power until I commenced seeking ethical approval. This highlights my naivety as a researcher when considering ethics. Using Zoom has removed some aspects of power. The participants are in a space where they are safe and neutral, usually in their home as I am in mine. Had this taken place on campus, the participants may feel that this enhances my power as I am in my place of work. The participants may see themselves as students rather than participants as the campus is their place of study. Using Zoom became a neutral environment for

both of us. However, I sometimes found it difficult to build rapport with the participants because it was difficult to identify non-verbal communication and body language that support the development of trusting relationships (Mikesell, 2013). More so, in the case of interviews where the camera was switched off. Through evaluating the pilot study, I identified additional ‘power’ barriers to recruiting potential participants which I documented in my reflective journal for fear of forgetting how I felt later in the research process. Before posting the advert for participants, I read the advert again and wondered whether I could obtain any participants. I now felt ‘powerless’ and wondered if this is how nursing students felt! I offered participants options for interviews at weekends and evenings, which are outside of formal working hours to try and mitigate any perception from them concerning power.

I was conscious of ‘my power’ but once the interview was underway, I could see the participants' positive non-verbal gestures, and this allowed for an open discussion. As the interviews progressed over 12 months, students were responding more openly to the questions asked of them. However, some of the participants never enabled their cameras during the set of interviews which highlighted the importance of providing Zoom guidance and the option to switch cameras off.

I recognise that I am remarkably close with nursing education through experiencing this as a student and more recently as an academic. Initially, I presumed that I had more knowledge and insight into the experiences of EM students. However, this inherent bias was exposed quite early during the data collection stage when a Black participant disclosed an overt example of racism when staff sung songs about the jungle when she entered a room. I was not expecting such an overt example of

racism, and I am still reeling from the emotional effects of interviewing this participant.

Reflecting on the power dynamics I was aware that the participants may have been unwilling to discuss sensitive issues for fear of repercussions (Holmes, 2020) and felt an overwhelming appreciation that this student shared this experience with me.

3.20 Recruitment of participants

Kvale (2007) recommends using approximately eight participants when conducting interviews to allow for rich data collection. For the purpose of this study and the time limitations in conducting the research, the transition period will incorporate student experiences from deciding to start the course which is explored retrospectively until the end of their first academic year and therefore only first year students were recruited. Due to aiming to facilitate three interviews per participant, I decided to aim for between 6 and 8 participants as this should have resulted in 18-24 interviews. The sample size is also representative of students from this one university and studying one course. I recruited seven participants for this study resulting in twenty interviews. This was because one participant did not participate in the final interview. I emailed twice to remind them of the study. From an ethical perspective, I stopped emailing after two reminders, as I did not want her to feel obliged to take part if she did not want to.

Rather than approaching students individually, which may make them feel pressured into agreeing to take part, I advertised for participants in several other ways. I used student experience websites and adverts on campus. The participants also had the option to withdraw should they feel the need.

The recruitment of participants was considerably more difficult than I had naively anticipated. I was always mindful of the power assumed. I believed that because I was no longer in the department, students may be receptive to being interviewed as I had no direct link to individuals in class or through assessments. Therefore, I assumed that they would be willing to be interviewed. However, qualitative research requires a relationship between the researcher and the researched (Serrant-Green, 2002). I underestimated the requirement of building a trusting relationship with the participants as I had easily recruited to the pilot study. On reflection, because I did not teach them and they do not know me, I did not create the opportunity to develop a trusting relationship with potential participants to enable them to talk about a sensitive issue. Therefore, this impacted on the recruitment process and believing I would recruit due to the reduction in perceived power between the research and the researched was naive. I failed to acknowledge that trust is an essential element that is required when discussing race (Grineski et al., 2023). This was an area that I did not consider until I had difficulty recruiting participants. On reflection, I openly discuss my personal and professional experiences of racial incidents, but that has only occurred since I started my personal race equity journey, Prior to that, I would never share these experiences with anyone for fear of others not understanding them. I therefore did not place myself in the situation of the participants when I was attempting to recruit and underestimated the power of trusting relationships between the researcher and the researched.

The Covid-19 pandemic also introduces challenges in recruiting participants from underrepresented groups (Claus & Jarvis, 2023). Initially, a current EM student attended the induction session for all level 4 students to introduce the minoritised student group and also discussed taking part in this study. This was then followed by

posting the advert (Appendix 10) in the student newsletter, handing out leaflets on campus and posting on notice boards. This resulted in one participant showing interest.

Realising that this route was not working, I attended lectures in person and fayres to highlight the study to recruit students. I amended the advert to provide a summary of the study. This resulted in several students emailing for more information but no further email exchanges after I sent the consent form. I decided to evaluate my email and decided it needed to be clearer. I, therefore, added 'An interview cannot be organised until the consent form is returned.' I started to receive an increase in responses, I wondered whether the additional wording helped this. Before the commencement of the first interview, I was overly aware of the power element. In my research journal, I wrote:

> *'I wonder how the participant is feeling. Will they open up during the interview?' (2022).*

Due to this, I managed to recruit a further three participants over the space of a few months, however, I still required more participants. I was anxious about starting the first set of interviews and not having enough participants. However, the turning point came when I was asked to attend a conference to give the students a leadership talk on my journey from being a student to where I am now. At the conference, I spoke about my passion concerning anti-racist practices in education. I was surprised to see some students speaking openly in the lecture hall about the racist experiences they had faced on placement. Some students were crying whilst sharing their experiences and others were crying in support of them. This experience made me

reflect on the power imbalance that I was concerned about at the beginning of the recruitment stage. I wrote in my reflective journal.

> *'I have been so focussed on the power imbalance, that I did not consider the difficulties ethnically minoritised people face when talking about race and that building trusting relationships is paramount' (2023).*

Following this talk, instantly I had several participants complete the expression of interest form to take part in the study. Upon reflection, I realised that rapport-building and developing trusting relationships are important when talking about and sharing experiences related to racism. I reflected on my attendance at the fayres and taught sessions. These were for a few minutes each time and did not provide the students with any detail about who I am and my anti-racist position. This resulted in being able to obtain seven participants for the full study.

The three interviews were selected to take place over the course of the first year of the participant's course, this was because the study is exploring the transition experience into university. However additional factors influenced this decision. By selecting a longitudinal study, this would provide space for the participants to narrate their story and to develop trusting relationships with the researcher as there are three interviews. The first interview should have taken place at the end of semester one to enable the capturing of their experience of the early transition stage. The second interview was due to take place at the end of semester two, after the students had completed their first placement and returned to campus. The final interview should have taken part at the end of the first year once the participants have experienced an entire academic year. However, due to the issues in recruitment and obtaining responses from the participants, these interviews did not

all take place as planned. The practicalities of research meant that my initial plans were difficult to adhere to. By following the ethical process, I had to fit the interviews around the student's placement and other commitments. The table below provides a timeline to when each interview took place for each participant, where they were in relation to the academic year and their learning environment at the time the interviews took place. All interviews were held online.

3.20.1 Table 3: Timeline of Participants Interviews.

Student timeline	YR 1- Sem 1	YR 1- Sem 2	YR 1- Sem 2	YR 1- Sem 2	YR 1- Sem 2	YR 1-Sem 3	YR 1-Sem 3	YR 1-Sem 3	YR 1-Sem 3	YR 2 - Sem 1	YR 2 - Sem 1	YR 2 - Sem 1	YR 2 - Sem 1	YR 1- Sem 2
Environment	Campus	Campus	Placement	Placement	Campus	Campus	Campus	Placement	Placement	Campus	Campus	Placement	Placement	Campus
Date	Dec-22	Jan-24	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Participant														
Rajah	Interview 1								Interview 2					Interview 3
Wendy					Interview 1					Interview 2				Interview 3
Fatima					Interview 1						Interview 2			
Khadija					Interview 1			Interview 2			Interview 3			
Hanfa					Interview 1			Interview 2			Interview 3			
Ida								Interview 1			Interview 2			Interview 3
Farida								Interview 1		0	Interview 2			Interview 3

Interview 1
Interview 2
Interview 3

During the interview stages I found that as each interview in the series occurred, participants were opening up and sharing more detailed, personal encounters about racism by interview three, compared to the first interview. This made me reflect again on the importance of trusting relationships when talking about race. Through reflecting on this process, I know that power can never disappear but having an approachable, trusting relationship allows the participant to provide an accurate, open explanation of their lived experiences which will provide quality outcomes (Mikesell, 2013). The below table demonstrates the length of each interview that had taken place for each participant.

3.20.2 Table 4: Length of each interview for each participant

Participant	Interview 1	Interview 2	Interview 3
Rajah	39 minutes	44 minutes	56 minutes
Wendy	37 minutes	48 minutes	55 minutes
Fatima	43 minutes	45 minutes	Did not attend
Khadija	49 minutes	46 minutes	48 minutes
Hafza	51 minutes	47 minutes	49 minutes
Ida	37 minutes	44 minutes	43 minutes
Farida	35 minutes	45 minutes	56 minutes

Each of the participants bring their own individuality to their story. These characteristics were considered during the data analysis stage. I had discussions with my supervisors and expert advisor in relation to this. As I was using CRT, it was decided that establishing participants other characteristics were not required. CRT stresses structural racism, not the participants other characteristics that could form intersects of oppression. There is a potential danger of emphasising deficit-oriented narrative of the respondents rather than the white supremacy embedded in university and the sector that is structural. The table below identifies key characteristics of the participants.

3.20.3 Table 5: Profile of participants

Name	Profile
Rajah	Black African, woman. 20-24 years old. First generation migrant. International education.
Wendy	Black African, woman. 20-24 years old. First generation migrant. International education.
Fatima	Pakistani, Muslim, woman. 20-24 years old. born in the UK . Second generation migrant, who is a Muslim and wears the hijab. Has a British accent.
Khadija	Black African, woman. 20-24 years old. First generation migrant. International student.

Hafza	Pakistani, Muslim, woman. 20-24 years old. Born in the UK. Second generation migrant. Has a British accent and a long term health condition (Registered disabled).
Ida	Black African, Muslim, woman. 25-29 years old. First generation migrant. International education.
Farida	Black African, woman. 25-29 years old. International student and a parent. (has lived in the UK for a number of years) International education.

In this table I provide a broad description of the race of individuals based on self-identification of their ethnicity, Gunaratnam (2003) identifies that people have a right to self-identify their ethnicity and select how they see themselves rather than how others may perceive them. Most of the participants referred to themselves as African and others defined their ethnicity based on a country such as Pakistan. Some of the participants also referred to themselves as Black African women identification.

In terms of gender, I have classified the participants based on the pronouns they used to refer to themselves in the interviews. Some participants spoke about their religion or children and therefore this was easily identifiable data to add to their profiles.

3.21 Data analysis

CRT in combination with intersectionality is centred to allow the researcher to explore their connection to the research participants and for the researcher to be honest about their subjectivity in the research. This means researchers should discuss their feelings and experiences within their research and how this affects their work and impacts their writing style (Graham et al., 2011). CRT informs every stage of the research process and data analysis. Rogers (2004) and Fairclough (1989)

suggest that the analysis of discourse should be performed with an insider's view, while Haig (2004) suggests that the researcher should hold both an outsider and an insider's stance. Intersectionality informs analysis through exploring how intersecting axes of oppression impacts the participant's experience. This meant that when data analysis was undertaken, I explored other characteristics of the participants that may have impacted their experiences in addition to race. Examples include the impact of religion, migration and age, especially when intersecting with race.

Thomas (2013) amplifies that there are several approaches to analysing a data set and that the choice of analysis should be aligned with the research approach. The analysis stage is an important aspect of the research process and therefore selecting the most appropriate data analysis framework is imperative (Pole & Lampard, 2002). Finch and Mason (1990) argue that analysis is a continuous process and forms part of the theoretical perspective of the research rather than a standalone element. I will provide a step-by-step approach to the data analysis and justify my data analysis approach.

I recognise the importance of interpreting the data and the importance of hermeneutics of faith and the hermeneutics of suspicion (Josselson, 2004). Faith is the acceptance that the story that the participant has provided is true to their experience and the interpretation of data will be an accurate reflection of this. Suspicion is the immersion into the data to explore the true meaning that may not be apparent straight away. This may be due to the participant using narrative smoothing as they may not want to say something or assume that the researcher knows what they mean, so the participant 'tidies' their answer. Clandinin and Connelly (2004) suggest that to analyse narrative data researchers are required to incorporate both

faith and suspicion without the process compromising ethics in the interpretation stage.

3.22 Thematic analysis

Thematic analysis (TA) is a method used to identify themes across a set of data in relation to the research questions posed. Braun and Clarke (2006) encourage the use of TA as a first choice in analysing qualitative research for new researchers. The only data used in the analysis were from the interviews as TA focusses purely on the content of the interviews rather than the interaction between the participant and the interviewer.

Braun and Clarke (2019) suggest that TA has been used in different variations over several years, but the development of the 6-phase process allows a systematic process that has become popular within qualitative research. The six stages are reading and familiarisation, coding, searching for themes, reviewing themes, and defining and naming themes, and finally producing a report. One of the strengths in using TA is the flexibility it offers, regardless of research methods or theoretical positions of the researcher and can be used to answer most research questions. The use of TA is easy to learn and is especially recommended to novice researchers such as myself. The results are also easy to discuss and accessible to others when considering the dissemination stages.

3.23 Familiarisation

The importance of familiarisation is not to be underestimated because it allows the researcher to analyse the words and meanings behind comments analytically. Transcription in its most simplistic definition is obtaining a dialogue from a device

and formatting it into a typed document (Grbich, 2013). Transcribing interviews is said to be the first stage of familiarisation and is often treated as a minor element of the research process (Nelson, 1996) and this was also initially my thoughts. However, upon reflection when conducing the pilot interviews, this stage was my first engagement with familiarisation as I was struck by the participant responses. Ideas and thoughts were unconsciously entering my mind, whilst focussing on interviewing. Braun and Clarke (2006), agree that at any point in engaging and familiarising with the data, the researcher is analysing at the same time, and making notes is a vital step. I made multiple handwritten notes during and after the interview stage (Appendix 11) and memo notes using NVivo when coding electronically (Appendix 12).

The two main ways of transcribing interviews are by transcribing the words verbatim or transcription styles that include paralinguistic features which focus on what was said but importantly how it was said (Braun & Clarke, 2013). Verbatim is the transcription method I decided to use, as I required what was exactly said by the participants rather than how it was said. I transcribed the first nine interviews to enable me to immerse myself into this topic area and the following eleven interviews were then transcribed using a university approved transcription service. However, to immerse myself into these interviews I listened to the audio several times and read the provided transcription immediately before commencing the coding stage.

3.24 Coding

Due to the enormous amount of data that is created from the interviews, an organised structure is required. Stroh (2000) suggests that coding is the most appropriate way to organise data as ‘chunks’ of data are labelled. Data is marked by

using codes; these can be names or abbreviations that highlight the important facet of each element of the data (Grbich, 2013). Codes provide an area of interest for the researcher to explore (Boyatzis, 1998). This can be the use of single words, to a full sentence or even paragraph. The coding stage supports the exploration of data that relates to the research question. There are two primary processes for coding, selective and complete. Selective coding is exploring certain aspects of the data or a phenomenon. As the research is the exploration of the lived experiences of participants, complete coding is the coding of choice as it allows me to identify anything of interest in supporting the answering of the research questions through using the whole data set. Braun and Clarke (2006) reinforce that analysis requires the researcher to move across the data set multiple times. This includes when coding, theming, and analysing the data.

In my journal I reflected that I normally prefer pen and paper when making notes or creating initiatives. However, once I engaged with NVivo, I found this to be simple to use. Computer programs, such as NVivo, are suggested for analysis as the software alleviates some of the complexities of the coding process (Kim, 2016). There are mixed responses in using computer programs to code (Lu & Shulman, 2008) and there are benefits to using these as they allow clearer organisation and retrieval of data. However, the researcher needs to understand the framework that is embedded into the program and have a degree of analytical approach rather than being reliant on a system (Silverman, 2005). NVivo is reliant on how the researcher views the data and the code they select (Dey, 1993). Baugh et al. (2010), suggest that the time taken to familiarise how to use a computer data management program can be time-consuming and may not be any quicker than analysing data using a hard copy. Therefore, I decided to undertake an NVivo training programme (Appendix 13).

Several iterations of the coding process were undertaken to ensure that my individual experiences did not influence the analysis of the data. However, at the same time, recognising that my knowledge and experience are an important part within this process. I continuously engaged in reflection and made notes in my reflective journal (Appendix 14) as I recognised that my personal racial experiences and professional expertise in this area could influence the findings (Houghton et al., 2013). Josselson (2006) emphasises this by recognising that conducting narrative research allows for continuous interpretation, and therefore as a researcher, I cannot be objective. Moreover, I cannot bracket all my experiences (Braun & Clarke, 2012). Therefore, to ensure the trustworthiness of the process, it is important that I went back over the initial codes that were created and checked whether these were an accurate reflection of the data or whether my knowledge influenced the codes (Braun & Clarke, 2019). I coded using NVivo in the first instance and then I printed off the coded interviews and manual coded as to double check that I had coded appropriately (Appendix 15). This two-stage process was done over different weeks to allow time for me to review the coding with a 'clear head.' Chase (2003) encourages researchers to interpret the data by writing their own interpretive comments when analysing the data. I, therefore, documented manually written comments during the coding stage (Appendix 16). Recognising that this process will have an element of subjectivity is important (Josselson, 2006). Any changes or new codes identified through the manual process were then updated on NVivo.

An additional step in the process to ensure trustworthiness of the coding process was that I shared an extract from a transcription during a supervisory meeting to enable a discussion around the coding process and ensure that coding was undertaken effectively with limited bias.

In the early stages of coding, I found that each time I worked with and immersed myself with the data, I found a new code. Where possible existing codes were used if deemed appropriate. Some aspects of the data had several codes allocated to them as the *'message*' covered various codes. Creswell (2007) supports that the researcher needs to examine the data, create themes using a coding and recoding process, and finally, be able to present that data using narration.

3.25 Creating and reviewing themes

Once the coding stage was completed, the searching for patterns or themes began. A theme is an important part of the data set and supports the answering of research questions. This stage allows the capturing of important patterns and meaningful groups that have emerged from the code. This is an essential stage as it highlights the main themes that have been identified from the interviews using the coding method (Tuckett, 2005). Braun and Clarke (2006) explain that 'searching for themes' does not require the researcher to 'dig' for the themes that are hidden within the codes but for the researcher to establish the themes based on a process of theme development. Using the terms 'emerging' or 'searching' for themes denies the important role of the researcher in the process of selecting and reporting the themes (Taylor & Ussher, 2001). Braun and Clarke (2013) define a theme as meaningful data through a central concept. This can be described as an overarching element of the research data where several 'subthemes' lead back to the main theme Braun and Clarke (2013). Thomas (2013) acknowledges that an important element of coding is to ensure that codes are mapped to the themes appropriately. The

mapping process allows the explanation of how ideas are related to one another as well as organising the data set (Taylor & Ussher, 2001).

To create the themes, I used the codes generated from NVivo (Appendix 17) and I printed out all the codes individually and laid them out on a table. Each code had a number on, which showed how many times that code had been identified. From this, I created a hierarchy of codes (Appendix 18). I began to couple up codes that were similar in nature to create sub-themes, using colour coded dots. Once the sub-themes were identified, I followed the same process again so I can match the sub themes together to create a main theme (Appendix 18). I also used the raw data to create the themes and support the writing of the findings chapter, and I created a table that contained key phrases from the participants (Appendix 19). These are phrases used by the participants and the underlying meaning and the context they were used in. This table coupled with the marrying up of codes, supported the development of the themes and subthemes, leading to a thematic framework (Appendix 20). Any codes that were not included into a sub theme were then reviewed against the transcripts where they were identified. This is to ensure that new knowledge, which is deemed to be important, but may have only been coded a small number of times, is not dismissed. I also selected any themes that were linked to race as this is an important aspect of the study and the reason for the selection of CRT. These were white supremacy, cultural awareness, and working harder.

3.26 Naming the themes

Once the sub themes were married up, this led to the creation of three main themes. The next stage of naming the themes is extremely important. Careful consideration is required, especially, when considering my positionality in anti-racist education. I

need to be consciously aware that I may create, or name themes based on my existing knowledge and experiences, instead of using the theoretical framework to develop the themes. As stated earlier, it is impossible to bracket my prior knowledge in this research. Once the naming of the themes was completed, I moved onto the next step of creating definitions. Providing a definition for the themes is important as it allows focusing of the themes in line with the research questions (Braun & Clarke, 2006). Table 6 outlines the themes, subthemes and definitions.

3.26.1 Table 6: Outline of themes, subthemes and definitions

Theme	Sub theme	Definitions
Decolonising the Curriculum	*Belonging on campus. *Engaging in group work. *Diversifying the Curriculum.	Emotions and self-perception and perceptions of others around identity and belonging.

Placements	*Belonging in toxic environments. *Working harder and treated differently. *Support on placement.	Negative behaviours and attitudes towards EM students that impact their placement experience, opportunities and access to support.
Wellbeing and university support	*Protecting Mental Health and Self Care. * Student Support.	Experiences of how participants protect their mental health through self-care and barriers that they face. Negative and positive experiences and feelings around support during student lifecycle and transition

After completing the data analysis process, I checked my research questions again to ensure that the themes identified would support the answering of these questions. I did this after the thematic analysis as I did not want the research questions to bias the naturally emergent codes by fitting them into a box to fulfil the requirements of the study. That said, the codes and themes created support the answers to the research questions.

Following on from creating the themes, a word cloud was created in NVivo, to highlight the top fifty most frequently used words in the interviews. Diagram two below identifies that some of the key words within the word cloud, which are directly linked with the above themes.

3.26.1 Diagram 2: Word cloud Of Most Frequently Used Words During Interviews

3.27 Quality process and trustworthiness

As part of the quality process, I used Tracy's (2010) Eight "Big tent", which is a well-recognised criteria in ascertaining the trustworthiness and rigour of qualitative data and to support the researcher's credibility. The criteria are made up of eight key markers and I have aligned my study to the criteria (Appendix 21). These markers include whether the study makes for a worthy topic, rich rigor, sincerity, credibility,

resonance, significant contribution, ethics and meaningful coherence. Each criteria can be approached using different paths, but ultimately all support the demonstration of good practice within various forms of qualitative research.

The data was coded three times and at different stages over several months which allowed the formation of new codes and important messages from the participants. Ethical approval was obtained by the institution, and the process of recruiting, interviewing and transcribing data was in line with these requirements. An interview guidance was used to ensure consistency across all interviews. Confirmability was obtained through the researcher reflecting on the counter- narratives of the EM students and portraying these accurately within the thesis.

3.28 Limitations

Some limitations of TA have been highlighted above. However, there are further limitations. TA as a method of analysis requires a substantial amount of time to transcribe the interview verbatim and then read and re-read the transcription. However, this process is of extreme benefit to the researcher as it allows full immersion into the data and supports the generation of quality data.

My analysis should not be based on the general knowledge that already exists but should be based on the analysis and interpretation of the data that has been generated from the narratives of the participants. A limitation of thematic analysis is that researchers often extract parts of the data from interviews and focus on that element. Good practice is to build a deeper level of understanding through analysing the story from the extract and build on this picture using other interview extracts and literature. If little or no assumptions are analysed then thematic analysis has failed (Holloway & Todres, 2003). This can be criticised for lack of rigour but being aware

of this and continuously reflecting and revisiting the analysis process will help mitigate against this.

Upon reflection, I did consider whether the difficulty in building rapport may impact the trusting relationship I aimed to achieve. Had it not been for the pandemic, I would not have explored Zoom as an option due to my inexperience in using this platform. To set expectations for the participants on how Zoom will be used, I created a Zoom advice sheet (Appendix 22). I included suggestions that may support building rapport and help with the perception of power imbalance, such as, the participants switching the camera off so I cannot see their faces and recognise them as a student. Though this impacts the building of rapport, it was one way in making the participants feel comfortable in engaging. As I had already started the interview process using Zoom, I did not want to add in person interviews as an option later in the data collection stage as this could have become problematic for the participants.

3.29 Chapter summary

As highlighted in the literature review chapter, the knowledge gaps in relation to nursing students' transitions is stark when considering the experiences of EM student nurses, particularly when applying CRT in nursing research. This chapter acknowledges that through the selection of narrative inquiry as the methodology, and this will support in depth qualitative data. Using semi-structured interviews is the most appropriate research design when addressing the aims of the research and to support answering the research questions.

Considering ethical practices, the narrative must be a clear reflection of the themes, and the story told to ensure the trustworthiness of the researcher, and to provide a narrative on the transition experiences of EM student nurses (Gibson & Brown,

2009). However, I need to acknowledge that the narrative discussed is not always be the most ‘common,’ ‘mass’ code or theme but an element of the data that adds a different meaning or lens to the data (Dey,1993). Therefore, the discussion is not purely based on the ‘popularity’ of codes but also on particular aspects of the story that is being told by the participants will support the answers of the RQ’s. In the next chapter, I present an overview of the importance of data analysis and an overview of each of the themes and subthemes generated. Finally, the findings linked to three themes will be discussed in detail. This is achieved by presenting an overview of the twenty interviews conducted whilst supported using verbatim quotes.

Chapter 4- Findings

‘Not everything that is faced can be changed, but nothing can be changed until it is faced.’

James Baldwin (The New York Times, 1962)

4.1 Introduction

Building on from the previous chapter, this chapter presents an overview of the findings from twenty interviews by seven participants from November 2022 to May 2024. As the interviews progressed, I was noticeably more aware that participants were sharing an increasing amount of information in relation to their experience of racism. On reflection, the three interviews took place over the course of twelve months. This allowed the participants to develop a trusting relationship with me. Another contributory factor is that as time passed, the participants had more experiences to share and reflect upon. Therefore, the data provided was a clear representation of their experiences in greater depth compared to if I had decided to only interview each participant once.

The chapter begins with a summary of the importance of analysis and an overview of each theme and subthemes that were created. Later in the chapter, the main themes will be discussed in greater depth.

4.2 Importance of analysis

Upon coding and allocating themes to the transcriptions, extracts are selected to demonstrate the different themes, and a narrative should be included to describe the ‘story’ around the extract (Dey, 1993). The extracts selected are deliberate to create

an argument and convince the reader of the argument (Foster & Parker, 1995). Braun and Clarke (2006) suggest selecting extracts that are vivid, deep, and support the argument and using extracts from several participants. There are two types of thematic analysis: illustrative and analytical. The illustrative approach is descriptive and does not allow for any analysis of the meaning. Whereas the analytical approach is interpretative and follows a constructivist approach that aligns with my epistemological stance. Using this approach provides a detailed analysis of different extracts rather than a descriptive approach that is often aligned with illustrative analysis. To enable the in-depth analysis of the interview, ascertain the true experiences of the participants, and highlight these experiences effectively, the analytical approach is justified.

During the analysis phase, it was important to ensure that the findings and themes were primarily linked to CRT and was intersectional in its approach and provides a narrative for the voices of marginalised communities through counter -storytelling. Using CRT, as the researcher I must identify any data that is clearly linked to the tenets of CRT including power, privilege and white supremacy. To do this when I was coding the interviews I created memos (Appendix 12) that were directly linked to certain parts of the interviews that highlighted the principle of CRT as above. I also ensured that I reviewed each interview using a race equity lens and considered what each part of the interview means for EM people, the barriers that they may face and what the underlying message is. I also created a raw data key phrases table, demonstrating the underlying meaning of key phrases used by the participants (Appendix 19). Finally, I searched the interviews in NVivo for key words including race, racism, racist, microaggression, Black and white to endeavour that I did not miss any key findings. It is equally important to recognise that my experiences,

values and immersion in race equity have led to the development of the themes and identifying the key findings from this study as discussed in the methodology chapter.

Following on from this step, I analysed the meaning of the raw data and looked for other participants who had identified similar discussions or contradicted other participants (Appendix 23). This also supported the development of the subthemes and the writing of this chapter. In the findings section below, I also explore other intersectional traits that the participants possess that may impact their experiences such as religion, migrant status and previous educational history.

4.3 Overview of findings chapter

The three themes identified were:

- Decolonising the curriculum
- Placements
- Wellbeing and university support

Later in the chapter, I will interpret the established themes based on the experiences of the participants.

The research questions guided the interpretation of the data. As a reminder the research questions are:

1. What institutional barriers exist in relation to transitioning to university for Ethnically Minoritised nursing students?
2. How do Ethnically Minoritised students perceive themselves as emerging professionals in the nursing workforce?

3. What do Ethnically Minoritised student nurses perceive to be positive/negative transition experiences?

4.4 Overview of themes

In the methodology chapter, I explored the process I undertook in establishing in creating codes, subthemes and the main themes. Below is a brief overview of each of the themes that will be discussed in the study. Later in the chapter the key subthemes that have been identified are discussed in further detail.

4.5 Decolonising the curriculum

The first theme to be generated from the interviews was related to Decolonising the curriculum. This resulted in three subthemes: Belonging on campus, Engaging in group work and Diversifying the curriculum. Participants described a variety of issues including how they felt that they did not belong on campus due to the stark lack of diversity within class. One of the sub themes was in relation to group work in class and how they were treated differently by white students and how the academic staff approach EM students as the deficit.

Lastly students highlight how the nursing curriculum is not diverse, does not have accurate representation of EM communities and the content is Eurocentric.

4.6 Placements

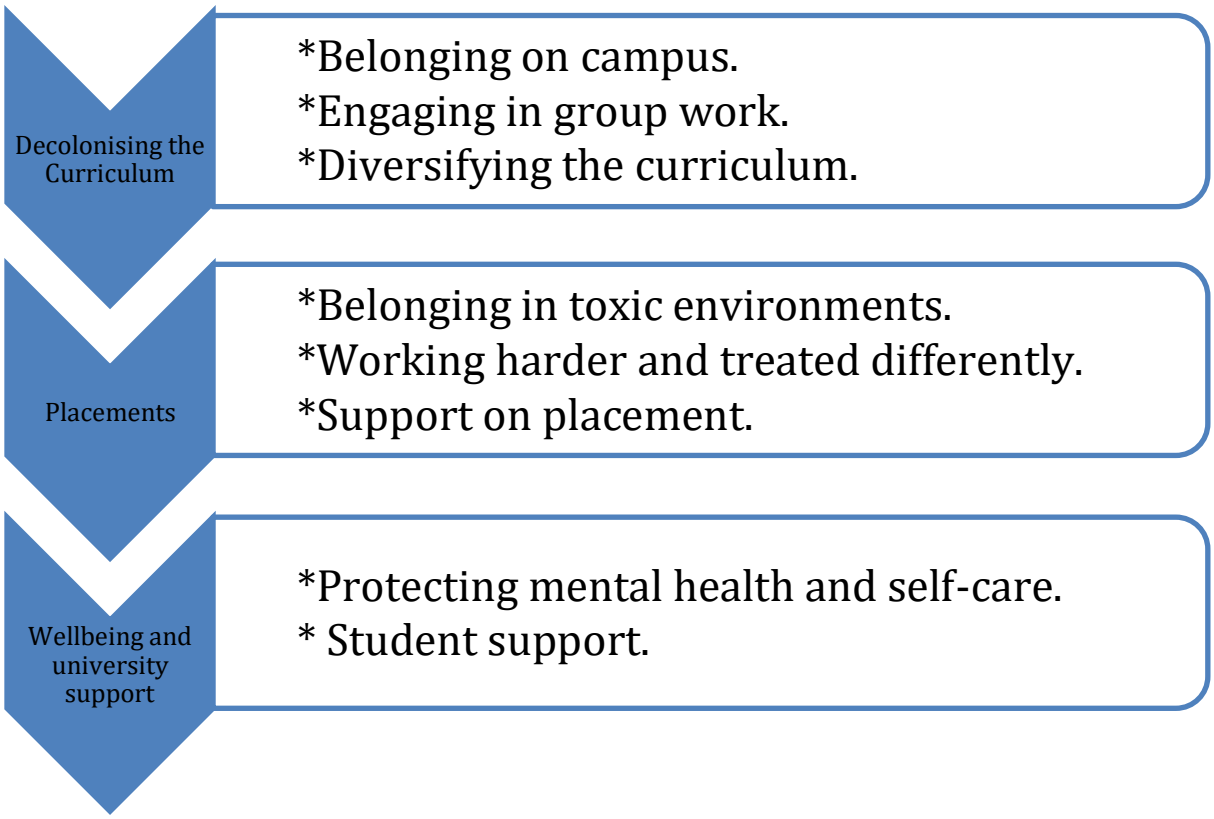
The second theme to emerge from the interviews was related to placements. This resulted in three subthemes: Belonging in toxic environments, Working harder but being treated differently and Support on placement. Participants describe different ways in which they experience belonging on placement and how this negatively

impacts their placement experience. The second subtheme highlights how the participants noticed the disparity in treatment between themselves and white students. Lastly, the issues highlighted within the theme led to the participants raising concerns about the lack of support from link lecturers during placement.

4.7 Wellbeing and university support

The third theme to emerge from the interviews was Wellbeing and university support. This resulted in two subthemes: Protecting mental health and self-care and Student support. The first sub theme identified various approaches that the participants undertook to protect their mental health, including how they undertook self-care activities as well as discussing the barriers to protecting their mental health. The last sub theme discusses the different elements of support that is available to students whilst at university, including challenges that they found. The diagram below orders the themes and subthemes.

4.7.1 Diagram 3- Themes and sub-themes



4.8 Decolonising the curriculum

> *It's very inappropriate for people like me who are watching and thinking……. who's going to fight for me? Who's going to defend me? Who's going to be my voice? And you're thinking, what's the point? It's just heartbreaking. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

When academics consider decolonising the curriculum, the majority believe that to achieve this you only need to use diverse images of EM individuals within the teaching resources and decolonise the reading list. Decolonising the curriculum requires careful deconstruction of all aspects of the student's university experience as highlighted in this theme. It is more than just the taught content and materials that

students encounter. The three sub-themes within this main theme are: Belonging on campus, Engaging in group work, and Diversifying the curriculum.

4.9 Belonging on campus

Belonging is a vital component to ensure positive engagement with a university course. One aspect of feeling that you belong is identifying others who are representative of you, in this case, staff and students who are also EM. Role models are extremely important at university.

Fatima, a Pakistani Muslim woman explains that she was excited to come to this university as when she looked at the university website, she saw images of individuals who represented inclusion and diversity. This made Fatima feel that it would be “really easy to fit in.” However, once at the university she felt that she was mis-sold the representation on her course. This was because she did not regularly see others who looked like her on campus. This may not just be due to her race, but also her religion as a visibly Muslim woman who wears a religious head covering known as the hijab. Wendy, a Black African woman who is a first generation migrant was excited to come to university. Having come from a white town, she knew that the city where she now studies is diverse and therefore, she expected a positive experience. This expectation has come from her believing that individuals who live in a diverse city would be understanding and welcoming to others. However, Wendy found that this was not the case.

Fatima states that in her field of nursing there is very little ethnic representation amongst staff and students. She highlights that on the rare occasion she does see an EM student, she automatically goes and takes a seat next to them as she feels like they will understand her. Fatima feels that she does not need to explain or justify

herself when sat with other EM students. Wendy agrees with Fatima in that her personal tutor class is not diverse, but other tutor classes are. Wendy feels that she does not belong in her tutor class and that the university has a responsibility to do more to support EM to feel that they belong. Ida, a Black African Muslim woman shared that her white peers are not friendly towards Black Muslim students and noticed that it took at least six months before white peers were open towards her. This highlights how intersectionality could be a factor in Ida's experiences. the behaviour she has been subjected could be because she is a Black Muslim woman and not just purely related to her race. Another contributory characteristic to Ida's experiences is that she is a first generation migrant. All these factors could be contributing to her experiences.

Farida, a Black African woman who is an international student, states that she is now in her second year and has only been taught by one EM academic. Ida also supports this and states that by having EM lecturers, this will improve the course and how they feel that they belong. Hafza, a second generation, Pakistani Muslim woman, agrees that she does not see anyone who looks like her in the teaching body. She is looking for a role model and states she has never had that in any of her previous educational experiences. She requires a role model to inspire her, and states that skin colour should not make a difference to the roles people possess.

> *I think it'd be really nice to have that representation and just show the girls like, look like we can do it too. We are all the same, you know? [Hafza, Pakistani, Muslim, woman, second generation migrant, disabled, 20-24 years old]*

Fatima, a second generation migrant with a British accent also agrees in that she has only had one EM lecturer teach her who she found to be “amazing.” However, she witnessed white students making rude and negative comments about the lecturer, especially, in relation to her accent as English was her second language. However, Fatima states the lecturer was easy to understand but these students had already decided that they did not want to accept her. Some students refused to attend the lectures that were delivered by this staff member as they stated, “she wasn’t a good teacher.” Fatima describes this experience as hurtful and has left her wondering what her peers think of her, even though she possesses a regional accent. This does not appear to be a one-off isolated incident as Wendy shares a similar experience.

Wendy, who received an international education and is a first generation migrant describes her white peers as believing “they are superior,” meaning that the white race is supreme over any other race. Sharing an incident where in class, a group of white students were mocking the accent of an EM academic during the whole class. The conversation was then taken into the next seminar class. The academic who was facilitating this class had a British regional accent, but the white students did not mock them. The white students were telling the white academic about the EM academic, and they laughed at her accent**.** The white academic did not challenge the students and no one else disagreed with the content of the conversation.

> *She joined in, and had a laugh with them, and asked questions about what was funny, and everyone was happy to speak then and talk about what was funny. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Wendy describes the impact of the behaviour from the white academic as Wendy has an African accent. She feels such behaviour perpetuates and reinforces racism and allows the white students to believe that their behaviour is acceptable when they are not challenged. This is also supported by Wendy's opening quote for this theme where she asks, "*who is going to fight for me?*". Other students did not intervene and challenge this conversation. This could be because they agreed with the discussion or that they felt they did not have the power to challenge an academic staff member.

These behaviours are not just aimed at lecturers, most of the participants also raised concerns about how they were made to feel that their accent is problematic. Rajah's, who is a Black African woman and first generation migrant had concerns that stemmed from when she was at college and was the only EM student in her class. Previous to this all her education was in her 'home country'. She stated that that an individual was laughing aloud during class at her accent every time she spoke as she had not grown up in the UK and had an African accent, and this made her feel embarrassed. Therefore, this has led her in not engaging in class at university as she is concerned that she will encounter a similar experience.

Wendy, who received primary and secondary school education abroad and does not have a British accent, also disclosed an incident where she was mocked by others in class. She finds that people talk over her or pretend that they do not understand what she is saying. She explains this as making her feel like she is "shut down." Wendy means that she is unable to function and feels withdrawn. She states that when in class, the academics normally go to white students who have their hands raised for discussion first, rather than a Black student who has had their hands raised for longer. This makes Wendy feel that the lecturers do not value her

contribution or that the white students are cleverer and have more to contribute. There was an occasion where Wendy heard a group of white students mocking her accent during the lunch break and referring to her accent as “cringe.”

> *And it's just, you know, this those things, just..... they kill you, they kill your self-esteem, and you can't change anything, because I don't have to sound like this to be who I am actually. That accent is the way I find my way home. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Wendy states that she has an African accent which is less accepting to others, but this does not define what type of student she is. She feels that her accent reminds her of her roots and her home country as a first generation migrant. This highlights the importance of Wendy’s accent in relation to her identity and belonging. When she has spoken to other EM students about this, they have faced similar issues. She states that white people do not accept EM students, and they show them that they are not one of them especially if they are migrants and do not possess a British accent.

Khadija, a Black African international student, witnesses’ incidents regularly in her class between a student from Nigeria and white students. Every time the Nigerian student talks, Khadija observes the negative change in people's body language in the classroom. She states that they make the student “feel awkward by laughing and being nasty.” She feels that the Nigerian student is eager to learn and always asks questions regardless of the behaviours of others. The impact of this has left Khadija feeling that she must remain quiet in class and is unable to be her authentic self as she does not want to be subjected to the same behaviours. She refers to this behaviour as “eating her up inside.” This is a barrier to Khadija’s academic

development. Rather than asking questions in class, she will either stay behind and speak to the lecturer or spend more time in the library to learn about a topic independently as she is worried about being subjected to this behaviour in class. The participants that shared experiences of issues related to their accent were all first generation migrants. The participants who were born in the UK did not raise any issues in relation to accents. Therefore, the transition experiences of international students and migrant students may be different or nuanced compared to students who are born in the UK and have a regional accent.

The experiences shared so far have been between white students towards EM students or staff. However, Ida, who does not have a British accent and is a first generation migrant, shared an experience between a white lecturer and an EM student, which she did not expect. During a classroom discussion, a white lecturer openly told an EM student that they do not understand them due to their accent in front of the whole class. This reinforces the acceptance of the white student's behaviour in class towards EM students, if the academic is behaving in this way. This left Ida feeling that she cannot contribute in class as she also has an accent that some peers believe is not acceptable. Earlier, Wendy raised concerns where lecturers did not speak to EM students who raised their hands in class and believed this was due to racism. However, this could be due to the lecturer feeling that they may not understand the students and do not want to place themselves or the students in an embarrassing situation. This is a situation that academics could learn from. Wendy felt that by behaving in this way, they do not recognise how the students perceive this behaviour and the impact of this upon Wendy and her peers.

Ida, who received most of her education internationally, refers to the lack of belonging on campus making her feel that she is “not being accepted.” She struggles to understand why lecturers cannot see that there is a physical divide between white and EM students and that lecturers should do more to ensure a greater cohesion between students. However, she follows this up by stating that a white lecturer told the students that microaggressions do not exist and that these are only ‘experienced in the playground.’ When Ida is seated in class and white students enter, she observes them purposely not sitting near her, leaving her sat alone. Fatima’s experiences resonate that of Ida’s. She refers to others as “sitting away” from her.

Fatima, a second generation migrant with a British accent, explains that some white students have preconceived ideas about EM students and that they believe EM students do not know how to speak English. As a second generation migrant, Fatima speaks with a regional accent but is still a victim of these preconceptions. She refers to their behaviour towards EM students as “a bit ruder or pushier” in relation to their negative demeanour and tone of voice. Wendy supports Fatima’s experiences and argues that these students know how they are behaving and “choose to do it anyway.” She explains this feeling as they purposely choose to behave in this way, and they believe it is acceptable behaviour.

Several participants acknowledged that they felt it was difficult to fit in socially on campus. Hafza, who is a second generation migrant and Muslim argues that the university experience for her is about engaging with taught classes, completing assessments and completing placement. She was horrified to have received multiple emails during induction and freshers’ weeks inviting her to clubs and offering free alcoholic drinks. She found the emails offensive and felt that fresher’s week did not

account for Muslims or people who do not drink or attend clubs. These emails made Hafza feel othered and different.

> *The university sees all students as one entity, rather than considering the impact of such emails to Muslim students and how this makes us feel excluded. [Hafza, Pakistani, Muslim, woman, second generation migrant, disabled, 20-24 years old]*

Ida and Rajah, who are first generation migrants and are internationally educated, describe that EM students struggle to fit in socially at university and find the British culture hard to relate to, which makes it harder for them to feel that they belong. Ida describes friendship groups as clusters of “people from the same parts of the world”. She states it is obvious that there is a divide, and that the university should do more to encourage white students to engage with and support EM students. Hafza is worried about being accepted in a majority white course and that this was a concern when starting university. Even though she was born in the UK and had been through the UK educational system her entire life, she still had concerns.

> *I know who you guys are. And I know that you can accept me. So, let's not have any trouble. [Hafza, Pakistani, Muslim, woman second generation migrant, disabled, 20-24 years old]*

This excerpt demonstrates that Hafza would like acceptance from her colleagues to support her in feeling that she belongs.

Interestingly none of the participants discussed social spaces such as café’s, library, or informal spaces etc. I expected this to be mentioned in the interviews as

anecdotally, EM students have told me that they do not always find these spaces welcoming.

4.10 Engaging in group work

Group work in class is a key component of the curriculum. Learning with and from each other develops knowledge and supports problem solving (Yang et al., 2012). This teamwork approach is a fundamental factor in providing excellent nursing care in clinical practice too. Opportunities in class to work together supports the development of students and prepares them to work as a team during placement and clinical practice.

Wendy explains that during group discussions, the voices of EM students are not heard or appreciated by some of the white students in class. When EM students contribute to group work, some white students do not consider the suggestions of EM students. Their opinion is not appreciated, and this leaves EM students sitting there not contributing and feeling that they are not seen or heard by their peers. Wendy refers to this as “feeling invisible, heartbreaking and makes you feel like going back into your shell.”

> *They’re the ones to speak. And you just feel like you’re absolutely not existing on that table. You’re not there. It’s just them, it's just what they do. And it’s in almost every group. A lot of students – you can always see them, they keep quiet, not because they don’t have anything to contribute but we’re constantly made to feel like we’re not part of the team. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Ida, who was educated internationally and a first generation migrant, highlights that an all EM student group are at a disadvantage compared to a mixed ethnicity group when undertaking group work. She shared that there was a project where they had to engage with community organisations as part of their assessment. However, because all the students had either Asian or African accents, the community organisations made it difficult for the students to engage with them and she believes this was due to their accent and names. However, the all-white groups with Eurocentric sounding names and British accents received open responses from the organisations. Therefore, this meant that these students had more time to concentrate on their assessments. This example also demonstrates the additional cognitive overload that EM students face compared to their white peers.

During her first year, Hafza questions the experiences from other students that affect her confidence. She knows she is intelligent but is worried that white academics and students will perceive her to be unintelligent. However, during her second year, Hafza realises she cannot continue like this and feels she needs to challenge any negative behaviours in class.

Farida, who is between the age of 25-29 years old shared that she often makes friends with older African women, rather than younger students as they have more life experiences and support her emotionally better than younger EM students, potentially due to their own lived experience. This highlights that Farida values students that she perceives as being mature. Fatima, who is a Pakistani woman aged between 20 and 24 years old, recognises that white mature students are more “accepting” of EM students and include them more in group activities and wanted to get to know students on a personal level. Whereas the younger students are described by Fatima as being silent, disregarding contributions, and not talking with

EM students. In some classes Fatima explains that there is only her and one other EM student and that they end up doing group work as a pair because when they have been part of a larger group, the white students did not listen to their suggestions.

> *They wouldn't really listen to what we had to say. Even though we're part [of it], we didn't really like to belong in that group. It was just a bit awkward and felt weird just sitting there, and thinking well are we part of this group or are we not? We weren't really communicating with each other. I feel like they do speak to you sometimes like you're stupid, like you don't know English. They'll dumb it down, I guess, when they're speaking to you. [Fatima, Pakistani, Muslim, woman, second generation migrant, 20-24 years old]*

Wendy, who is Black African, also highlights that there are issues when undertaking classes online. She finds that African students ask questions in the chat and often need further clarification, but that is because English is their second language and that white students do not have the patience for this. Wendy explains that these comments make EM students feel like they should not be there, or they should stay quiet. However, when white students ask questions no one has an issue, they are allowed the time without "nasty comments." Some of the comments made were in relation to how the EM students were wasting the time of the white students and that the EM students were putting them off from learning. However, no considerations were given to the EM students asking questions so they can learn too. Wendy states that these kinds of comments are in the chat function, staff can see who has made them, and yet there are no repercussions for these students.

The issues in relation to lack of support from academics in navigating the behaviours of other students are also experienced in the classroom. However, Wendy highlights that academics also treat EM students differently. Wendy shares that when academics navigate the classroom and facilitate discussions with the groups, they imply that EM students are not contributing to group work by asking them if they are contributing. Assessing engagement is more than just whether someone is contributing verbally. Wendy suggests that lecturers should explore why EM students are perceived as not contributing to class, rather than taking a deficit approach. She states that this is a clear pattern amongst EM students' engagement in group work and that academics should do more to reach out to the students and check in with them after class. She refers to this act as "extending the olive branch." She struggles to see that this behaviour is not noticed by academics and leaves her feeling that "even the lecturer does not see me."

> *I know they see it, because you can't constantly have a diverse group and you're having one white person representing the whole group all the time. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Wendy, who is a Black African student suggests that academic staff cannot relate to EM students compared to white students and therefore when they ask a question it is not answered in the same way for white students. She explains that when EM students ask questions in class, their answers are "rushed," compared to white students who receive a "better explanation of greater depth."

> *When other students ask questions, they get examples, they get… you see something goes into, oh, it becomes a whole story and you think, oh wow. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Wendy exclaims that she is surprised and shocked at the different ways the students are treated. She believes this is because academics feel that EM students are not intelligent because they do not engage in group work and therefore only receive basic answers to their questions. She highlights that to even get into university you must have a degree of intelligence, so questions why the EM students are treated differently. Wendy shares that academic staff should be supporting EM students with any barriers they are facing when working with other students. She suggests that staff should take a positive approach to student contributions rather than a deficit approach.

4.11 Diversifying the curriculum

The findings demonstrate that the nursing curriculum at university is not as diverse, or representative as expected by the students. Especially when considering the diversity of the community that is being served in healthcare sector.

Farida, who was born in the UK suggests that the university attempts to be diverse, yet she still does not see herself reflected in the curriculum. Wendy feels that the university “preaches” about inclusion but “does not understand the core principles of these words.” She describes this as “heartbreaking” and leads to her feeling that she is not represented in the course. Ida, Fatima and Rajah, who possess different migrant status and ethnicities agree that some academics will superficially cover racial diversity. They both argue that lecturers “do not have a deep understanding” in relation to the knowledge that they share and are unable to elaborate when questioned by EM students in class. This leads to them feeling that the contributions made by the lecturer and the curriculum as tokenistic.

Fatima, a second generation migrant also highlights that there is little representation of EM people in the curriculum and that most of the images are based on white people and the information is about white people's health. She would welcome knowledge about the differences between different ethnic groups. She said when ethnicity is discussed it portrays EM individuals as the deficit or problematic and this is why they have health inequalities. She recommends that the curriculum should explore why those health inequalities exist and how EM patients can be supported. Fatima would like to be empowered to consider how they can attempt to make changes or how nurses should be “open minded.” Fatima also agrees with Ida, Wendy, Rajah and Farida in that the curriculum content is “tokenistic.” Fatima explains the importance of being reflected within the curriculum and the impact this has on her.

> *It does put you down, it pushes you back a bit. You’re just like, the majority of people here are of a different skin tone to me, and do I actually fit in? [Fatima, Pakistani, Muslim, woman second generation migrant, 20-24 years old]*

Ida, a Black African woman who has experienced racism explains that during a class about diversity, a white student was complaining to the lecturer that the session was about the impact of racism and not purely about nursing and the student did not understand why the topic was important and why she was required to learn this. Ida was upset to see that the lecturer did not challenge the student on this and stated that this demonstrated to Ida that the lecturer did not understand the importance of the session herself as she was unable to convey this to the student.

Wendy emotionally explains that the curriculum has misrepresentation of EM communities, and the language used by academics to explain situations is not

always appropriate. She identified one occasion that occurred in year two where she felt a white academic made her feel she was represented in the curriculum when she taught students how to assess cyanosis in darker skin. Wendy felt so happy about this inclusive content that she found the academic after to thank them for including representation. She feels that this individual makes her feel part of the class and part of her own education. However, this should not be an isolated example of good practice and should be part of the entire curriculum.

4.12 Placements

> *When I was in placement, it's the same environment, the toxic environment, the toxicity is just people hating on each other and nurses not working together. And people having masks all the time, not like masks, but like, people put on a mask to come to work. And I mean, we all do that. But it was, it freaked me out a little bit. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Student nurses spend half of each academic year on placement. Therefore, it is unsurprising that placements have formed one of the main themes within the study. There are three sub themes within this main theme; Belonging in toxic environments, Working harder and treated differently and Support on placement.

4.13 Belonging in toxic environments

As Wendy, a Black African woman, alludes to in the opening excerpt, she describes placements as toxic environments where nurses wore masks alluding to them changing their behaviour from their real self. She recognises that individuals wear

professional masks whilst at work but insinuates that there is a stark difference between people's personal and professional masks.

The following section outlines the different ways in which the participants feel belonging and the impact of belonging on their well-being. As stated in background chapter belonging plays a vital part in developing meaningful and trusting relationships. Feeling that you do not belong can impact the degree classification of EM students. Belonging also supports students to engage positively with their course.

Before starting placement Farida, who is a Black international student had some individual concerns. Farida describes how she was warned by students in other years that the environment is "toxic for Black students and international students" with no support, including no support from clinical staff. Farida states to get through placement "you just have to be strong" because "they don't like us," alluding to 'us' as EM people. Hafza, a second generation, home student was also warned from nursing students in other years, that people will discriminate based on race and questions whether the nursing profession should be like this.

The participants believe that representation of diversity in the workforce provides them with a better experience. Hafza, Ida, Farida and Rajah disclosed that they hoped for another EM student to be on placement with them as they would understand each other and feel less vulnerable due to their cultural similarities. All participants stated that they did not have any role models that looked like them during their first placement. However, Farida, a Black African international student, explained that her second placement was different as there was more ethnic representation within the workforce. This made her feel "safe and lucky," meaning

that she does not have to worry about being scrutinised. She found that these role models had more time for her both personally and professionally and they taught her more than their white colleagues. This has made her feel positive about future placements. She enjoys her time on campus more than placements as there are other EM students on campus, whereas on placement she has no control over the diversity of that workforce. Fatima, a second generation migrant shared her experience which is similar to Farida's in that during her second placement, the workforce was diverse and every week the ward selected a different country to celebrate. Staff would bring food in, and they would play music from that country. She found that working with a diverse staff group meant that they "all looked out for each other" and this made her feel she belongs in a safe environment.

Unfortunately, some of the participants experienced microaggressions from white clinical staff due to the cultural food that they consumed during their breaks. Staff would make comments about how their food smells offensive or question how they could eat a certain dish. Ida, a Black first generation migrant does not understand how colleagues feel that these are appropriate comments. This led to her feeling uncomfortable eating her food during her breaks when others were around. Staff implied that her food was "different" and not to "their standard" as it was not what they were used to eating.

Another major concern that was highlighted by the participants is how staff treated them due to their accents as English is the second language for all the participants, regardless to whether they are migrants or born in the UK. The difference is some participants were born in the UK and have a regional accent even though English is their second language, compared to the migrant students who were all born outside

of the UK and have a non-Eurocentric accent. These participants have also not experienced the UK educational system from primary school onwards compared to the students who were born in the UK. Wendy noticed how an international nurse on one of her placements was being treated differently. Staff would ignore her or talk with others about not being able to understand her. Wendy was concerned about how they may feel about her and her African accent as she was not educated in the British education system and is a first generation migrant. She states that she is happy to repeat herself if people ask and if they cannot understand her but they "do not need to make it an issue," meaning that the staff are purposefully making life difficult for her due to her accent. Wendy holds a strong identity to her African culture as mentioned earlier in this chapter. Rajah, who is also a first generation migrant and received her education abroad, emotionally described how her accent was her biggest concern before starting placement and she feared she would fail her placement due to her accent. She is concerned that British people will pretend not to understand her or make the effort to understand. However, whilst being at university in the first semester she started to feel more confident as she came across other students who had accents too. This led to her feeling that she could be accepted on placement based on her accent if others had an accent too.

Ida describes how her accent and that growing up in Africa means that she will not understand British culture and that she will never be able to "compete with a native British girl." Ida is alluding to that she perceives the white student nurse to be "supreme" in the eyes of the educator and therefore needs to behave in a similar manner in order to be afforded the same opportunities. She states that to get on and do well on placement you often have to be overly social and friendly, which results in not being your authentic self. However, as she was born abroad, this means she has

difficulty understanding the British culture, meaning she will never be able to understand the jokes and humour between white colleagues. Ida is worried that this will leave her white colleagues thinking that she is “being cold or being awkward**.”** She states that being friendly with colleagues on placements and **“**having a laugh**”** allows students to pass easier and she will never be able to achieve this. She describes how she should be assessed purely on her professionalism, competencies, and communication, rather than “based on do you like me” or whether people get on with her. Ida and her practice assessor (PA) were on a break at the same time and her PA said she does not like talking and ignored Ida throughout the entire break. Then on a different occasion Ida witnessed her PA talking and laughing with another white colleague, leaving Ida questioning what was happening. This is a form of microaggression that Ida did not identify at the time and could be linked to Ida’s race, migrant status and accent.

Upon returning to university, she shared her experiences with other EM students to obtain support. Ida was surprised that when speaking with her other EM students, they all experienced similar issues which led them to feeling upset together.

> *I've had to cry. I've had moments where they cried. It shouldn't be so. [Ida, Black African, Muslim, woman, first generation migrant, 25-29 years old]*

Farida agrees with Ida stating that they are there to work professionally and not to “make friends.” She also requests that she should be assessed on her proficiencies and not whether she is social with the staff.

> *I think that's what we many people are lacking in the, in those wards or hospitals, they're lacking professionalism. Honestly, that's what they're*

lacking. [Farida, Black African, woman, international student, parent, 25-29 years old]

Hafza, who was born in the UK, feels that the atmosphere on placement exudes that "being white is a powerful race," highlighting the perception of white supremacy. She shared that some white colleagues speak negatively and aggressively to EM students and that these colleagues' behaviour elicits that they are better than EM people. She states that most of the time "they don't even make eye contact with you." This is supported by an experience described by Wendy where white colleagues felt it was appropriate to be overtly racist. She describes these as colleagues who would exchange pleasantries in the morning and engage in small conversations with her during the day. Then when the below incident occurred regularly, she was left questioning whether she was overthinking their intentions.

Every time I worked with them; they sang the Lion King songs – they would literally sing 'in the jungle….' And I'm like, I heard it first, and thought right, compose yourself, you're overthinking it. [Wendy, Black African, woman, first generation migrant,20-24 years old]

Wendy, who is African explained that the singing of jungle songs occurred in front of patients and that when a Chinese Doctor came onto the ward the staff would regularly mock the doctor and refer to a TV series that had people from a similar part of the world who were killed by a laser. Wendy states that these colleagues know what they are doing and yet "choose to do it anyway as they think it is okay." Ida, a second generation migrant, shared an example where a surgeon was told to 'go back to his own country.' This highlights how some white staff believe that they are

the superior race and can behave in negative ways and not be concerned about the repercussions.

4.14 Working harder and treated differently

A key sub theme that was raised by all the participants is how they were treated differently on placement compared to the white students.

During her first placement Fatima, a British Pakistani woman was the only student on placement and believed that her assessor was “pushy” with all students. A few weeks later, two new students started who were white, and Fatima saw how different they were treated. Fatima explains that her assessor spoke to her in an aggressive and condescending manner, like she was “stupid”, but white students were treated “more gentle,” alluding to the white students being treated nicer. Hafza, who is also a British Pakistani disabled woman highlighted similar concerns in that white staff were “pushy and aggressive” towards EM students and how they thought this behaviour was acceptable.

Farida also agrees with Fatima in that white students are mostly treated differently, more positively. Farida highlighted that she was placed with a support worker for most of her placement as she felt the nurses did not want to work with her. This was a barrier to develop her clinical skills and achieve her proficiencies. She witnessed her assessor spending more time teaching a white student who she was not an assessor for, rather than Farida, who was her own student. She questioned herself to why her assessor invested more time talking to, supporting and providing opportunities to other students which resulted in Farida feeling that she did not belong in the team. This continued during her second placement when she needed support and the white nurses always said they were too busy to help, but she

observed them openly helping white students when they requested help. She acknowledges that she is not treated the same and feels like they “don’t want her and will never accept her.”

Ida describes her relationship with her assessor as “difficult” and that she was spoken to aggressively in comparison to the white students who were on placement at the same time. She describes the treatment white students receive compared to her as “polite and comfortable.” This could be due to a number of factors, including race, previous educational environment and her accent.

Khadija, an international student experienced the same issues between herself and a white student who started placement at the same time. The white student was treated positively, provided with additional opportunities and encouraged to undertake nursing skills including medication rounds during her first placement. However, Khadija was informed she was not able to do this and had to work with the support worker. Khadija questioned herself in relation to the way she was treated but never expressed this openly as she was concerned that she would be viewed as being problematic. However, the white student noticed that Khadija was being treated differently and spoke to her about this. Khadija describes placement as a “smooth ride” for white students who are treated like royalty.

> *White students really were ... you literally know where you stand because they had a red carpet out [Khadija, Black African, woman, international student, 20-24 years old]*

Khadija also noticed that she was constantly being compared to the white students and how quick they progressed compared to her. However, the assessors did not account for the white students having been provided with additional opportunities.

When Khadija was provided with opportunities, these were too complex for a first-year student nurse. She described this as her assessor wanted to “crush me in any way.” This highlights how she perceived that her PA wanted to see Khadija fail. She felt that these ‘opportunities’ were given to her purposely to demonstrate she was not capable of being a nurse. Khadija, as a Black African woman was warned by an EM qualified nurse that she “needs to do a lot of work to pass.” She did not know what else was expected from her as she felt she was at her limit in attempting to work harder and prove herself.

Fatima, as a Pakistani woman was also given advice by an EM qualified nurse that it will be harder for her to pass her placement and that she had to work harder as she has “more to prove” than white student nurses. Wendy was also offered the same advice and questioned whether she was prepared to put the extra work in compared to white students and whether she could cope mentally with the higher than normal expectations.

Ida agrees that because she is a Black African first generation migrant student, it allows the white nurse to question her capabilities deeper. If Ida had one piece of advice for EM students, it is that they need “to be ready.” She is alluding to the fact that placement for EM students is not easy, however this kind of feeling can lead to anxiety before the student has started placement and throughout. She equips herself with as much knowledge as she can as she knows the level of scrutiny from white nurses will be more intense towards EM students. Ida states that the placement assessment outcome is down to whether they like you as a person. She describes the feeling of placement as that she is “always under some form of suspicion from white nurses.” This makes her feel uncomfortable on placements and stops her from

being herself. She disclosed that patients also treat her differently and has had patients refuse treatment from her as she is Black. She regularly gets asked “where are you really from?” and her abilities to care for patients is questioned by them. Ida shared that there were several patients that she had cared for over the last eighteen months that were verbally aggressive towards her. One patient kept telling her to leave as she was Black and subjected her to racism. Ida did not have an ally in this space but chose to be persistent in her approach with him. This led to him keeping quiet about his opinions and accepting her care. Fatima, who is British born, shared that her knowledge is scrutinised by patients when administering medication and that she is held to a higher standard that her white peers, who she observed not being questioned.

Ida shared an example where a patient questioned her own biases. This patient would regularly question Ida’s knowledge about drugs and the reason the patient had them prescribed. Ida felt she was being scrutinised by this patient. One day the patient openly stated to Ida that she does not know why she is scrutinising Ida, who is a Black African migrant student, and adds that her daughter in law is also Black African and is a brilliant dentist and therefore questioned why does she feel that Ida cannot be a brilliant nurse.

Wendy has similar experiences to Ida and that white colleagues have “a way to show that you are different.” Wendy found this also happened to EM doctors and that white nurses spoke about them in a derogatory manner to others. This made Wendy feel that she must "cover your back all the time” as the staff are “there to get you.” Wendy is scared that the team are purposefully looking to fail her or get her into trouble. It also left her questioning what they are saying about Wendy when she was not there.

All the participants expressed that they feared raising concerns due to the impact this would have on their placement assessment. Farida, who is an international student describes this feeling as “being scared that they will come against you” She states that it is easier to do whatever they ask of you.

> *Because if you complain, they're not doing will come to your favour. They can fail you. They can become your enemy. So, it's like, so I don't have no rights. So, like, it's like, I will just go do whatever they want [Farida, Black African, woman, international student, a parent, 25-29 years old]*

She mentions this in subsequent interviews and that the culture is that if you report one person, it is akin to reporting the whole team and you do not know how you will be treated in the future. Therefore, she does what is required to fit in, keep under the radar and move on as “they will not see you again.”

Khadija is fearful of calling out racism and that she will do absolutely anything that is asked of her to pass her assessment. Ida feels strongly about not complaining as she would not put herself through that as it would affect her placement assessment. Fatima experienced the same as the others and described the approach as “put my head down and get on with it.” As a second year student nurse, Wendy feels that she cannot continue being on placement and not calling out bullying and racism. She challenges this behaviour in a professional manner to protect herself from complaints, however this has led her to being tagged as “aggressive” as she is confident enough to speak her mind. None of the participants shared any examples of reporting racism. However, Wendy, Ida and Hafza shared how they are now able to challenge racism directly with the perpetrator in a professional manner. This has

only started during their second years of studies, because they can no longer mentally cope with not challenging the behaviours of others.

4.15 Support on placement

The warnings from these students about toxic environments were true for most of the participants. On her first day, all the staff ignored Farida, who is an international student when she came onto shift. After the handover, all the staff dispersed leaving Farida alone. There was no guidance or support. This led to Farida feeling like she wanted to “run away” and she ended up going to the toilet and crying. Once she calmed down, she returned to the ward. She struggled to understand why people would treat her like that and why she was being ignored and remembers this incident every time she starts a new placement. However, her next placement experience was the opposite. When she was talking in her interview, her voice was positive compared to when Farida shared her experience of the first placement. Farida, who is a parent, shared that she felt welcomed on her first day, and people showed interest in her. Staff wanted to know more about her and her family and showed an interest in her children. Farida stated that she “felt understood.” Her expectation was this placement would be similar to her first placement, but she was pleasantly surprised.

> *The second day I was going in, I was going in happy. Can you imagine that every time I’m going to that placement, I’m very happy, I’m eager to go…… I feel so happy – I’m even getting emotional, because I just feel like it makes so much difference [Farida, Black African, woman, international student, parent, 25-29 years old]*

All the participants stated that one of their biggest barriers on placement was getting their placement assessment documents completed. Khadija states that she asked for support during her first week of placement and she did not receive any. This led her to feel lost on what she needed to achieve and resulted in her being placed on an action plan at the end of her first week. It took a further 3 weeks to receive support in meeting the goals of her action plan. Khadija felt this was unfair as she did not know what was expected from her. During her first placement, Farida, who is a Black African woman, struggled to get the assessment documentation completed by her PA and escalated this to her link lecturer, who is an academic from the university that supports students whilst they are out on placement. Farida explains that the link lecturer was not supportive and came to the staff room whilst Farida was on her break and shouted at her in front of colleagues from her placement telling her that she should be “pushier.” This left Farida feeling that she was in the wrong, that she did not do enough, and that she was “irresponsible.” This has left Farida with little faith in how link lecturer can support students during placement, and she feels she can no longer approach any link lecturer for support.

Wendy agrees with Farida’s experience on placement and that she received very little support when highlighting issues to her link lecturer. Wendy, who is Black and her white friend, Carla, who was on placement, decided to “test” the link lecturer as they had received differing levels of support in the past. They both sent the same email asking for help regarding the same issues. Carla received a detailed response advising her where to go and what to do and Wendy's response was vastly different. Wendy believes this is down to her race, as her name clearly identified she was not white, and this has led to her having to work twice as hard to obtain the information needed.

I was told to sort it out and to find out myself……And being black in such a situation, then you have to do double the work anyway. So actually, twice the work towards student will do to get around things. Because even lecturers don't have, they don't offer that extra little support. They wouldn't go out of their way. [Wendy, Black African, woman, first generation migrant, 20-24 years old]

This is the only example in twenty interviews of allyship and solidarity. Spontaneously, the participants shared multiple experiences where allyship from students, practice educators and nursing educators should have been present, but was not.

Wendy describes the power that the link lecturer possesses in comparison to students and that the link lecturer voice will be heard and respected in the placement area. Wendy suggests that link lecturers should do more to support students when they ask for support or recognise when there may be issues and step in to support the students.

Farida knows that her PA should be supporting her and providing guidance, which she is not in receipt of. Farida states that she will do everything that her PA says or asks of her, that way the assessor cannot raise concerns “that can fail you.” Khadija agrees with Farida and highlights that her link lecturer advised her to do any task they ask of her if she wants to pass.

Khadija also raised concerns that when you muster the courage to raise issues on placement that you want to discuss with a link lecturer, they are not always available. During the summer when the students are out on placement, they state they find it difficult to speak to someone as most staff are on leave and the out of office

message does not always have another link lecturer details available. If there is another link lecturer named, they are often on leave too. Supporting this, Wendy states she never met her link lecturer and that if she had met them, she would feel more comfortable raising concerns.

4.16 Wellbeing and university support

> *Sometimes students think we have to be under the radar, we have to go with the flow, but obviously, if the flow is affecting your mental health, then you're in the wrong place [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

The university experience is important and to have a positive experience students need to feel that they are supported during their studies. In the previous section, students raised concerns about support on placement. Within this section the two subthemes are: Protecting mental health and self-care and Supporting students at university.

4.17 Protecting mental health and self-care

Hafza, who has a long term health condition and registered disabled, did not consider how mentally and physically demanding the nursing course would be. She recognises that placement attendance at 38.5 hours per week and the different shift patterns make her physically tired. Coupled with concerns about assessment and managing a long term health condition has led her to feeling overwhelmed. This could lead to her feeling burnout when coupled with other experiences that are accosted to her race and religion.

Wendy, as a first generation migrant describes racism as a normal expectation in this country but did not expect it in the nursing profession. She states that all EM individuals need to consider how to protect their mental health. Ida protects herself each time she encounters a racial incident. She states that she works on her mental health daily and keeping the incident at the forefront of her mind is not good for her mental health. Wendy agrees with Ida and states that she needs to 'hold onto her mental health' because once that deteriorates, so does the individual. Therefore, she has worked hard to find coping mechanisms for her mental health, such as engaging with exercise and sharing experiences with other EM students. Farida, an international student described the racial incidents she experienced on placement earlier in the chapter took their toll on her mental health and now she is considering how to protect herself during future placement.

Wendy, Hafza and Ida all feel that they have developed both personally and professionally when challenging incidents of racism. During their first year they would contain those incidents and feelings but noticed a deterioration in their mental health. During their second year they have taken a different approach as they both feel that they have developed confidence, assertiveness and resilience. They now challenge incidents as they occur as they feel by doing so, this will allow them to deal with the issue and move forward, therefore protecting their mental health. Wendy describes that by doing this she feels that her voice is heard. Professionally, she will continue to treat the challenged individual with respect but recognises that the same professional behaviour may not always be returned. Ida states that she is training to be a qualified nurse and therefore needs to challenge oppressive behaviour. Unfortunately, the registered nurses are not role modelling similar behaviour.

Wendy is extremely surprised about how much she has developed over one year. Her knowledge has also improved, and she feels she has gained lots of skills. This has made Wendy feel that this is the career for her, and she can now see herself belonging to the profession. Wendy feels that she has progressed, and she puts this down to seeking opportunities wherever she could, rather than, waiting for her practice educators to provide her with opportunities. Wendy knew these opportunities were not openly available as she witnessed how she was treated differently to her white peers. However, Ida does not agree with Wendy. She states that clinical placements are 'not healthy for EM nurses' and that there are no opportunities to gain experience and progress in the profession due to her race.

The participants identified other approaches they take to protect their mental health. Wendy, who is a Black sportsperson joined a sports club at the university. However, she felt that she was "unwelcome, excluded and not seen" by the sports leader and the other participants. Therefore, she decided to leave the sports club. She spoke to other EM students about this and was not surprised to find that they also left a different sports club for the same reason. Instead, Wendy now attends the university gym quite regularly as she feels the need to "sweat it out." This is how she releases her emotions that are related to racism. However, Wendy has recently recognised that she spends excessive amounts of time in the gym when attempting to deal with racial incidents and suggest that it is a form of self-harming. Her coping mechanism with this is that she remains optimistic that this will change in the future.

Hafza, who is Muslim and registered disabled due to a long term health condition believes that her religious beliefs support her wellbeing. She would read a verse

from the Quran to bring her good luck before exams, starting a placement, or when she is going through a challenging time during university.

Khadija, who is an international student, shared that she does not have any free time to protect her mental health or undertake any self-care activities. As an international student she is balancing placement and campus time with paid employment. She states she must work to enable her to pay the international fees, which are considerably higher than a ‘home’ student. Khadija explains that she is struggling to manage the course and when students have a holiday or break from university and can rest, she is always working to pay for her university fees. Therefore, she never has time to rest and recover before returning to university or placement due to her financial situation and the burden of international student fees. Hafza had the luxury to take the two weeks as a holiday and still felt that was not enough to reset before going back to university. Therefore, Khadija, who works throughout her holiday time, never gets a break to look after herself.

4.18 Student support

Fatima, who is British Pakistani woman and wears the hijab, describes how daunting the first week on campus was. She suggests that having ambassadors around campus to help students find buildings or ask questions would be helpful to settle in. It took her longer to settle in as some students already knew each from college or through sharing accommodation together. This led her to feeling isolated. She only started to feel settled once she started semester two in her first year. Some of the participants discussed the social support and the value of this.

Ida felt that she started to build relationships with staff during induction week. This is where she decided that their bias is not as obvious as she may have expected, and

this made her feel welcomed. Navigating a new organisation can be daunting, especially when you are an international student like Farida. who explains that during induction week she sat on a row in a lecture theatre, and she was the only person of colour, and all the white students sat away from her as they entered the room.

Farida, who is an international student, aged between 25-29 years old, describes the first year at university as very lonely and she was considering leaving before she made friends during semester two of her first year. She describes the importance of having friends who you can talk to and ask questions about university. She has decided to stay, and she has found comfort in having friends who are African. She states that they are not from the same part as Africa as her and are older students, but respects that they have more life experience. Farida navigates towards students who she feels have similar characteristics as her, recognising that she is concerned about how white students may judge or perceive her.

Hafza concurs that she started to settle into university once she saw people who looked like her. She could be referring to her race and/or her religion. She has come from a very diverse school and college in relation to social class and ethnicity and was surprised that the university was not like this. She made friends with Asian and Black girls when she saw them in lectures but in her seminar class, there was very little diversity. This made her feel uncomfortable in these spaces. She explains how she gets a “vibe” that white students are not as accepting when she has tried to converse with them in the past.

> *It just gives you more confidence. And it just makes you feel more comfortable when you've got someone like yourself like the same colour, the same sort of beliefs, and stuff like you can talk about and relate to, it just makes me feel*

more at home [Hafza, Pakistani, Muslim, woman, second generation migrant, disabled, 20-24 years old]

Wendy questions her university experiences. During her first year, she could not find anything positive about the course. She has shared some of her experiences with international students for validation as she questioned whether she “overthinks” these experiences. She describes a space where she can talk, alluding to other physical spaces within the campus where she is unable to discuss concerns.

We were talking in a group the other day, some of the students that I've managed to speak to about these things, we have, like a little place where we're free to talk, speak our mind. [Wendy, Black African, woman, first generation migrant, 20-24 years old]

Farida, Khadija and Wendy all describe the first year course as being disorganised and that they were provided with too much information in the first few weeks. There was no support where they could go and speak to someone. This led to Farida, who is an international student feeling lonely, the only place she could get support was from the receptionists or by trying to figure things out for herself. She felt so lonely that she considered leaving, which is a big decision for ant student, let alone an international student. When the taught sessions started, she wished she had friends to talk to about assignments or to get support and ask each other questions. She did not feel like she had settled into university until semester two of her first year, where she really started to develop friendships and a support mechanism from them. She feels calmer, understands the university processes better and has refined her organisational skills. During the interviews, the students were at a stage where they were discussing housing for next academic year. Ida, who is Black African shared

that she has heard several white peers saying that they do not want to share a house with EM students. This is an additional layer of complexity for EM students who are looking for housing options and will impact their sense of belonging knowing that their peers do not want to share accommodation with them. This could result in additional financial burden for EM students if they do not find enough students to house share with them, resulting in additional housing costs for them and potentially seeking housing in low socio-economic area outside of the student housing areas.

Khadija speaks positively about student support services, stating that they always help and call her back when she requests support. Whereas Farida feels that she cannot make the first step to contact them as she feels that they will not understand her worries in relation to university and how her race impacts this. Farida states that to enable her to discuss issues with people, she needs to feel comfortable with them and therefore she does not reach out for emotional or personal support, and she cannot do that with “strangers.”

> *I just go on my bed and cry. You know? This course is very stressful, to be honest. So, I don’t know, because I feel like they are strangers to me. I don’t feel like calling for any emotional support or any personal support [Khadija, Black African, woman, international student, 20-24 years old]*

Wendy describes how seeking support from different teams in the university can be difficult. You are often referred to different teams who then refer you back to the initial team that she had already been to. She decides that she spends a lot of time “chasing things up.” She highlights that being Black makes the situation difficult to navigate and likens this to working twice as hard, which was a key area highlighted by students when on placement. Staff members can often differentiate between

student’s race based on their names, although this is not always the case as some students may have euro-centric names but are EM.

Wendy expresses that her name is a barrier when seeking support from staff at the university. Therefore, she made the decision to stop using her father's surname and to only use her mother's which was more Eurocentric sounding and therefore she could camouflage who she is without fear of “being judged.” Changing her name impacts her identity with her country and family.

> *They don't need to meet you. They don't just speak to you; they just categorise you. And that's what happened. It's so obvious my name, I had to change my name, I had to take my dad's name off because I thought this might make my life a lot easier. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

She describes the impact of changing her surname and removing part of her familial identity and I could hear the pain in her voice during the interview.

> *I really hate that, ‘cos that's who I am. You know, he's, his name is what makes me know my roots and who I am. [Wendy, Black African, woman, first generation migrant, 20-24 years old]*

Hafza, who has a long term health condition agrees with Wendy in relation to how difficult she found it to access support. She feels the university claims that there is lots of various support mechanism but feels the service is not accessible as they have limited appointments. Hafza is worried that she will not be able to cope in third year or receive any support due to her disability. She raises that she feels that university may become difficult, whilst managing a long term health condition, and

this might result in her “having to leave the course.” Not only does Hafza have to consider how her race impacts her time at university but how she manages the intersects of a disability alongside this.

University life encompasses various forms of support. One area that was highlighted was the excellent support provided by the study skills team in the library. Fatima, who experienced a UK education system prior to attending university found that online skills sessions that were hosted were incredibly helpful and supported her development in understanding the assessments. Rajah and Khadija, who were educated internationally highly recommend using the library support when undertaking academic writing. They both positively raised this several times during their interviews as they found them extremely helpful. They all believe that these workshops have helped them achieve better grades.

Ida highlights that the minoritised student support group is “doing a good job to make the place more inclusive” and providing a space for EM students. Further information about this minoritised support group is discussed in the chapter 1.10 and 3.5. Fatima explains that she has joined this group and that she feels the work they are doing is supportive of EM students. Fatima agrees with Ida in that the group is inclusive and working toward positive action and change. She feels that she belongs to this community and that they are inclusive to all students who want to be part of the group. The student group facilitate monthly safe space drops ins that allow EM students to make friends, support one another and share experiences and opportunities.

4.19 Chapter summary

This chapter has identified the key areas that participants raised during their interviews. Interestingly, the themes cover all aspects of student's university life from the curriculum, placements and support. There are some limited positive examples which have been shared but surprisingly many experiences shared have been negative. In the next chapter I will use the tenets and principles of CRT, blended with intersectionality to aid the discussion of the findings, linking these to relevant literature.

Chapter 5-Discussion

5.1 Introduction

In the previous chapter, I introduced the three main themes identified from this study and the key findings from each theme. The identified themes covered the main key aspects of the student's university life and their transition experience.

In this chapter, the research questions and aims of the study are revisited. A summary of the findings is provided with clear links to each of the research questions. I will discuss the key findings in further detail and discuss how these findings impact future policy and practice. This chapter makes clear links to existing literature as well as underpinning key discussion points linked to the tenets of CRT (McCoy, 2006; Solórzano, 1997), with a blended intersectionality approach. The chapter will evidence how the study has created new knowledge that can influence policy and practice through a series of recommendations. Finally, the chapter will close with implications for future practice and research and a dissemination plan so the findings from the study can be shared.

5.2 Overview of findings

The findings have demonstrated that racism is embedded in all aspects of nursing education and within the student HE cycle. The institutional barriers within university and placement organisations have been identified. The participants shared their transition experiences which has supported the exploration of the barriers that they face. All participants share experiences of racism either overtly or covertly, including microaggressions, and being treated differently in class from both nursing educators and their peers. Racism on placement is a key theme as well as how students

access support and consider their mental well-being when dealing with racism. In addition, there are limited examples of positive behaviours that have supported students when dealing with incidents.

The findings demonstrate how the participants perceive themselves as professionals in the context of how their experiences of racism and other intersects of discrimination has impacted them and how to challenge these experiences professionally. They also highlighted the importance of role models within clinical practice and nursing education. Finally, through the sharing of their experiences, the study has identified the positive and negative experiences of EM student nurses' transition, which is important to improve educational experiences (Montague et al., 2022). Through the research questions and findings from the participants, this will provide a comprehensive list of recommendations which will be shared later in this chapter. In the next section I will demonstrate how the study has answered the research questions.

5.3 Research questions and aims

In this section, I will provide a summary of the research questions and aims of the study that were introduced in the background chapter. The research questions are:

- What institutional barriers exist in relation to transitioning to university for EM nursing students?
- How do EM students perceive themselves as emerging professionals in the nursing workforce?
- What do EM student nurses perceive to be positive/negative transition experiences?

The study has attempted to answer the research questions set out. Below is a summary of the key findings that correlate to each research question.

What institutional barriers exist in relation to transitioning to university for ethnically minoritised (EM) nursing students?

The participants highlighted that the lack of diversity in the nursing workforce during some placements, makes it harder for EM students to feel that they belong on placement. A contributory factor is the lack of support from some PA's and differential treatment between white and EM student nurses in some situations. This includes developmental opportunities and impact on assessment. Some staff perpetuate microaggressions towards students' and appear not to be concerned about the repercussions of this. Students have witnessed that this also happens towards international qualified staff, which leave students considering where they fit in the workforce. The difference in behaviours could be due to migrant status, disability, social class, race and accents possessed This means that some staff believe that the organisation is not holding staff accountable. EM students feel that they are unable to report issues of racism and microaggressions due to fear of reprisal. Participants expressed that they felt unsupported by the link lecturer when they did make contact. Other participants were reluctant to contact link lecturer as they are concerned that by making contact this could have an impact on the way the PA assesses the student's clinical placement. Link lecturers are not always accessible, especially during the summer. When participants have reached out to link lecturers, they have often felt unsupported and feel that the link lecturer is proportioning blame to the student.

The findings shown that respondent perceptions are that some lecturers do not challenge racist behaviour or the views of others, including other colleagues and students. Often, lecturers take a deficit approach towards EM students and how they are perceived to be engaging with group work based on their race, accents and migration status. Classes are not made up of diverse students and the participants view is that little is done to engage white students with the EM students. Overall, EM students feel that they are unable to access support from university central teams and when they do reach out, the process is not easy for them compared to their white peers.

How do EM students perceive themselves as emerging professionals in the nursing workforce?

EM students feel that they need to attempt to fit in socially and be liked to be able to fit into the workforce. The EM students who grew up outside of the UK and received their education abroad and not in the British education system believe that their lack of knowledge in relation to British culture is a barrier to trying to fit in. Therefore, they feel that they must learn how to protect themselves and look out for each other for fear of being reported. Some of the participants felt that they will never be accepted in the nursing workforce and must work harder to prove themselves, after witnessing how international nurses were treated. This is evidenced whilst they are students on placement and in class. EM students feel that they belong in clinical areas where there is a diverse workforce as other EM individuals understand the barriers and challenges that they are facing. EM students question how some white nurses are not professional toward EM staff and students and wonder how they will fit in the workforce.

What do EM student nurses perceive to be positive/negative transition experiences?

The below is in conjunction with the answers to the above research question:

Negative perceptions that the participants highlighted were that they feel like they will never be accepted due to their accents, race and different cultural beliefs. This coupled with learning how to deal with racism or how to protect themselves impacts their transition experience. These experiences and circumstances make it difficult for them to learn on placement and campus because of the cognitive overload that they are experiencing.

Some participants described how the positive ethnic representation on the university website is not a reality for when they start university, and this impacts their transition experience negatively.

Fatima, Rajah and Khadija shared some positive perceptions of their transition experience. This includes the support from the study skills centre which the participants found to be extremely helpful since they find lecturers do not provide them with the level of support they require.

Some of the EM participants sought support from the minoritised student group where they support one another and share experiences safely. They expressed that this group supports them in feeling belonging. Another example that supports belonging is when placement areas have a diverse workforce.

In the next section, I will discuss how the findings are linked to existing research, theoretical framework and what this means in relation to future policy and practice.

5.4 Discussion overview

Over the next five sections, I have moved the themes identified in the last chapter forward and linked previous research and policy to my findings to create new areas of discussion, which are linked to the research questions. I have done this by reviewing each of the themes from the previous chapter and applied the tenets of CRT, blended with intersectionality to the findings in order to identify key areas where white supremacy, privilege and power manifests, whilst recognising where intersections of oppression may be present. The discussion will support the formulation of recommendations which appear later in this chapter.

5.5 Nonracist vs anti-racist nursing educators

In the introduction chapter, I introduce Audre Lorde's (1992) definition of racism. Embedded within this are three key areas that allow racism to occur. One of these areas is when a group believes that it is superior to any other racial group. Some of the participants demonstrated examples of these within the classroom. These included mocking accents of EM students who were educated internationally and are first generation migrants to not being invited to contribute to group work. The two students Fatima and Hafza, who are second generation migrants did not report issues with anyone mocking their accents. They were both educated in the UK and had a regional accent. This demonstrates that students who are educated abroad or first generation migrants are likely to have different experiences to students who have been part of the British education system. This results in learners being judges on individual characteristics such as having an accent (Bourdieu,1973). These racist behaviours are attributed to the power the group possesses. This ultimately leads to the superior group receiving benefits while other racial groups are negatively

affected. White supremacy is more than just an individual attitude. It is the way systems and institutions are structured to continue the narrative that being white is the dominant ethnicity (Saad, 2020). This is demonstrated within the nursing curriculum where the participants provided examples of how some white lecturers made attempts to cover diversity, but it was apparent that they lack the deeper knowledge to expand in class. There is also a lack of representation in terms of diverse images in the curriculum. Nursing education is developed from the concept of whiteness and is Eurocentric, and this is normalised within the educational context, and therefore does not challenge the curriculum or nursing student (Hassouneh, 2006; Holland, 2015). Since language is continuously evolving, nurse educators feel that they cannot keep up with the evolving changes and instead avoid the subject completely (Johnson-Mallard et al., 2019). Advocating for social justice is a responsibility of the nursing profession as outlined in the NMC Code of Conduct (Nursing and Midwifery Council, 2018b).

Nurses possess strong beliefs that they are non-racist as they are part of the nursing profession and view themselves as fair and non-judgemental (Symenuk et al., 2020). NHS England (National Health Service England, 2022) stipulates that as registered nurses, we are required to observe our beliefs and practices and be willing to change these behaviours. This is also a requirement of the NMC Code for Professional Standards of Practice and Behaviour for Nurses (Nursing and Midwifery Council, 2018b).

The permanence of racism, one of the CRT tenets, highlights that some white individuals have the power to behave in ways that they believe are acceptable as racism permeates through all levels within society. A clear example shared by

Wendy is when some of the white students behaved unprofessionally whilst using the chat function during an online class because some of their white peers did not have the patience to wait for the EM students, particularly migrant students, to ask their questions, which took longer because English is not their first language. This experience could have been different if the students here had British accents This demonstrates that racism is infiltrated in all aspects of EM nursing students' life. What is needed is for white individuals to recognise that they possess privilege due to their ethnicity and with this privilege comes power and benefits (Schroeder & DiAngelo, 2010; Van Herk et al., 2011). This is a power that EM students do not possess, and therefore, white nursing educators and students should use this power to dismantle racism by becoming allies and taking action to eradicate racism on the multiple levels that it exists (Saad, 2020). This includes decolonising the curriculum by exposing the colonial legacy that exists in the current nursing curriculum (Boakye et al., 2024). The participants argue that nurse educators need to teach future nurses the importance of improving health disparities which is caused by racism.

The findings clearly found that some white lecturers and students did not challenge the behaviours of others both in the classroom setting and on placement. A white person has the power to challenge these situations, regardless of whether they feel comfortable doing so (Cottingham et al., 2018; Hall & Fields, 2012; Johnson-Mallard et al., 2019). Hardy et al. (2012) found that nurse educators are not equipped to deal with conflict between students due to their lack of racial literacy and facilitation skills and therefore avoid conversations about race. Avoidance behaviour from white nurses leads to EM student nurses feeling burnout (Bell, 2021). This will not improve when EM student nurses qualify as qualified EM nurses are three times more likely

than white nurses to face race discrimination from colleagues and patients (Ford, 2021).

The participants shared that the main message from these interactions for white students is that their behaviour is acceptable because it is left unchallenged by others. This is an example of white supremacy, where individuals racialised as white behave in a way that perpetuates racism and that being white is the superior race (Gillborn, 2005). Nursing students also have a requirement to be advocates for all. When they witness racism or other forms of discrimination, they should be able to challenge these views and not be the perpetrator of them. By doing so they can claim that they are anti-racist rather than non-racist. CRT encourages white people to be allies and to use their power and privilege to dismantle oppressive structures when based on race equity. Therefore, when applying intersectionality, the same approaches should be taken for other axes of oppression.

Negative behaviour or non-racist behaviours reinforces the status quo, rather than disrupting the norms. The findings demonstrate that a minority of nurse educators often subject EM students to differential behaviours that could be due to factors such as race, migrant status, accents and cultural beliefs, either overtly or covertly by widely practicing in an oppressive manner. Examples of these include nurse educators not intervening when they see white students treating EM students differently.

My research highlights that currently the NMC Code is open to interpretation and is superficial when referring to beliefs and conduct. The NMC need to clearly define in the Code for Professional standards (Nursing and Midwifery Council, 2018b) the difference between being non- and anti-racist with clear examples of expectations of

student and registered nurses. In the next section I will discuss how the findings are linked to educational policy.

5.6 Ethnicity Degree Awarding Gap (EDAG)

Belonging is a fundamental component that allows students to develop trusting relationships and be their authentic self (Archer et al., 2003; Thomas, 2012b). Psychological safety is a crucial factor required for EM students to feel that they belong, be able to thrive, and not feel vulnerable (Dallinger-Lain, 2017). For EM students to enhance their well-being, reduce cognitive overload, and improve engagement, they require a belonging environment (Dowling et al., 2021). However, when they are not in receipt of this, they spend more time and energy trying to cope with racist environments rather than on learning (Dallinger-Lain, 2017) This hinders their sense of belonging within a HEI and impedes their progress within an educational context (Ackerman-Barger et al., 2020). This study has highlighted factors that could contribute to the EDAG.

This study found that students are spending more of their own time learning knowledge that should be acquired during class, rather than spending their time working on assessments. The participants raised that the learning environment does not allow them to ask questions, due to fear of being judged due to their accent or only being provided limited answers and this leads to cognitive overload. This could be a contributory factor to the EDAG. However, through whiteness as a property, a CRT tenet, the identity and privilege of white students allow them to be able to ask questions to their lecturer during class and receive an in-depth, comprehensive answers.

EM students require belonging while studying in a HEI (Samatar et al., 2021). If students feel that they do not belong this could impact their degree classification (Universities UK, 2022b). Baumeister and Leary (2017) agree that if you feel belonging then you are more motivated. The cognitive overload and stresses that are associated with dealing with race and racism or the expectation that this will occur affects confidence (Hall & Fields, 2013). This leads to a deterioration in the performance of EM students and could affect their assessment. This is linked to the permeance of race as white students are privileged over EM students as they will not need to deal with racial incidents or other forms of discrimination and therefore do not need to find ways to cope with these. This means that they are not carrying this burden into their assessments. Whilst navigating these problems, EM also have to balance working to pay for international course fees, which takes time away from learning and writing assessments.

There are several factors that contribute to the EDAG which is discussed in further detail in background chapter. The ‘Closing the Gap? Trends in Educational Attainment and Disadvantage.’ Policy (Education Policy Institute, 2017) was devised to ensure that all students, regardless of background can achieve their full potential. However, as an institution, progress has been slow in relation to how we can reduce the EDAG. This is due to limited staff capacity and resourcing from central teams within the university. The Closing the Gap; three years on report (Universities UK, 2022b), identified that all staff are accountable for reducing the EDAG. Therefore, as a department, the nursing educators needs to take full responsibility in devising an action plan in relation to reducing the EDAG with an aim of eradicating the EDAG.

The above report makes key recommendations that the nursing department can use to support them in this journey. There are no current guidelines within the department to focus on this and ultimately this means that EM students degree classifications are neglected which will have a lifelong impact on them both professionally and personally.

Another contributory factor as highlighted from the study is that EM students limit their group-work participation due to experiencing systemic racism from some white students and nursing educators towards them. Students who are not born in the UK also have to navigate the British culture, whilst attempting to work in groups where they feel they are not welcomed due to their race, religion and migration status. Fitzsimmons (2009) studied nurse educators in the US and found that they possess implicit bias towards EM students. This study is based in the UK and based on the experiences shared by the participants; they are facing the same issues. The participants acknowledged that this contributory factor impacts the cognitive overload of EM students, especially international students who may not have the same support from family and friends. Nurses who experience racism in the various forms that exist are often left feeling isolated, undervalued, and have little motivation (Iheduru-Anderson, 2020). However, some experiences may not all be related to race on its own and could be linked to race, migrant status and religion for example. Some of the EM participants raised how this behaviour effects them psychologically which can impact physical health (Moorley et al., 2020). This includes cardiovascular, reproductive and immune systems (Boakye et al., 2024).

EM students face additional pressure to ensure they do not conform to a negative stereotype based on their ethnicity (Steele, 2000). Wendy experienced how a white

peer was afforded opportunities and felt she had to behave in a similar manner to be afforded the same to enable her to develop further. Wendy did not want to be associated with any stereotypes based on her ethnic sounding name and therefore changed her name to a Euro-centric sounding name. This additional pressure also leads to cognitive overload (Croizet et al., 2004). This requires students to process this burden which leads to an increase in psychological burden, impacting their performance (Cokley et al., 2017) both clinically and academically. DiAngelo (2010) argues that success in EM people is often perceived to be based on individual effort. There needs to be an understanding that everyone has a different starting point and different access to dominant groups which gives them a head start. Even amongst the participants, there are varying privileges. Fatima and Hafza were educated in the UK and therefore their educational experiences will be different to international students and students who received an international education but may be now classed as home students, depending on the visa they have. EM students often do not have this positive starting position and this needs to be acknowledged and understood by nursing educators, rather than, being viewed as a deficit. It is, therefore, the responsibility of the nursing department to develop educational frameworks that provides space for staff and students to have critical conversations about race and racism (Davis & Came, 2022). This will allow EM students to report incidents of racism knowing that they will receive appropriate support.

To develop a social justice approach it is important to understand what has caused the current injustices and how these have impacted the educational process, which leads to oppression within education. Hart (2019) recognises that there are three areas that impact educational inequalities, access to education, experiences in education and outcomes when leaving education. The findings from the study all

identify that the participants have experienced issues in two areas. In relation to the third aspect, I am not able to clearly state whether these issues will impact their outcomes due to where they are in their current studies. However, as stated earlier in the thesis, belonging and educational experiences impact the EDAG which effects the classification of degrees for students and can therefore impact future education and employment opportunities. Additional to this is Sen's (1985) paradigm recognises the commodities that individuals may have access to, but this does not necessarily result in them being able to utilise those to the full potential. For example, the participants have access to resources on the university virtual learning environment and in class. However, due to other barriers such as English not being their first language for some of them, they may find this difficult to engage with its full potential compared to if the resources were provided in the students first language. For Khadija, she may have access to the resources but due to the number of hours she must work to earn money to pay for her international fees, she may not have the time to engage with the resources. Therefore, access to commodities does not guarantee success in education.

Students bring with them different forms of capital and this can also impact on their access, experiences and outcomes. In chapter 1.12 I introduced Yoss's cultural capital model, which recognises other capital that EM individuals bring to education.

5.7 Reporting racism

White supremacy is highlighted by some of the participants in that they feel that some white nurses believe that they are superior to EM individuals, which leads to

different treatment. This has been shown in previous studies by Beard (2016) and Cortis and Law (2005). This study has also found that racism is often unreported and that all participants experienced racism either during placement or on campus, sometimes in both environments from peers, educators and patients. Currently there is an increase of 105% of racial incidents towards staff from patients since the Covid-19 Pandemic (Church & Devereux, 2024).

Due to the perceived power structure, the study found that EM students find themselves in a vulnerable position where they feel they cannot raise concerns for fear of failing their placement as their PA has the power to fail or pass the EM students. Challenging racist behaviours in class by EM students comes with risk in relation to whether they will gain acceptance and EM students fear repercussions if they decide to speak out (Ahmed, 2012; Jeyasingham & Morton, 2019). Fatima decided to speak out and this led to her being labelled as ‘aggressive.’ This leads to EM students experiencing further racial abuse when they do raise concerns (Wong et al., 2022). The participants stated that the only place they could highlight their concerns was either with other EM colleagues or using the minoritised student support group as this is where they felt safe.

Interestingly participants acknowledged that when they do challenge racist behaviours or discuss areas of concern, they always remain professional and respectful, recognising that they may not always be in receipt of the same behaviour. This is because the participants are working in line with the NMC Code of Conduct (Nursing and Midwifery Council, 2018b) and ensuring that they always remain professional, compared to the perpetrators who are not following the Code of Conduct (Nursing and Midwifery Council, 2018b). Their other concern is that EM

nurses are more likely to be referred to the Nursing and Midwifery Council for fitness to practice investigation by their employer compared to white nurses (Nursing and Midwifery Council, 2017). Therefore, if students or qualified nurses disrupt the norm, they could find that they are under investigation due to a lack of professionalism. Furthermore, the NMC commissioned an independent culture review in 2024 (Nursing and Midwifery Council, 2024) following disclosures from a whistleblower that the NMC have a toxic culture of bullying and racism which led to fitness to practice investigations being skewed. Therefore, adding an additional pressure when EM students consider reporting their experiences of racism.

The study found that none of the participants officially reported their experiences of racism, discrimination and microaggressions. Interest Convergence, another CRT tenet, which was conceptualised by Bell Jr (1980) proposes that change only occurs if it the primary beneficiaries of policies and guidelines are white individuals. For this purpose, the benefit to white student nurses is that they will rarely be placed in a position to report racism and therefore do not need to worry about the impact of their placement assessment when complaining or raising concerns as this only applies to EM students. A clear reporting process for EM students is important to allow them to raise concerns. However, previously and outside of the study, EM students have stated that the reporting processes are inconsistent and not transparent. This leaves students feeling that this will impact their placement assessment and does not allow them to report anonymously which was reinforced by the findings.

However, a reporting policy alone is not sufficient as racism should not be occurring. The university needs to be proactive and must ensure that their educators, practice partners and stakeholders possess effective policies to investigate concerns using

an anti-racist lens. This includes advocating for the EM students, listening to their needs, responding promptly and validating their experiences of microaggressions which is often ignored (Sue et al., 2007).

5.8 Belonging on placement

This study has found that EM students feel that they are not represented in the nursing workforce during placement which leads to isolation and differential treatment when compared with their white student nursing colleagues. The study identified that there is a stark difference in the experiences of the EM students who had a placement where the workforce was diverse. The permanence of race, one of the tenets of CRT is demonstrated within the findings. The permanence of race is where racism is a permanent fixture within society and to be able to conjure ways forward, this needs to be accepted. The pervasiveness of race allows white individuals to have privilege over EM students. This is evidenced by the preferential treatment that white student nurses receive on placement compared to their EM counterparts which impacts how EM students perceive belonging on placement.

All nursing students rotate placements throughout each academic year. For some participants, rotating placement was welcomed because they had negative experiences during individual placements. They knew that they would not be there for a considerable length of time. Therefore, tolerated the behaviours of others. All participants highlighted that their first clinical placement did not represent a diverse workforce. However, by rotating placements, this showed them that some areas do possess a diverse workforce, and this led to some of the participants to become excited about future placements. Rotating placements and attempting to integrate into new teams each time can affect belonging (Sweetman et al., 2022). Therefore,

exploring the experiences of student nurses concerning belonging is important (Levett-Jones et al., 2007). Students struggle with a sense of belonging in environments where inclusivity is not promoted (Noonan & Bristol, 2020). Students require belonging to allow them to develop relationships with others (Archer et al., 2003; Thomas, 2012b). Sleeter (2017) agrees that the ethnicity of a student has a significant impact on whether they feel that they belong.

Nursing degrees differ from a typical degree in that student nurses spend 50% of their time on placement each academic year and during this time, they are away from campus which impacts belonging (Sweetman et al., 2022). Student nurses are required to spend 2300 hours over three years in several different clinical settings to join the NMC register (Nursing and Midwifery Council, 2010). Placements are a vital part of nurse education, allowing student nurses to consolidate their learning to prepare them for practice (Clare et al., 2002). The NHS EM workforce for Nurses is approx. 33% (National Health Service England, 2023), however, in South Yorkshire those figures are considerably lower with an average of approx. 12% (Ethnicity Facts and Figures, 2023). Therefore, the likelihood of EM students being allocated assessors from a similar ethnic group or visualising role models is limited. EM students strongly stated in the study that they require role models to inspire them and help them feel that they belong. Having role models from a similar race, religion and migrant status allows individuals to see what they can become (Sanchez & Colón, 2005). The lack of diversity in the nursing workforce leads to EM students mostly having a white PA and therefore subsequently experiencing differential treatment and outcomes. However, the students should not have to worry about the ethnicity of their PA as all PAs should be anti-racist and practice inclusively.

According to Bourdieu (1973) having a degree is classed as having capital, however by applying Sen's (1985) paradigm this does not necessarily translate to EM students utilising a degree to their full potential, especially if the degree classification is lower due to the participants ethnicity. Students may leave with the same qualification, but this does not translate to equal long term outcomes (Sen,1992). In addition, these experiences could impact how they perceive whether they may 'fit' into the nursing workforce, despite having the same qualifications as other students. A negative placement may not translate into a negative work environment once qualified. However, even if educational institutions become more equitable in their environment, this may not translate into the workforce where EM students could be subjected to inequitable treatment once qualified. I recognise that some students will have different forms of access and capital and in nursing, a successful educational system does not result in better outcomes for marginalised students due to other factors within the nursing course and the transition to being a newly qualified nurse working in the NHS.

Dube et al., (2020) highlights that by having a diverse workforce, this allows EM students to feel that they belong. A diverse workforce is more than just the race of the workforce but other characteristics such as gender, sexuality, faith, disability, social class and migrant status. Having a diverse workforce means that healthcare professionals are exposed to diverse cultures and characteristics which can improve student confidence in how diverse patients should be treated (Dube et al., 2020). The Workforce Race Equality Standard was developed to ensure that NHS providers demonstrate progress against various race equality indicators (National Health Service England, 2014). This includes improving the EM representation in its board members and in senior roles, yet this study has shown that EM nursing students still

feel that the nursing workforce is not diverse. The next section highlights how all preceding issues discussed effect wellbeing.

5.9 Supporting student wellbeing

The study highlights that racism is endemic for EM student nurses. This has manifested through various aspects of their studies, including placements and the taught curriculum. The findings highlighted that EM students are aware of the discrimination that they face and find individual ways to mitigate these through acts of self-care or support from peers as they expressed that nursing educators do not support them.

The first year for student nurses is demanding when compared to other degrees. They are expected to transition into HE and clinical placements (Porteous & Machin, 2018). For some of the participants, this creates a need for them to access support services from universities and placements. The curriculum at the university where this research took place is intense as there is a significant amount of pre-placement learning and mandatory training that needs to be completed by the end of semester one in the first year before attending placement. Coupled with an intensive timetable of lectures, seminars and introduction to assessments, this makes the transition into HE tough. Latham, et al., (2016) suggests that programmes focussed on transitions relieves anxieties for students.

Nursing staff are experiencing the largest proportion of mental health difficulties than ever before with three-quarters of staff struggling with mental health due to working conditions (Nursing Times, 2024). Nursing students struggle with their first nursing placement (Alshahrani et al., 2018). However, coupled with the experiences of racism and other form of discrimination towards nurses and student nurses, this

figure will be greater for EM individuals. Currently student nurses develop their own coping strategies (Porteous & Machin, 2018). Therefore, it is important that all student nurses, regardless of ethnicity, should be taught different coping mechanisms and self-care. However, EM students should not have to practice self-care to deal with racial incidents or other forms of discrimination as found within the study. The onus is on the university and the placement provider to ensure that students are subjected to these experiences during their time at the university. This requires the university to explore its policies and procedures around raising complaints about racism as well as how the curriculum needs overhauling to ensure it is diverse and reflects the student population and the community it serves. This also includes how the university can support international students who attend the university but then spend a considerable amount of time working to pay their educational fees, rather than focussing on their studies as found within this study.

> *I had a 2-week holiday between placement and returning to university but because I am an international student, I worked full time to pay for my fees, even though, I have been living here for years. [Khadija Black African, woman, international student, 20-24 years old]]*

This means that the policies need to consider who the primary beneficiaries are. Rather than interest convergence in CRT where the primary beneficiaries are white people, the policies that require review need to ensure that they also benefit and support EM students and recognise that the needs of EM are not all the same as there are multi-factorial aspects that impact their experience.

Having trusting relationships is vitally important when discussing experiences related to race (Barnett, 2018). Students can seek support from multiple people including

their personal tutor. Therefore, personal tutors need to develop these relationships straight away. Currently students meet their personal tutor during their first week at university. However, students need to feel that they belong before attending university and ideally should meet their tutor before induction week. However, this may be and unachievable ask for international students who may be in their home country at this time or for students who need to work due to financial difficulties in the UK. The policy for personal tutors and hours allocated to support students have been drastically cut due to resourcing. The hours have been halved which means that tutors have less time to develop relationships with students and support them when needed. Rogerson et al. (2024) highlighted that having a personal tutor improves belonging for students. The study also found that EM have complex issues which means that they require more support from their personal tutor than other groups of students. Therefore, by reducing the contact time between students and their personal tutor directly impacts the level of support and belonging for EM students compared to white student nurse. In the next section, I will outline how the findings have contributed to original knowledge.

5.10 Originality: contributions to knowledge

As outlined in the literature chapter previous studies have researched:

- Experiences of EM students at university.
- Transition of students into university (all ethnicities).
- Transition of EM students into university (does not include nursing students).
- Transition experience of student nurses (no focus on ethnicity).
- Nursing students' perceptions of racism and health using CRT (Not focussed on EM students or transition experience).

Apart from the last study, none of the literature that exists uses CRT. This identifies that there is a dearth of literature in nursing education and transition into university that uses CRT. Other literature explores some aspects of my study such as transition or nursing students, but no previous studies explore all the aspects I have set out in my thesis. This is the only study that explores EM student nurses' transition experience using CRT as a theoretical framework, blended with intersectionality in a UK context.

All students find the transition period difficult (Hussey & Smith, 2010; Jindal-Snape, 2009). However, being EM has an added layer with how they must navigate their ethnicity and other intersecting characteristics concerning belonging (Sleeter, 2017). If students have had negative experiences in previous educational settings, this will make it difficult for them to settle in (McDonald et al., 2018). Achieving a diverse student body requires inclusive teaching and learning (May & Thomas, 2010). Sleeter (2017) and Singh (2011) highlight that EM students, particularly international students do not have the same university experience as their white students, particularly in the curriculum, where they do not see themselves reflected. The findings from this study correlate with the literature.

My thesis has identified that there are several contributions to knowledge identified from this study. The permanence of race perpetuates the behaviour of some white lecturers and students who often take a deficit approach towards EM students' contribution in class. These acts perpetuate racism and impacts students belonging. The university needs to provide a curriculum where all students, regardless of ethnicity, receive appropriate evaluation in class that allows them to analyse their biases and apply a race equity lens in how they view situations. They need to use their power and privilege to dismantle racism with nursing education through

challenging conversations. Hart (2019) believes that if educators fully understood the dominant role that HEI have in creating a cultural or racial enhancement for one group over the other, then they may position themselves to act in a social justice way. Educators have their own status due to their profession and position, and they need to utilise this to help EM, students who are disadvantaged by the education system. Using this power and status should be made explicit in the NMC Code of Conduct (Nursing and Midwifery Council, 2018b). This recommendation should also be applied within the NHS, specifically to colleagues who are practice assessors and assess students on placement. This will support nurse educators whether in HE or placement areas to view situations using a race equity lens.

The findings identified that EM students are not welcomed or listened to during group work in classrooms due to the different characteristics that they possess. Therefore, group work should be made up of mixed ethnicities to allow students to learn from one another's culture and views and ensure that future nurses do not believe that the white race is the superior race through their biases and actions. The findings showed that facilitators need to be equipped to support mixed ethnicity groups and not take a deficit approach towards EM students, when they appear not to be taking part in group work. Mixed ethnicities in group work will support students when attempting to engage with external organisations as part of the assessment process. Migrant students particularly those with an accent and those who do not have Eurocentric-sounding names are made to feel unwelcome and spend a considerable amount of time trying to navigate organisations so they can complete assessments. The findings highlighted that EM students feel that their name and accent is a barrier to gain access with these organisations due to the stereotypes held within society when

speaking to organisations over the phone. The participants spend a lot of time to get into these organisation to collate the data they need, which is time taken away from them completing their assessment. This leads to lack of belonging and cognitive overload and can impact assessment grades which impacts the EDAG. The issues raised by the participants in relation to accents and names are also present during placement, where EM students' names are not used, or they are asked to shorten their names. The experiences shared cannot be totally linked to race but recognises that other factors such as religion, migrant status and education status play a factor. Link lecturers provide annual training to practice assessors around issues involving students or changes in HE that might impact placements. Annual updates are no longer a requirement from the NMC, however at this university this continues as it is good practice. This would be an opportunity to raise concerns about differential treatment of EM student nurses and the impact this has on their performance and psychological wellbeing. The psychological wellbeing of students will impact how they view their experiences of education (Hart, 2019). All colleagues within the department now have access to anti-racist training. However, this offer could be extended to our stakeholders. By practice partners engaging with the work, it aims to lead to them providing better support, equal access to learning opportunities and improved experiences for EM students.

The nursing department is attempting to diversify the curriculum in places by adding diverse images or discussing some clinical assessments based on dark skin tones. However, the participants have identified that this is tokenistic. Some nursing courses across the UK are attempting to diversify their curriculum, which is a step forward compared to several years ago. What is required is for nurse educators to

develop their racial literacy and their knowledge around decolonising healthcare and use their power and privilege to enact these changes into the curriculum.

Students feel that they belong and experience a positive placement where they see other staff or students who are also EM or possess similar characteristics as them such as religion and migrant status. Due to the permanence of race, white nursing students are afforded positive treatment on placement, compared to EM nursing students when the workforce is not diverse. The workforce needs to be more diverse; this issue goes back to the recruitment of EM students to the nursing course as well as EM students being able to identify role models in senior positions. However, the issues are not reliant on EM individuals to 'fix' the problem, but for all nursing colleagues, regardless of race to understand the impact of racism and other intersectionalities, whether overt or microaggressions has on EM students. Participants found that sharing individual experiences with other EM students is helpful. The EM students require a safe space to talk, share openly, and support one another through storytelling, which occurs when they access the EM student support group. Currently students have access to the support group throughout the year, however it is recognised that during placement, students do not always access support at the time. Instead, they seek support after placement. This could be supported by offering support drop ins in physical spaces across trust for students to seek support.

EM students are reluctant to raise concerns with nursing educators due to the absence of a trusting relationship with them. Interest convergence highlights that the current reporting policy does not meet the needs of EM students to enable them to report racism and microaggressions. All reporting policies should include an option to

report microaggressions and an anonymous reporting option. The expectation cannot purely be on placement providers to provide the training and development of their colleagues. As these nursing students spend 50% of their time on placement per year, then the university has a duty to provide development to these practice assessors.

Students are spending considerable amounts of time on self-care due to their experiences of racism which then leads to cognitive overload. This can also lead to a negative impact on their assessments and degree outcomes. EM student nurses require more support in semester one of year one than any other semester during their studies. This includes the development of relationships with key educators and other students. During placement, all students have limited access to support from their peers as they may be placed in different practice areas. In comparison to being on campus where they will see peers more often in class and social spaces, allowing them to support one another.

In the next section, I will introduce a series of recommendations formulated from the research findings, discussion and contribution to knowledge.

5.11 Recommendations

In this section, I use the findings to introduce a range of recommendations that the nursing department can undertake using an anti-racist approach towards closing the gap between the experiences of EM students and white students. I will also make suggestions in relation to university support structures and how they can work towards supporting students further in relation to racism and improving the transition experience of EM student nurses. Some of these recommendations can be generalised to other courses across the university too as the experiences shared by

EM students could apply within other discipline areas. These recommendations are based on the diversity of this university which is based in England and the diversity of the placement areas that students attend. Whilst one placement area is in a diverse city, most are in areas where the majority of the community and workforce population are white.

Some of the below recommendations are based on an Anti-Racist Framework developed through NHS England (North West Black Asian and Minority Ethnic Assembly, 2023). The Anti-Racist Framework is designed to support organisations to become anti racist organisations The framework is built on five principles, prioritise anti-racism, understand lived experience, grow inclusive leaders, act to tackle inequalities and review progress regularly. Through the five principle the aim is for organisations to tackle structural racism utilising three levels of achievement, Bronze, Silver and Gold.

As demonstrated earlier in the chapter, CRT is aligned within my findings and discussion, which frames the EM students' experiences in relation to race with a blend of intersectionality. CRT's approach, unlike other interpretive lenses, leads to the call for action and transformation, which are the goals of social justice. This ensures that the findings from the study conclude with specific steps to incite action (Graham et al., 2011). Because CRT is centred on race and highlights issues that EM people encounter, my job as the researcher is to use the findings to challenge policies and practices (Parker, 1998). The anti-racism framework aligns with CRT in that action needs to be taken to work towards resolving the problems. Leaders need to utilise the findings from this research and understand the lived experience of the participants (North West Black Asian and Minority Ethnic Assembly, 2023). This should influence decision making with the department.

The findings from this study have resulted in the creation of several recommendations to support EM students during their time at university. This includes recommendations for placement, campus, curriculum, and developing student and nursing educators both within HEI and clinical practice. These recommendations are made based on the discussion headlines identified earlier in this chapter.

5.12 Non-racist vs anti-racist nursing recommendations

The study has highlighted that nurse educators are not equipped to challenge the racist views or behaviours of some white students. This was demonstrated when Wendy shared her experiences of a white academic who joined the students with mocking the accent of an international EM colleague. Out of the seven participants, five of them were educated internationally and therefore have non euro-centric accents and these examples will resonate with them. Therefore, all nurse educators need to engage with anti-racist development on a continuous basis. This is because talking about race is difficult and the way to challenge the status quo is to be able to engage in regular conversations about race whether these are challenging conversations or developmental. Staff require safe spaces to discuss racial literacy (Safadi, 2022). In addition to this, all nursing staff should receive training in relation to the additional burden placed on students with intersectional identities. Nurse education requires continuous professional development, which is a requirement for revalidation by the Nursing and Midwifery Council (Nursing and Midwifery Council, 2021). Changing culture starts from commitment from the leadership teams within the nursing department. However, this clearly should refrain being disingenuous by committing to resourcing staff to support these changes. Leaders need to see anti-racism work as important and by providing resources to tackle the inequalities will

lead will support them in meeting their goals. In the education sector, that could be improved student satisfaction and an improved EDAG (North West Black Asian and Minority Ethnic Assembly, 2023). Being anti-racist means that organisations must give the same amount of attention to this work as they do towards other important work. When it comes to race, we often find EM individuals are the people who provide time and psychological burden to fix the issue, therefore requiring less resource from the organisation (North West Black Asian and Minority Ethnic Assembly, 2023) .

Leadership teams should lead by example and use CRT, with blended intersectionality in any areas for development within the course. They should also recognise that the experiences of EM students are not all the same and that each EM student possesses different characteristics that impacts their experiences at university regardless of whether these are negative or positive. They need to hold nurse educators and practice partners as well as students accountable for their behaviour and how to enact changes to make a positive difference. The impact of a negative university experience will be carried by EM students throughout their professional career and if changes are not implemented this will cause additional barriers for progression in the future. There are several ways in which nurse educators can begin their racial literacy journey through continuous professional development. Options include, engaging with the university's anti-racist suite of workshop and using LinkedIn training. All university staff have access to a suite of training resources that they can undertake at convenient times. Staff should commit to attending conferences focussed on equality, diversity and inclusion, and anti-racism in HEI, and the department should ensure that this is resourced appropriately.

A convenient way to do this would be to join the Higher Education Race Action Group mailing list where peers share events, resources, and information about anti-racism in HEI and engaging with the resources shared to develop individual knowledge. This will support their commitment in developing a personal anti-racist action plan to support their anti-racist journey.

Nurse educators need to develop their skills so they can use the 'power' they possess to make changes. They should also be able to challenge the behaviours of other perpetrators of racism and other forms of discrimination based on individual characteristics such as religion, migrant status, accents etc . Nurse educators should challenge the NMC to ensure that the Code of Conduct (Nursing and Midwifery Council, 2018b) includes anti-racist practice. This will support nurse educators to use an anti-racist lens in their teaching and practice. Nurse educators need to practise cultural humility. Cultural humility requires educators to value diversity and reflect continuously on their biases. Cultural humility should also be taught to all nursing students (Davis & O'Brien, 2020). Nurses need to understand how their own biases can impact the care they provide and be able to make these changes (Moorley et al., 2020).

Reflection is an important aspect for all nurses. The findings from this study have highlighted that nurses cannot presume just because they are nurses, they are practising in a non-racist anti- discriminatory manner. Becoming anti-racist is a journey and all nurses, individuals with leadership roles and senior management need to acknowledge this may require support from their organisations. This will enable them to challenge constructively. A self-educator anti-racist reflective tool is important in supporting nurse educators to assess whether they are anti-racist. This should also include feedback from students in relation to their practice. Completing

an anti-racist reflector tool will help nurse educators identify areas for development, improvement, and good practice. This will support them in deciding the next steps in their journey (Quinlan & Thomas, 2024).

Issues identified within the nursing curriculum include a lack of diversity and how white students are not always welcoming towards EM students. Fatima shared that she expected this post 1992 university to be more diverse as per the marketing images and finds in class, students do not sit with EM students. Wendy further explains this as her white peers believing they are superior. This could be due to them not understanding their own privileges. The nursing programme needs to include facilitation round recognising privilege and anti-racist approaches throughout the entire curriculum. This means using a race equity lens to decolonise the nursing curriculum and recognise the impact of historical colonialism within nursing practice and the impact of this in healthcare. Therefore, removing the deficit approach on EM communities in relation to health inequalities within the curriculum. Decolonising should occur within the entire student life cycle from recruitment to graduation. An example of this would be the addition of a voice recording within the university system with how to pronounce individual student names.

Strategies need to be developed to support educators to improve the classroom experience for EM students and facilitating group work, including challenging the behaviours of others in an anti-racist manner. The diversity of each cohort is increasing year on year; therefore, educators need to work in different ways. An example of improving belonging within the classroom is learning all students' names,

even if they are only taught once. Using name labels in every class can support in achieving this.

Racism and intersectionality should not be discussed as a single stand-alone session but fed through the entire nursing curriculum as this will not be sufficient in dealing with the gaps within nursing education. Because racial literacy is not scaffolded across the curriculum, this leaves students wondering why they are discussing race. Ida shared an example where a student could not see the importance of discussing race and racism in nursing education. Without an anti-racist curriculum, nursing education will reinforce white supremacy (Cortis & Law, 2005).

It is important that EM students and staff see themselves reflected on campus. Half the participants shared that there is an underrepresentation of EM academics at the university, which is not a reflection of the diversity of the city. There are many buildings named after white academics across the campus but there are no buildings or rooms named after EM academics or famous EM nurses. Florence Nightingale was known to be racist (Morris, 2023) and the university celebrates International Nurses Day on her birthday. The university celebrating this day maintains the status quo and perpetuates racism.

I recommend that the university makes a stand and does not celebrate International Nurses Day on Florence Nightingale's birthday, and instead, celebrates it on Mary Seacole's Birthday, the 23rd of November. Mary Seacole is one of history's greatest Black nursing figures (Staring-Derks et al., 2014). The university should also review the names of the buildings where student nurses' study and rename some of the buildings or add names to rooms within buildings to diversify the environment.

Fatima and Hafza report that they do not always have other EM students in their seminar class or within their personal tutor group. Having been educated in the UK and in the same diverse city as this university, they both find the lack of racial diversity in class startling and different to their previous education. The nursing profession is made up of 90% women (Forrest, 2023) and therefore, male student nurses often feel that they do not belong. Current practice to support male nursing students to feel that they belong is to ensure that in each personal tutor class there are at least two male students. This allows them to have another male student for support if they need it. Therefore, EM students should have more than one student in each personal tutor group, so they have psychological support and develop belonging (McDonald et al., 2018; Meehan & Howells, 2017). These could also be partnered up as international students and home students so the home students can support international students. However, there also needs to be a focus on how white students engage with EM students in an anti-racist inclusive manner and nurse educators play a vital role with this (Popoola et al., 2022). Most of the participants shared negative experiences when working with their white peers and are normally separated when completing group work. By taking the pairing approach in group work could be a deficit approach. The issue lies with some of the white students and educators who do not always engage EM students in class, and therefore, they require further development. This can be achieved by ensuring the above recommendations in relation to an anti-racist, diverse curriculum is achieved. However, to develop an anti-racist curriculum, anti-racist educators are required. In addition, I also recommend that all students engage with the university Equality, Diversity and Inclusion modules for students which include how to become anti-racist and recognising microaggressions and their impact. The completion of these

modules should be mandatory at the beginning of semester one before students start placement.

In addition to EM students' lack of representation in classes, EM students highlighted that the nursing educator workforce is not diverse, particularly in some of the placement areas that sit out of the city. This is a national picture (Kaur-Aujla et al., 2021). The department needs to explore how they can diversify the workforce. This can include reaching out to practice and sharing information about jobs at the university or asking if current EM educators are happy to speak at events about jobs at the university. The department can also put on supportive workshops just for EM applicants to support them with writing personal statements and interview techniques. To clarify, the deficit is not with the EM individual but the historical advantage which means that societal structures make it difficult for EM individuals to be afforded the same developmental opportunities as white nurses. Therefore, they may not have the advantage with job opportunities. In addition to this, the department should aim to ensure that all interview panels for new educators must be ethnically diverse, and all interviewers should engage with the university's anti-racist suite of workshops before interviewing. In addition to this, the department needs to consider inclusive recruitment, specifically targeting recruitment of Black nurses or Asian nurses to diversify the educational workforce.

The department should also provide developmental opportunities to EM applicants if they do not meet the criteria that will enable them to support future applications. Such as, providing additional opportunities for EM nurses to become associate lecturers and therefore giving them opportunities to develop within HE. The

development of a ‘Grow your own’ programme where EM students are encouraged to come into education and provide them with support in their third year and as newly qualified nurses to explore education as a career option. For instance, creating a placement within HEI for students to opt into if they want to explore nursing education as a career. However as most of the participants highlighted the underrepresentation of EM academics, they may not aspire to be in these roles due to the lack of role models.

Improving recruitment numbers of EM students will add cultural capital to the curriculum, support students to learn from one another, and improve knowledge around diverse cultural groups. This will lead to an improvement in the diversity of the workforce and leads to better outcomes for EM communities. Recommendations to support this include improving the recruitment of EM students to nursing courses. More focus should be placed on getting to know one another in seminar classes, especially during semester one. International students also have to navigate a new country and culture, whilst starting a new course and could therefore require more peer support than other students. Short icebreakers at the beginning of every session for the first four weeks of semester one should be included. During group work students should be grouped in mixed ethnicities as standard to bring in cultural capital and prepares all students to work with diverse members of the community in practice. This will need to be met with clear facilitation from the lecturer to ensure that EM students are treated in an anti-racist manner by their peers. Module and Course Leaders should implement some of the culturally sensitive curriculum scale questions into the module evaluation questionnaire to explore the diversity of nursing

modules (Thomas & Quinlan, 2021). This will support the development of the nursing curriculum.

Additionally, also linked to the next section, assessment based on placement experience needs to be reviewed. If students have experienced a poor placement and then they are asked to discuss these experiences or select a patient from a placement as part of their assessment, then this is re-traumatising the student. This will impact their grade which can contribute to the EDAG. Instead, educators should have a suite of case studies that they have devised in advance to allow students to self-select a case study rather than discuss their own experiences from placement.

5.13 Belonging on placement recommendations

Currently, existing interventions such as unconscious bias training are not sufficient to change the culture in HEI (Miller-Kleinhenz et al., 2021) The urgent priority is for anti-racist training and that all staff who support and assess students on placement should complete the university suite of workshops. This includes PA's and practice educators.

Hafza, Ida, Farida and Rajah highlighted that they feel safer and supported when there are other EM student nurses on placement with them. Where possible all EM student's first placement should be with another EM student nurse so they can support one another. However, the main issue is that EM students should not feel that they require psychological support because they are facing or have faced racism or discrimination based on migrant status, religion or other characteristics. Therefore, the work needs to be applied to develop PA's and practice educators to become anti-racist so that EM students have fair and equitable experiences in relation to their white peers. The findings highlighted that there is truly little support from link

lecturers. Therefore, link lecturers should visit their students on a regular basis to develop relationships with them that will enable them to raise issues. These processes will lead to the development of trusting relationships with their link lecturers. Due to a large proportion of link lecturers having time off over the summer, a locality team approach for cover when students are out on placement, with clear communication to students in advance of which link lecturers are covering leave needs to be implemented. Link lecturers should ensure that they arrange to meet the student at least once during their placement and attend trust inductions, so students know who they are. This supports the development of trusting relationships that enables students to raise concerns. To support this, link lecturers should create leaflets for placement areas with photos, names, email, and phone numbers for all link lecturers.

5.14 Reporting racism recommendations

The findings show that most EM students do not report incidents for fear of the impact this may have on their assessment. This also includes the reporting of microaggressions which is a very common form of racism but is not always recognised by trusts and is often disregarded and not validated. The landmark case of Michelle Cox has highlighted the importance of recognising microaggression and the impact it has on individuals (Ford, 2023). Therefore, I am making a series of recommendations to support reporting of racism. A clear zero-tolerance policy to racism towards EM students and staff needs to be actioned. The Anti-Racist Framework (North West Black Asian and Minority Ethnic Assembly, 2023) supports the stance that zero policy means that colleagues tackle issues that they witness or are aware of. This applies to staff and students during any aspect of their course. The handling of racist incidents is important and therefore the reporting process of

racial incidents and how these are handled need to be reviewed. The department needs to improve existing policies to report racism, including microaggressions, both anonymously and openly, and work with placement areas to achieve this. All trusts need to review their human resource policies and reporting processes to ensure that they are anti-racist and transparent. There needs to be a clear focus on whistleblowing and protection when students whistle blow or raise concerns.

All staff who support nursing students should be mandated to complete the university's anti-racist training, and this should be embedded into service level agreements with all placement areas. If students report concerns in relation to their PA's behaviour, then they should be offered a PA from a different area in the trust or the trust practice educators to assess their practice to ensure a fair assessment.

Often EM students feel lonely during placement as they are away from their social support and are usually the only EM on placement amongst a white workforce. For international students, they could be experiencing the same feelings during campus time as they are away from family and friends. Ida shared that during placement she carries on as she needs to qualify, however when she returns to campus, her and other EM students share their experiences and often cry together. The development of regular supportive spaces for EM students before, during, and after placement in various formats is important. There should be sessions with their personal tutor or link lecturer and support via the minoritised student group, with the offer for individual appointments. Space should be created for EM students to raise concerns by asking them directly whether they have experienced any racial issues. These supportive sessions should be both online and in-person opportunities to provide flexibility when seeking support. The dates should be organised and advertised in advance in the

student newsletter, the virtual learning environment, and through link lecturers, so students can plan their time and know where to access support. The department needs to provide additional resourcing to support the minoritised students group in supporting students to raise and report concerns. This is currently undertaken by some staff through goodwill and others receive minimal hours. Providing visible role models on placement and in the education workforce inspires students and allows them to have access to staff for support, guidance, and mentorship.

5.15 Supporting student wellbeing recommendations

The study highlights that students are not comfortable with reporting racism due to several factors. Instead of reporting concerns and seeking support Khadija lies on her bed and cries as she feels support staff will not understand her experiences of racism. When any staff are supporting EM students whether it is with placement issues, widespread support, curriculum, etc, all staff should be comfortable to ask EM students whether they feel that their experience is down to race. By doing so, it opens a door for students to inform the university of any issues or challenges that they face. It also signals that the individual supporting them understands that race is a major factor in the experiences of EM students at university. Race is not just the colour of someone skin but acknowledging other ways that race can impact their university experience. For example, visas, employment opportunities, social class and lack of support. Bourdieu states that social class is not just based on sociological and vocational factors but based on the social relations that you hold (Compton, 2008). Bourdieu and Passeron (1990) sought to explain how the social structures and experiences one is brought up in will affect later everyday practice by using the term habitus. Habitus is what makes us who we are now in relation to our

disposition to the world and we approach it based upon our previous experiences, values and behaviours (Delanty and Strydon, 2003.) With this, EM students could take these educational experiences into their future lives, whilst affecting their wellbeing.

Factors such as whether students were schooled in the UK or abroad impacts how they view their experiences in HE. EM students shared that they have different coping mechanisms that they use to individually deal with racist experiences. There are implications for international students as their family and friends are normally abroad. This means that students may not want to let family and friends know of their experiences as they do not want to worry them. Data shows that mental health affects three-quarters of nurses (Nursing Times, 2024). Based on the findings from this study, I suggest that this statistic is higher in EM individuals.

The study has demonstrated that the first semester of year one is the most difficult semester and that students require further support than any other time of the year. Gause et al. (2024) found that having nursing student mentors from senior years was a beneficial support structure for first-year student nurses, where they could get advice on ways of coping and sharing experiences. I recommend creating a mentoring programme between first year EM student nurses with EM student nurses in year two and three. This should start before the students attend induction week, to allow EM students to feel that they belong and relieve some of their anxieties before starting the course. This could mean that the mentor meets the student on campus and shows them around, shows them how to read a timetable, and what the different codes on a timetable mean. The mentor can also show them the facilities on campus

including where to access support services, the canteen, the library, and sporting facilities.

In the previous chapter I discussed self-care as the examples that students shared within the study demonstrated how they took steps to protect their self-care. However, through applying CRT tenets, the onus is not on the students to consider how they cope with racism or consider self-care. The onus is on the university to consider how they will take steps to solve these issues. CRT strongly advocates for action and challenging policies and procedures. If there were no incidents related to racism or other forms of discrimination based on intersecting axes of oppression, then EM students would not need to consider how to enact self-care and consider coping mechanisms. Therefore, they are not the deficit in any capacity and are fully capable of performing well in their course. However, what is required is self-care and coping mechanism for the general role of being a nurse for all students due to the responsibilities of the profession.

The nursing curriculum should include content on coping mechanisms and self-care as this will benefit all nursing students. However, there should be a focus on the additional cognitive overload experienced by EM students and service users. The curriculum needs to cover the different types of privilege that individuals possess. Once students recognise the privilege they own, this will support them in being allies towards EM students.

To relieve anxieties during the first few weeks, a number of interventions can be put in place. There should be student ambassadors in varying places on campus to

provide guidance and directions to classrooms. Developing trusting relationships is extremely important when considering the impact and reporting of racism. These relationships can be enhanced through facilitating regular drop-in by personal tutors during semester one and the course management team, this should also include student support advisors and well-being staff all being present at the same time. However additional support for international students' needs to be factored in as can often miss induction week due to visa issues. This means they are starting the course on a back foot as induction content is not repeated in the curriculum, whilst they are navigating housing, financial and cultural issues.

Clear guidance in relation to pre-placement requisites should be created. This can be achieved through the development of a checklist that outlines the mandatory training that students need to achieve during semester one to alleviate stresses. The document should include when each task needs to be completed and a link to where this can be accessed. This is because the study found that EM students reported that they had conflicting demands and lots of communications, they were not sure what was required. This stress was exacerbated as they did not have friends in the initial stages to ask for support.

Khadija identified that she is an international students and reported that she has limited time to engage in social activities as she needs to work to be able to pay her tuition fees. The university needs to consider creating a policy on how they can support students with their financial needs. There should be more opportunities for international students to work as student ambassadors or create a payment plan that is achievable for them to pay their fees. Even though Khadija has lived in the UK for

a number of years, due to her visa she is classed as an international student and therefore needs to pay international course fees.

The study found that the study skills academic workshops were useful in supporting EM students with assessments. These should be advertised in the monthly student nurse newsletter, so the information is accessible to all students and serves as a reminder for additional support that they can access. These workshops should start in the summer, so EM students are prepared for semester one and should be online to accommodate students who are based internationally and home students who may have carer and financial responsibilities that require some flexibility.

5.16 EDAG recommendations

I have purposely not included the EDAG recommendations in a separate subsection. This is because a literature review by Stevenson and Whelan (2013) highlighted that the EDAG is complex and contains multiple facets. The OfS (Office for Students, 2020b) suggest that this could be linked to other factors such as the lack of diversity in the curriculum and university structures. Cureton and Gravestock (2019) and Universities UK (2022b) found that lack of belonging also impacts the EDAG. Therefore, I suggest that all the above recommendations in made in the previous four subsections will all directly impact the EDAG. The reduction of the EDAG cannot be attributed to one facet only and therefore requires multiple changes to policies and practice.

Finally, to support the action and progress of the above recommendations, I am suggesting that the nursing department uses the Anti-Racist Framework to develop their own action plan (North West Black Asian and Minority Ethnic Assembly, 2023).

This should be done collectively with stakeholders both internally and externally to the university, including our practice partners. As part of the framework, there is a self-assessment tool, which allows organisations to identify which areas need focus and development (North West Black Asian and Minority Ethnic Assembly, 2023). I recommend that this department build their action plan using this framework. Meeting regularly to work through goals, creating smaller working groups that align to each goal and providing resources to colleagues will ensure that anti-racist work continues rather than become stagnant or resources being removed. Creating and working towards an anti-racist plan is not a quick or easily solution. Talking about issues and not acting on or reviewing them will mean that changing practice and policies will not happen.

The next two sections will discuss implications for future practice and dissemination of the findings.

5.17 Implications for future practice

Through diversifying the content of the curriculum and challenging the status quo within nursing education between nurses and students, this will positively impact on the healthcare received by EM communities. There has been research in relation to impacts of racism on health but limited research in relation to impact on healthcare education (Burnett et al., 2020).

All students regardless of ethnicity should be educated to become anti-racist, inclusive practitioners, firstly starting by recognising their own privileges. Generally, little is known about strategies related to anti-racism that HEI use to improve outcomes for students (Baffour et al., 2023). Anti-racist praxis needs to be embedded in all structures related to nursing education from Undergraduate and

Postgraduate to progression opportunities for EM individuals within clinical practice. Currently there are no anti-racist praxis that exist for ethnically minoritised student nurses. However, there are resources available to combat racial discrimination against EM nurses (National Health Service England, 2022a) that could be applied to nursing education. However, if this is not explicit to education providers, they may not utilise the resources for this purpose. Therefore, a separate anti-racist practice, blended with intersectionality is required to develop nursing education, with clear recommendations that encompasses the whole student life cycle.

The NMC, who provide governance to registered as well as student nurses, need to take ownership and responsibility in ensuring that their policies and guidelines are anti-racist and support staff when raising concerns. Due to the NMC (Nursing and Midwifery Council, 2024) independent culture review, it was found that the NMC is a toxic, racist and bullying workplace and because of this, their fitness to practice investigations is impacted.

“In the course of our review we heard of many poor behaviours including racism, bullying and discrimination. But while these combined to create a toxic culture in certain parts of the organisation, it begged the question: how have these deep-seated issues ultimately impacted on the NMC’s mission to protect the public?” (Nursing and Midwifery Council, 2024, p. 16)

One of the actions from the report is to review their policies, processes and workplace culture.

5.18 Dissemination

From a CRT perspective, it is necessary for researchers to actively discuss how to address and disrupt the various forms of racial oppression. This includes the dissemination of the gap in knowledge in relation to the study and the findings. CRT requires the voices of marginalised groups to allow the researcher to develop a course of action to address the injustices found in the study.

Dissemination of this work will allow EM individuals who have been subjected to racism and other forms of oppression to know that they are not alone in their experiences. Thus, allowing individuals to feel empowered to learn how to defend themselves (Solórzano & Yosso, 2002). However, as stated throughout this chapter, the onus is not on the EM students to defend themselves but on the institution to eradicate racism within the nursing curriculum so that the EM students are never placed in these situations.

Throughout the study, I have grasped at every opportunity to disseminate my findings, which include racial disparities, microaggressions, the impact on student belonging and how to challenge discrimination. This has been undertaken in various forums such as presenting at conferences, writing blogs and presenting at webinars. I have provided external consultancy to other HEI on how they can support student belonging for EM students as well as mentoring senior colleagues in the health sector to consider equality, diversity and inclusion in their practice. I have raised awareness of these pertinent issues and shared the findings through various external events and conferences (Appendix 24).

Based on the findings from this research study and the need to address issues in both practice and academic settings, I have developed a strategy to disseminate some of the informal findings and raise awareness of the issues highlighted.

The future dissemination plan includes sharing the key findings and issues arising from placement with local placement providers, Council of Deans for Health, Royal College of Nursing, NMC, placement director and link lecturers at this university based in England. As well as sharing the findings, I will recommend that the department develops a targeted action plan on how to address these issues, with clear timescales and how to evaluate the impact of any interventions.

I aim to author an article for The Conversation to disseminate the findings of this study wider than within HE. I will write the general study for publication in peer-reviewed journals, and I aim to highlight the issues raised from placement experiences through a separate publication. I selected the placement experience separately as this was a key theme that was highlighted by the participants. Even though these experiences are at this university, the findings can be applied across the sector.

Having already presented some of the findings in various forms, I will seek to submit abstracts for conferences including the Royal College of Nursing, and The Advance Higher Education Equality, Diversity, and Inclusion Conference to share the final findings and recommendations. These recommendations include the sharing of resources, and ideas for good practice to develop an anti-racist nursing curriculum. Sharing these at conferences will influence other HEIs to develop their nursing curriculum.

The findings can also be applied internationally, especially in settler colonial contexts where they have a diverse workforce such as the United States, Canada, and Australia. These countries will be able to generalise some of the findings to their nursing curriculum. Finally, I have been approached to write two book chapters: Critical Theories to Disrupt Racism in Nursing and Antiracism Education. I will use my findings to contribute to these chapters to influence colleagues nationally in exploring anti-racist practices in nursing.

However, before these findings are disseminated, I plan to have a meeting with the Head of Nursing and Director of Placements at this university to share the findings with them and discuss how the recommendations can start to be implemented. The reason I plan to have a meeting with these colleagues is that they need to be aware of the issues our students are facing and understand the reason I plan to disseminate the findings. The aim would be to have a create a working group with colleagues to develop and work on the action plan ensuring adequate resourcing from the departments is provided to staff rather than relying on the goodwill of EM educators.

Finally, as part of the consent process, the participants have the option to make contact to receive a summary of the findings. However, considering the notion and perception of power, I will send them all a summary of the findings and recommendations, so they are able to feel empowered by the stories of the other participants.

5.19 Future personal development

Sikes (2006) highlights that when engaging with research, there are multiple areas for consideration. One of those is the risk of career progression.

This research carries a level of personal risk due to the nature of the findings and the sensitivity of discussions about race. Any publication from this thesis will identify my name and who I work for and therefore also identify the university. I fear reprisal in terms of white fragility from the university and colleagues and recognise that this could impact my job security and career progression. However, I am a researcher of integrity and through applying the principles of CRT, I must use this knowledge to enact change to disrupt racism within the nursing curriculum for the greater good, whilst adhering to the NMC Code of Conduct (Nursing and Midwifery Council, 2018b).

5.20 Chapter summary

Using CRT, blended with intersectionality when discussing data means that I needed to link the historical manifestation of race and power to the discrimination that students are facing now. When students are being treated differently on placement, on campus, or if the curriculum does not reflect them then the EM students feel that the institution is racist. The participants shared experiences that demonstrated that the racism experienced was on both individual and institutional levels.

Some EM student experiences possessed similarities; however, these are still individual experiences that can be nuanced based on the intersectional characteristics the students possessed.

The use of CRT in research goes further than obtaining stories from marginalised individuals and needs to go beyond this. Action needs to be taken. Any actions taken

based on the recommendations should be transformational and not transactional, otherwise true change and improvements will never occur. This work needs to be done by white nurses, students, and educators to dismantle the oppression that exists within university structures and the nursing curriculum. If this work is undertaken in a timely manner and therefore the student experiences are improved this could also improve the EDAG (Education Policy Institute, 2017).

Nurses, whether clinical or educators, need to stop avoiding the issues of racism and the importance of discussing the impact of racism. Avoidance perpetuates the problem (DiAngelo, 2011; Hall & Fields, 2012). Ackerman-Barger and Hummel (2015) highlights that for clear discussion to occur in relation to race and racism, people need to make the invisible, visible. Nurse educators need to develop their agency and find solutions and actions to drive change that enables them to have open discussions with all students in classroom settings. The responsibility to 'fix' these issues does not lie with people who are ethnically minoritised. Most of these recommendations are also relatable across other courses within HEI, especially health and social care courses where students are expected to work collaboratively and where there is a large amount of placement time during the course.

To conclude, the study shows that whiteness contributes to the various layers of racism that EM students experience, and that the permanence of race is embedded in all levels of a student's life cycle. There are no studies that demonstrate the transition experience of EM student nurses into university using CRT, blended with intersectionality as a theoretical framework. Therefore, this study contributes to the understanding of the issues and barriers that EM student nurses face during their transition period.

In the concluding chapter, conclusion, I will provide a summary of the entire study concluding with a closing summary.

Chapter 6- Conclusion

“We will have to repent in this generation not merely for the hateful words and actions of the bad people but for the appalling silence of the good people.”

(Luther-King, 1963)

6.1 Introduction

In the previous chapter, I examined the research questions and aims, analysing whether the findings support the answering of the research questions. Using literature to support and critique the findings, I discussed the key findings from the study and applied the tenets of CRT, with consideration given to the intersectional disadvantages related to migration, age and religious characteristics that the participants may possess. The chapter concluded with a series of recommendations based on the creation of new knowledge from this study.

In this chapter, I will provide key reflections, revisit the research questions and provide a summary of the contribution to knowledge and methodology, including additional limitations of the study. I will also discuss the implications for future research and practice. Finally, I will share some final words to summarise the importance for race equity work within nursing education.

6.2 Key reflections

Undertaking a Doctorate in Education has been transformational (Contreras & Bedford, 2023) to me both personally and professionally. Being classed as an expert in this area because of the work I have previously undertaken within the institution and highlighting this work externally, I have reflected a considerable amount on my anti-racist practices. I embarked on this study as an inexperienced lecturer and researcher with three years' experience in academia because I heard and saw how EM student nurses were treated differently. They also expressed how they felt as if they did not belong in the HE environment. Since starting the EdD five years ago, I have progressed to a Senior Lecturer in the Nursing Department and then moved into a university central team where I led anti-racist initiatives across all the departments and colleges to support student belonging and to work towards eradicating the EDAG. More recently, I have been promoted to Associate Head back in the Nursing Department. I strongly believe that through this position I will be able to influence curriculum development, work with partners concerning the findings from this study, and fulfil the recommendations made in the previous chapter.

The research has shown that belonging is a crucial part of the student experience, particularly as they transition into the world of a student nurse out in practice. To understand the complexities of the findings, it is crucial to understand the nuances that arise from researching race equity, blended with intersectionality. By addressing this topic, the thesis sought to address the gap in knowledge in relation to the transition experience of EM student nurses in university and the institutional barriers they encounter.

6.3 Research questions- revisited

The research questions are:

- What institutional barriers exist in relation to transitioning to university for EM nursing students?
- How do EM students perceive themselves as emerging professionals in the nursing workforce?
- What do EM student nurses perceive to be positive/negative transition experiences?

This study aimed to explore the transition experience of EM nursing students into university using CRT, blended with intersectionality as a theoretical framework. There are multiple facets to transition as explained in the first chapter including meeting new educational demands and competing priorities such as financial burden and adjustments to family roles. Social transitions are a crucial factor that enables a successful academic transition (Hussey & Smith, 2010). In the previous discussion chapter, I have provided examples of how the research questions have been addressed through the examination and analysis of the findings. Due to the nature of the study, the findings are nuanced and complex. The participants are not one homogeneous group as they all possess different protected characteristics, intersectional traits and experiences. The participants discussed negative experiences as these are often the most powerful narrative to them. However, this does not mean that all nurses behave or act in the same way based on the experiences shared by the participants.

6.4 Key contribution to knowledge

Below, I provide an overview of the key contributions of knowledge which are discussed in greater detail in the previous chapter. The thesis has explored the transition experience of EM student nurses into university using CRT as the main framework, whilst recognising the importance of intersectionality. No other study has achieved this. CRT, blended with intersectionality is a new area within nursing and nursing education, specifically in the UK. Therefore, the findings discussed in the previous chapters bring new knowledge to the field recognising that not all experiences are due to race solely but how other intersections can form part of these nuanced experiences.

The knowledge that contributes to nursing education practice is the embeddedness of race coupled with different intersectional traits, perpetuates the behaviours of some white nurses, educators and students, and in turn this effects EM student belonging and how they feel about their nursing course. Based on the findings, educational facilitators need to develop their anti-racist practices to understand the impact of exclusionary and difference in behaviours that different groups of student, based on their personal intersects are experiencing. In practice, this could result in equal distribution of learning opportunities amongst students as well as equal access to support. Through engaging in anti-racist education this will help nursing educators to consider inclusive aspects of their educational practice. This can include supporting group work in class between students of different ethnicities, rather than taking a deficit approach towards EM students. This will allow EM students the space to actively contribute throughout their studies and support their belonging to the nursing course. EM students have raised that there is some diversity in the curriculum, however, the limited depth of knowledge from the academic becomes a

tokenistic gesture. Students are able to identify when content appears to be tokenistic rather than because the educator understands how race permeates nursing education. EM students identify that they require trusting relationships between students and educators to enable them to discuss and share their individual accounts of racism. This is an area that I personally explored earlier in the thesis when I presumed that EM students would openly talk to me as I am also EM. This demonstrates that everyone is accountable, regardless of their ethnicity, to develop safe, trusting relationships with EM students.

6.5 Methodological summary

The selection of narrative inquiry supports counter storytelling as defined within CRT incorporating 'aspects of intersectionality' (Gillborn 2005, p277). EM students often feel that they do not have a safe space to raise issues based on their experiences. By utilising storytelling, this allows EM participants to openly share as much or little as they want. The selection of three semi-structured interviews over the course of an academic year highlighted that at each interview the participants shared more examples of racism and were developing a trusting relationship with me, as the researcher. Another factor was that more time had passed, and they had additional experiences to share, especially for migrant students who needed time to settle in and navigate the British education system. I witnessed at each interview, participants sharing more of their experiences, and this supported the development of new nuanced knowledge. In addition, based on the analysis of the selected methods, I found that storytelling allows participants to feel empowered and would suggest that this method is utilised more when conducting research with individuals who possess other characteristics.

6.6 Limitations of Research

There are some limitations of this study which have been discussed in the methodology chapter. In addition to the previously discussed limitations, there are some further limitations of this study. Firstly, this study was undertaken at one university in England and therefore these experiences may not be applicable to EM students at other universities, especially in universities and nursing workforces, where there is a diverse workforce. However, there may be elements that chime with other universities and other courses within HE. This study is not a representation of all EM student nurses' transition experiences. However, it needs to be acknowledged that the experiences shared by the participants are remarkably similar to one another and therefore might be appropriate to conclude that most, if not all, EM student nurses experience racism at some point during their nursing studies.

As highlighted in my thesis, the nursing course is primarily made up of females, due to the nature of the profession. All the participants in the study were female. Therefore, the male narrative is missing from this study. The male perspective could be different to the female experiences, and their voice is not present. The study also focussed on undergraduate students and not postgraduate students. The reason for this is that postgraduate students have been to university before and therefore their experiences will be different to undergraduate students. However, at this university the postgraduate pre- registration course in mostly made up of international students. This warrants a further study to explore postgraduate EM student nurses' transition experience, particularly international students and the male student nurse's perspective.

Finally, as discussed earlier in the thesis, the sample size is purposely small, due to

the nature of the study. Therefore, the findings are based on a small sample from a large cohort in one British university.

6.8 Summary of recommendations

In the previous chapter I have provided a thorough discussion of the recommendations following the analysis of the data from this research. Below, I provide a summary of these.

Systemic racism continues to surface within institutions and organisations through structural processes regardless of the implementation of policies and legislations such as the Equality Act 2010 (Government Equalities Office & Equality and Human Rights Commission, 2013). Inclusion and anti-discriminatory practice are at the heart of everything nurses should do but the evidence suggests that the nursing profession possesses a culture of denial and a reluctance to deal with the issues of racism that exist in healthcare education (Bell, 2021; Hall & Fields, 2012). By understanding the transition experience of students and creating a lifelong sense of belonging, universities need to work to dismantle the racist oppressive systems that exist within nursing education.

There have been previous recommendations to give priority to individual and organisational development if organisations want to advance their anti-racism practice (Wang et al., 2024). However, from a social justice perspective, change needs to be enacted urgently. Anti-racist praxis is required to transform the experiences of all students and will benefit EM communities as discussed in the background chapter. This starts with nurses and nurse educators having the ability to self-reflect on their views. Part of self-reflection is to consider their own inherent biases and the power and privilege that they possess. This will allow nurses to

become allies and amplify the voices of EM students. Rather than a deficit approach to students not engaging, nurse educators should question why this is their perception and what changes they can enact based on using their power and privilege. Even when exclusionary behaviour in group work is obvious, most educators do not challenge this. Therefore, if EM students are not contributing to group work, this will further impact their discipline knowledge. This can then lead to adverse ramifications on their assessment grades and heighten their cognitive overload. Nurse educators should not shy away from difficult conversations due to the fear of saying the wrong thing or feeling unprepared and therefore leads to no discussion about race (DiAngelo, 2012; Zappas et al., 2021). By not challenging such behaviours, they are complicit in racism and are not anti-racist. Nurse educators need to engage in training, decolonise themselves, and become anti-racist practitioners to enable them to provide a better experience for EM students. This will also allow them to become better equipped to challenge the behaviours of students or colleagues (O'Connor et al., 2019) not just in relation to race equity but other characteristics too.

The anti-racism initiatives seen in other countries such as the United States and Canada are not visible within the UK nursing curriculum (Dancis & Coleman, 2021; Garland & Batty, 2021; Ramamurthy et al., 2023). Often colleagues cite these problems as not being an issue in the UK. However, through this research and the findings, I have demonstrated that there are multiple issues that exist when considering race and racism and other form of discrimination based on religion, migrants status, religion, age, as well as other characteristics within a UK nursing curriculum. We can no longer continue to pretend that racism does not affect the nursing profession and curriculum.

6.9 Implications for future research

There has been little research undertaken in the UK in relation to racism within nursing education (Ackerman-Barger, & Hummel, 2015). This study has highlighted several opportunities for research in this area in greater detail to understand the barriers to developing an inclusive anti-racist curriculum. The findings have resulted in potential further research opportunities that require further exploration. One aspect is the exploration of allyship between white educators, practice partners, and students towards EM students. There was only one example of this within the study. I believe this is because the methodology and application of CRT, blended with intersectionality using storytelling allowed the participants to decide what narrative they wanted to provide. However, there can be a considerable amount that can be learnt in relation to how to develop allyship amongst peers and a further study will allow this to be explored in further detail.

Research is required to understand the knowledge of nursing educators and practice partners in relation to racial literacy, the impact of racism on EM students, and how confident educators feel in challenging racist behaviours and microaggressions. This will also include how confident they are in facilitating conversations about race. Further research is required to understand whether white nursing educators understand racial disparities and the importance of an inclusive nursing curriculum. Gaps in knowledge need to be ascertained so educators can develop themselves and the curriculum. Changes in culture takes years, I propose that action research is undertaken to ascertain these problems. This will enable the application and evaluation of interventions to improve systemic racism. This will ensure that all student nurses are equipped to support their EM peers, whether home or international students and therefore, provide better care to EM communities. The

contribution of knowledge, which is discussed in the previous chapter in relation to EM student nurses' experiences with belonging and the impacts on the EDAG, requires further research. Exploration of whether improving student belonging through targeted interventions and initiative such as anti-racist training, decolonising the curriculum and improving reporting processes reduces the EDAG over a longitudinal study.

Participants highlighted some of their concerns about how they perceive themselves as emerging professionals in the nursing workforce and the observations they shared about EM colleagues. Therefore, I suggest that a further post-doctoral research study should be undertaken to ascertain the experiences of newly qualified EM nurses within the healthcare workforce. This research can also be used by other researchers or professionals with an interest in this area. Other disciplines can remodel this research, and key findings can be applied within educational and placement settings.

Finally, further study should be undertaken in relation to the experiences of EM researchers who research experiences of racism and how vicarious trauma impacts them during the research process as I experienced this first hand during the study.

6.10 Final words

The study confirmed that racism is a pervasive experience for all the participants during their transition experience, with some participants discussing issues they faced before attending this university. These experiences further intersect with other axes of discrimination, including migration, religion and age. This demonstrates that these racial experiences are not forgotten by the participants and have an impact on EM student's future. Therefore, the experiences that these participants are facing

during their nursing studies will potentially have a lifelong impact on their nursing careers. All nurses have a duty to educate others and forge change (Nursing and Midwifery Council, 2018b). As allies, white nurses should be taking this burden from the EM students and nurses and working to create anti-racist educational environments for students, regardless of any fragility that they may possess (DiAngelo, 2019).

CRT is a useful lens to analyse how racism operates within nursing education and what changes are required. Through using CRT, blended with intersectionality, the focus is shifted away from debating whether EM students face racial incidents and other forms of discrimination during nurse education studies and instead considers actions to dismantle these experiences. It is recognised that racism has been in existence in the NHS since the Windrush generation (Nursing Times, 2020), however little action is being taken. These experiences are not purely based on race but other forms of intersecting axes of discrimination and oppression. It is now time for action.

The NMC needs to strengthen its processes to hold registrants accountable. Clear support mechanism for nurses, regardless of ethnicity, migration status, age, social class and religion should be provided to enable them to report incidents of racism. This support should be implemented before and after the reporting and investigation stage. Nurses need to work collectively to disrupt systemic racism and support one another. However, they should also use their individual morality and accountability to the profession to take action.

References

Abbas, A., Ashwin, P., & McLean. M. (2015). Representations of a high-quality system of undergraduate education in English higher education policy documents. *Studies in Higher Education, 40*(4), 610-623.https://doi.org/10.1080/03075079.2013.842211

Abriam-Yago, K., Amaro, D. J., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal of Nursing Education, 45*(7), 247-254. https://journals.healio.com/doi/10.3928/01484834-20060701-03

Ackerman-Barger, K., & Hummel, F. (2015). Critical Race Theory as a lens for exploring inclusion and equity in nursing education. *Journal of Theory, construction, and Testing, 19*, (2), 39-45.

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., & Latimore, D. (2020). Seeking Inclusion Excellence: Understanding Racial Microaggressions as Experienced by Underrepresented Medical and Nursing Students. *Academic Medicine, 95*, (5), 758-763. doi: 10.1097/ACM.0000000000003077

Advance HE. (2021). Anti-racist curriculum guide. Retrieved May 13, 2021, from https://www.advance-he.ac.uk/anti-racist-curriculum-project#guide

Agar, M.H. (1980). *The Professional Stranger: An Informal Introduction to Ethnography*. New York, Academic Press.

Agnew, V. (2007). *Interrogating Race and Racism*. University of Toronto Press.

Ahmed, S. (2012). *On being included: Racism and diversity in institutional life*. Duke University Press.

Airhihenbuwa, C. O., & Ford, C. L. (2010). Critical Race Theory, race equity, and public health: Toward antiracism praxis. *American journal of public health*, *100 Suppl 1*, S30–S35. https://doi.org/10.2105/AJPH.2009.171058

Alemán, Jr, E., & Alemán, S. M. (2010). 'Do Latin@ interests always have to "converge" with White interests?':(Re) claiming racial realism and interest-convergence in critical race theory praxis. *Race Ethnicity and Education*, *13*(1), 1-21. https://doi.org/10.1080/13613320903549644

Alshahrani, Y., Cusack, L., & Rasmussen, P. (2018). Undergraduate nursing students' strategies for coping with their first clinical placement: Descriptive survey study. *Nurse education today*, *69*, 104-108. doi: 10.1016/j.nedt.2018.07.005

Alvesson, M. (2003). Beyond neopositivists, romantics, and localists: A reflexive approach to interviews in organizational research. *Academy of Management Review, 28*, 13-33. https://doi.org/10.5465/amr.2003.8925191

Alvesson, M., & Sköldberg, K. (2009). *Reflexive methodology: new vistas for qualitative research.* Sage.doi:10.1080/14767333.2012.656893

Anionwu, E.N., Atkins, R., Franks, P.J., Mulholland, J., & Tappern, M. (2008). Diversity, attrition, and transition into nursing. *Journal of Advanced Nursing, 64*(1), 49–59. https://doi.org/10.1111/j.1365-2648.2008.04758.x

Anthias, F., & N. Yuval-Davis. (1992). *Racialised Boundaries: Race, Nation, Gender, Colour and Class and the anti-Racist Struggle*. London: Routledge.

Anti-Racism Research Group. (2022). *Nursing Narratives: Racism and the Pandemic. Report of Key Findings*. Sheffield: Anti-Racism Research Group.

Archer, L., Hutchings, M., & Ross, A. (2002). *Higher Education and Social Class: issues of inclusion and exclusion.* Routledge Falmer. https://doi.org/10.4324/9780203986943

Archer, L., Leathwood, C., & Read, B. (2003). Challenging Cultures? Student Conceptions of 'Belonging' and 'Isolation' at a Post-1992 University. *Studies in Higher Education, 28*, 262-277. https://doi.org/10.1080/03075070309290

Arday, J., & Mirza, H. S. (2018). *Dismantling race in higher education*. Racism, Whiteness and Decolonising the Academy. Palgrave Macmillan. https://doi.org/10.1007/978-3-319-60261-5

Arthur, L., Burgess, H., & Sieminski, S. (2006). *Achieving your Doctorate in Education.* Sage.

Arthur, J., Coe, R., Hedges, L.V., & Waring, M. (2017). *Finding your theoretical position. Research methods and methodologies in education.* Sage.

Ashktorab, T., Hasanvand, S., Seyedfatemi, N., Salmani, N., & Hosseini, S. V. (2017). Factors affecting the belongingness sense of undergraduate nursing students towards clinical setting: A qualitative study. *Journal of Caring Sciences*, *6*(3), 221–235. https://doi.org/10.15171/jcs.2017.022

Aull Davies, C. (1998). *Reflexive Ethnography: A Guide to Researching Selves and Others.* Routledge. https://doi.org/10.4324/9780203069370

Baffour, T. D., Mercier, M. C., Rutledge, L., Mowdood, A., & McFarland, M. (2023). A scoping review protocol of anti-racism programs and practices in higher education: Implications for developing interventions to advance equity. *International journal of educational research open*, 5. doi: 10.1016/j.ijedro.2023.100279

Baker, J., & Schultz, P. (2017). Teaching Strategies to Increase Nursing Student Acceptance and Management of Unconscious Bias. *Journal of Nursing Education*, *55*(11), 692-696. doi:10.3928/01484834-20171020-11

Bain, Z. (2018). “Is there such a thing as ‘white Ignorance’ in British Education?” *Ethics and Education, 13*(1), 4-21. https://doi.org/10.1080/17449642.2018.1428716

Banister, G., Bowen-Brady, H.M., & Winfrey, M.E. (2014). Using career Nurse mentors to support minority nursing students and facilitate their transition to practice. *Journal of Professional Nursing*, *30*(4), 317-325.doi: 10.1016/j.profnurs.2013.11.001

Barnett, P. E. (2018). Building trust and negotiating conflict when teaching race. *Teaching race: How to help students unmask and challenge racism*, 109-130. https://doi.org/10.1002/9781119548492.ch6

Barrett, N., Hamshire, C., Harris, E., Langan, M., & Wibberley, C. (2017). Students' perceptions of their learning experiences: A repeat regional survey of healthcare students. *Nurse Education Today*,*49*, 168-173.doi: 10.1016/j.nedt.2016.11.019

Bassey, M. (1999). *Case study research in education settings.* Open University Press.

Bathmaker, A.M. (2015). Thinking with Bourdieu: Thinking after Bourdieu. Using ‘field’ to consider in/equalities in the changing field of English higher education. *Cambridge Journal of Education*, *45*(1), 61–80. https://doi.org/10.1080/0305764X.2014.988683

Bathmaker, A., Hunt, C., McCulloch, G., Sikes, P., & Wellington, J. (2005). *Succeeding with your Doctorate.* London: Sage. https://doi.org/10.4135/9781849209977

Baugh, J., Hallcom, A., & Harris, M. (2010). Computer-assisted qualitative data analysis: a practical perspective for applied research. *Revista del Instituto Internacional de Costos*, 6.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117,* 497-529. https://doi.org/10.1037/0033-2909.117.3.497
Baumeister, R. F., & Leary, M. R. (2017). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Interpersonal development,* 57-89.doi: 10.1037/0033-2909.117.3.497
Bazen, A., Barg, F.K., & Takeshita, J. (2021). Research techniques made simple: An introduction to qualitative research. *Journal of Investigative Dermatology*, *141,* 241–247.https://doi.org/10.1016/j.jid.2020.11.029
Bean, J., & Eaton, S. (2002). The psychology underlying successful retention practices. *Journal of College Student Retention*, 3(1), pp73-89.doi:
Beard, K. V. (2016). Examining the impact of critical multicultural education training on the multicultural attitudes, awareness, and practices of nurse educators. *Journal of Professional Nursing*, *32*(6), 439– 448. https://doi.org/10.1016/j.profnurs.2016.05.007
Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th Ed.). Oxford University Press.
Becker, H.S. (1998). *Tricks of the trade*. Chicago: University of Chicago Press.
Bell, B. (2021). white dominance in nursing education: A target for anti-racist efforts, *Nursing Inquiry, 28*, 1.doi: 10.1111/nin.12379
Bell, B. (2024). “We'd really love to but we're really busy”: Silence, precarity and resistance as structural barriers to anti-racism in nursing education. *Journal of Advanced Nursing*, *80,* 214–225. doi: https://doi.org/10.1111/jan.15795
Bell, D. (1992). *Faces at the bottom of the well: The permanence of racism*. Basic Books.
Bell, D. (1995). Who’s afraid of critical race theory? *University of Illinois Law Review*, (4), 893–910.
Bell Jr, D. A. (1980). Brown v. Board of Education and the interest-convergence dilemma. *Harvard law review*, 518-533. https://doi.org/10.2307/1340546
Bennett, C., Hamilton, E. K., & Rochani, H. (2019). Exploring race in nursing: teaching nursing students about racial inequality using the historical lens. *OJIN: The Online Journal of Issues in Nursing*, *24*(2).https://doi.org/10.3912/OJIN.Vol24No02PPT20
Berger, R. (2015). Now I see it, now I do not: Researcher’s position and reflexivity in qualitative research. *Qualitative Research, 15* (2), 219-234. https://doi.org/10.1177/1468794112468475
Bhopal, K. (2015). *The Experiences of Black and minority ethnic academics: a comparative study of the unequal academy*. Routledge. https://doi.org/10.4324/9781315818344
Bhopal, K. & Pitkin, C. (2018). *Investigating higher education institutions and their views on the Race Equality Charter.* University and College Union. Retrieved October 29, 2022, from https://www.ucu.org.uk/HEIs-and-the-Race-Equality-Charter
Bhopal, K. (2020). Confronting White privilege: the importance of intersectionality in the sociology of education. *British Journal of Sociology of Education,* 41(6), 807–816. https://doi.org/10.1080/01425692.2020.1755224
Bhopal, K., & Pitkin, C. (2020). ‘Same old story, just a different policy’: Race and policy making in higher education in the UK. *Race, Ethnicity, and Education*, **23**(4), 530–547.https://doi.org/10.1080/13613324.2020.1718082

Blackford, J. (2003). Cultural frameworks of nursing practice: Exposing an exclusionary healthcare Culture. *Nursing Inquiry* ,*10*, 236–44. doi: 10.1046/j.1440-1800.2003.00192.x

Blair, I.V., Havranek, E.P., & Steiner, J.F. (2011). Unconscious (implicit) bias and health disparities: Where do we go from here? *The Permanente Journal*, *15*, 71-78. doi: 10.7812/TPP/11.979

Blair, I.V., Stone, J., & Zestcott, C.A. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: A narrative review. *Group Processes & Intergroup Relations,* 19, 528-542.doi: 10.1177/1368430216642029

Blumer, H. (1969). *Symbolic Interactionism: Perspectives and methods.* Prentice-Hall.

Boakye, P.N., Prendergast, N., & Bailey, A. (2024). Challenging anti-racism in nursing education: A moral and professional call to action. *Nurse Education Today*, *141*.https://doi.org/10.1016/j.nedt.2024.106305

Bohman, J. (2005). Critical theory. Retrieved February 15, 2023, from https://plato.stanford.edu/entries/critical-theory/

Bondy, C. (2012). How did I get here? The social process of accessing field site. *Qualitative research, 13* (5), 578-590.https://doi.org/10.1177/1468794112442524

Bourdieu, P. (1973). Cultural Reproduction and Social Reproduction. In R. Brown (Ed.) *Knowledge, Education and Social Change*. (pp. 71-112). Tavistock Publications.

Bourdieu, P., & J. C. Passeron. (1990). *Reproduction in Education, Society and Culture (*2nd ed.). London: Sage.

Bourke, B. (2014). Positionality: Reflecting on the Research Process. *The Qualitative Report, 19*, (33), 1-9. doi 10.46743/2160-3715/2014.1026

Bowles, A., Dobson, A., Fisher, R., & McPhail, R. (2011). An exploratory investigation into first year student transition to university. *Research and Development in Higher Education, 34,* 61- 71.

Boyatzis, R.E. (1998). *Transforming qualitative information: thematic analysis and code development.* Sage.

Bradley, S., & Migali, G. (2015). *The Effect of a Tuition Fee Reform on the Risk of Drop Out from University in the UK.* Working Papers 86010138, Lancaster University Management School, Economics Department.

Brah, A. 1996. *Cartographies of Diaspora: contesting Identities.* London: Routledge.

Brathwaite, B. (2018a). Black, Asian and minority ethnic nurses: colonialism, power and racism. *British Journal of Nursing, 8*, 27 (5) ,254-258. doi: 10.12968/bjon.2018.27.5. 254..

Brathwaite, B. (2018b). Confronting the Black, Asian, minority ethnic nursing degree attainment gap. *British Journal of Nursing*, *27*(18), 1074-1075. doi: 10.12968/bjon.2018.27.18.1074

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2012). Thematic analysis. In. H. Cooper, P.M. Camic, D.L. Long, A.T. Panter, D. Rindskopf, K.J. Sher (Eds.). APA handbook of research methods in psychology, Research designs: Quantitative, qualitative, neuropsychological, and biological. Washington DC: American Psychological Association. https://doi.org/10.1037/13620-004

Braun, V., & Clarke., V. (2013). *Successful qualitative research*. Sage Publications Limited.
Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11* (4), 589-597. doi.org/10.1080/2159676X.2019.1628806
Brechin, A., Brown, H., & Eby, M. A. (2000). *Critical practice in health and social care*. Sage.
Briggs, A.R.J., Clark., & Hall, I. (2012). Building bridges: understanding student transition to university, *Quality in Higher Education*, *18* (1), 3-21. doi: 10.1080/13538322.2011.614468
Broome, M.E., & Villarruel, A.M. (2020). Beyond the naming: Institutional racism in nursing. *American Academy of Nursing, Nursing Outlook, 68*, 375-376.doi: 10.1016/j.outlook.2020.06.009
Brown, A. P. (2010). Qualitative method and compromise in applied social research. *Qualitative Research*, *10*(2), 229-248. https://doi.org/10.1177/1468794109356743
Browne, G., Haydon, G., & Van der Riet, P. (2018). Narrative inquiry as a research methodology exploring person-centred care in nursing. *Collegian, 25* (1), 125-129.https://doi.org/10.1016/j.colegn.2017.03.001
Browne, A.J., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary Nurse*, *2* (2):155-67. doi:10.5172/conu.2006.22.2.155.
Buchanan, D. (1998). 'Beyond positivism: humanistic perspectives on theory and research in health education.' *Health education research*, *13* (3), 439-50.doi: 10.1093/her/13.3.439
Buckle, J.L. & Corbin Dwyer, S. (2009). The space between: On being an outsider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54–63. https://doi.org/10.1177/160940690900800105
Bunce, L., King, N., Saran, S., & Talib, N. (2019). Experiences of Black and minority ethnic (BME) students in higher education: applying self-determination theory to understand the BME attainment gap. *Studies in Higher Education*. doi: 10.1080/03075079.2019.1643305
Burgess, R. G. (2005). Exploiting the Exploited? The Ethics of Feminist Educational Research. In *The Ethics of Educational Research* (pp. 81-101). Routledge.
Burnett, L. (2007). *Juggling first year student experience and institutional change. An Australian example,* The 20th International conference of first year experience. Hawaii, pp 1-33.
Burnett, A., Moorley, C., Grant, J., Kahin, M., Sagoo, R., Rivers, E., Deravin, L., & Darbyshire, P. (2020). Dismantling racism in education: in 2020, the year of the nurse & midwife, "it's time.". *Nurse education today*, *93*, 104532. doi:10.1016/j.nedt.2020.104532
Cabinet Office. (2021b). Writing about ethnicity. Retrieved January 10, 2023, from https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity#:~:text=BAME%20and%20BME,-We%20do%20not&text=In%20March%202021%2C%20the%20Commission,than%20as%20a%20single%20group.
Calhoun, C. (2011). Pierre Bourdieu. In G. Ritzer & J. Stepnisky (Eds.) T*he Wiley-Blackwell Companion to Major Social Theorists (pp.* 274–309). Wiley-Blackwell.

Calmore, J. (1995). Critical race theory, Archie Shepp, and fire music: Securing an authentic intellectual life in a multicultural world. In K. Crenshaw, N. Gotanda, G. Peller, & K. Thomas (Eds.), *Critical race theory: the key writings that formed the movement.* New Press.

Campbell, A. (2015). Introducing a buddying scheme for first year pre-registration students. *British Journal of Nursing*. *24* (20), 992–996. http://dx.doi.org/10.12968/bjon.2015.24.20. 992

Cameron, C. (2005). Experiences of transfer students in a collaborative baccalaureate nursing program. *Community College Review*, *33*(2), 22-44. https://doi.org/10.1177/009155210503300202

Carter, D.J. (2007). Why the Black Kids Sit Together at the Stairs: The role of identity- Affirming Counter Spaces in a Predominantly white High School. *The Journal of Negro Education*. *76*(4), 542-554.

Casey, K. (1995). The new narrative research in education. *Review of Research in Education, 21*, 211-253. https://doi.org/10.3102/0091732X021001211

Cavanagh, S. (2008). Inclusive Campus: Accommodation and Social Space Guidance. The Equality Change Unit, ECU Publications, London. Retrieved February 15, 2023, from http://www.ecu.ac.uk/wp-content/uploads/external/inclusive-campus.pdf

Chase, S. E. (2003). *Learning to listen: Narrative principles in a qualitative research methods course*. In R. Josselson, A. Lieblich. D. McAdams (Eds.). *Up close and personal: the teaching and learning of narrative research.* Washington DC: American Psychological Association. https://doi.org/10.1037/10486-005

Chase, S. E. (2005). *Narrative Inquiry: Multiple Lenses, Approaches, Voices.* In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research:* Third Edition (pp. 651-679). Thousand Oaks.

Chencheri, S., Mahsood, S., & Richardson, J. T. E. (2017). Measuring the student experience: For whom and for what purpose? *Elsevier,* 1-11.

Church, E., & Devereux, E. (2024). Investigation: Massive increase in racial abuse against NHS staff. Retrieved June 21, 2024, from https://www.nursingtimes.net/workforce/investigation-massive-increase-in-racial-abuse-against-nhs-staff-10-06-2024/?eea=c1ZHUkw5cmRpeHhuWmNDU3RwZVowa0s2SzRJa0JzR3lTUU5GejZnSTJJaz0%3D&utm_source=acs&utm_medium=email&utm_campaign=CONE_NT_EDI_REGS_Weekly_12062024&deliveryName=DM244293

Clandinin, D. J., & Connelly, F. M. (2004). *Narrative inquiry: Experience and story in qualitative research*. John Wiley & Sons.

Clandinin, D., & Rosiek, J. (2007). *'Mapping a Landscape of Narrative Inquiry: Borderland Spaces and Tensions,'* In D. Clandinin, (Ed.), Handbook *of Narrative Inquiry: Mapping a Methodology.* Sage. https://doi.org/10.4135/9781452226552.n2

Clare, J., White, J., Edwards, H., & Van Loon, A. (2002). *Learning outcomes and curriculum development in the major disciplines: Nursing. Final Report for the Australian Universities Teaching Committee from a Consortium of the Flinders. University*. Adelaide, University of Technology, Sydney, Queensland University of Technology, Brisbane.

Claridge, H., Stone, K., & Ussher, M. (2018). The ethnicity attainment gap among medical and biomedical science students: a qualitative study. *BMC Medical Education*, *18*(325), 1-12. doi: 10.1186/s12909-018-1426-5

Claus, L. K., & Jarvis, S. (2023). Building Trust: Strategies for Recruiting Underrepresented Populations in Research during the COVID-19 Pandemic. *International Journal Translational Medical Research Public Health*, *29*,7(1). doi: 10.21106/ijtmrph.446.
Clough, P., & Nutbrown, C. (2012). *A Student's Guide to Methodology*. Sage Publications. https://doi.org/10.4135/9781529682564
Coe, D.E. (1994). *Coming to understand Ethnographic inquiry: Learning, Changing and Knowing*, In R.G. Burgess, (Ed.), *Studies in qualitative methodology, Issues in qualitative research.* JAI Press.
Coffey, A. (1999). Introduction. In The Ethnographic Self (pp. 2-15). Sage Publications Ltd. https://doi.org/10.4135/9780857020048
Cokley, K., Smith, L., Bernard, D., Hurst, A., Jackson, S., Stone, S., Awosogba, O., Saucer, C., Bailey, M., & Roberts, D. (2017). Impostor feelings as a moderator and mediator of the relationship between perceived discrimination and mental health among racial/ethnic minority college students. *Journal of counselling psychology*, *64*(2), 141.https://doi.org/10.1037/cou0000198
Cole, D., Newman, C. B., & Hypolite, L. I. (2020). Sense of belonging and mattering among two cohorts of first-year students participating in a comprehensive college transition program. *American Behavioural Scientist*, *64*(3), 276–297. https://doi.org/10.1177/0002764219869417
Cole, M. (2009). 'Critical Race Theory comes to the UK: A Marxist response.' *Ethnicities*, *9,* 246–284. https://doi.org/10.1177/1468796809103462
Coleman, L. D. (2008). Experiences of African American students in a predominantly white, two-year nursing program. *ABNF Journal, 19*(1).
Coleman, T. (2020). Anti-racism in nursing education: recommendations for racial justice praxis. *Journal Nurse Education*, *59*(11), 642-645. https://doi.org/10.3928/01484834-20201020-08
Collier-Sewell, F. (2022). Attending to our conceptualisations of race and racism in the pursuit of antiracism: A critical interpretative synthesis of the nursing literature. *Nursing Inquiry*. doi: 10.1111/nin.12522.
Collins, M. (2004). *The likes of us: A biography of the white working class*. London: Granta.
Collins, P. (1997). How Much Difference Is Too Much? Black Feminist Thought and the Politics of Postmodern Social Theory. *Current Perspectives in Social Theory,* 17, 3–37.
Collins, P. H.(1998). *Fighting Words: Black Women and the search for justice*. Minneapolis: University of Minnesota Press.
Collins, P.H (1998). It's all in the family: Intersections of gender, race and nation. *Hypatia,* 13, 62-82
Collins, P. (2000). *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment.* New York: Routledge.
Collins., P & Bilge, S. (2016). *Intersectionality.* Malden: Polity Press.
Collins, P., & Solomos, J. (2010). *The SAGE Handbook of Race and Ethnic Studies*. SAGE.
Commission on Race and Ethnic Disparities (2021a). The report of the commission on race and ethnic disparities. Education and Training. Retrieved January 10, 2023, from https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities/education-and-training
Connolly, C. (2016). *Student retention literature – Tinto's Model.* Retrieved February 1, 2022, from https://corneliathinks.wordpress.com/2016/09/20/tintos-model/

Contreras, E., & Bedford, L. (2023). The Transformative Nature of Doctoral Education. *Journal of Transformative Learning*, *10*(1).
Compton, R. (2008). *Class and Stratificatio*n. (3rd ed.). Polity Press. doi: 10.1017/S0047279408002882
Cooper, R., & Datnow, A. (1997). Peer Networks of African American Students in Independent Schools: Affirming academic success and racial identity. *The Journal of Negro Education. 66,* 56-72. https://doi.org/10.2307/2967251
Cordeiro, L., Baldini Soares, C., & Rittenmeyer, L. (2017). Unscrambling method and methodology in action research traditions: Theoretical conceptualization of praxis and emancipation. *Qualitative Research, 17*(4), 395–407. https://doi.org/10.1177/1468794116674771
Corry, M., Porter, S., & McKenna, H. (2019). The redundancy of positivism as a paradigm for nursing research. *Nursing Philosophy*, *20*. doi: https://doi.org/10.1111/nup.12230
Cortis, J., & Law, I.G. (2005). Anti-racist innovation and nurse education, *Nurse Education Today, 25* (3), 204-213.doi: 10.1016/j.nedt.2005.01.008
Costa, M., Griswold, M. K., & Canty, L. (2024). Nursing student perceptions of racism and health disparities in the United States: A critical race theory perspective. *Nursing Outlook*, *72* (3). doi: 10.1016/j.outlook.2024.102172
Costley, C., & Fulton, J. (2018). *Methodologies for Practice Research: Approaches for Professional Doctorates*. Sage.
Cottingham, M. D., Johnson, A. H., & Erickson, R. J. (2018). "I can never be too comfortable": Race, gender, and emotion at the hospital bedside. *Qualitative Health Research*, *28(*1), 145– 158. https://doi.org/10.1177/1049732317737980
Crafter, S., & Maunder, R. (2012). Understanding transitions using a sociocultural framework. *Educational and Child Psychology, 29*(1), 10-18.
Crawford, C., & Greaves, E. (2015). *Ethnic minorities substantially more likely to go to university than their White British peers.* Institute for Fiscal Studies. Retrieved January 24, 2023, from https://www.ifs.org.uk/publications/8042
Crenshaw, K. (1991). Mapping the margins: Identity politics, intersectionality, and violence against women. *Stanford Law review,* 43,6, 1241-1299.
Crenshaw, K. (1993). Mapping the margins: intersectionality, identity politics, and the violence against Women of Color. *Stanford Law Review, 43,* 1241-1299.https://doi.org/10.2307/1229039
Crenshaw, K. (1995). *Mapping the margins: intersectionality. Identity politics, and violence against women of colour*. In K. Thomas (ed). Critical Race Theory: The key writings that formed a movement. New York: The New Press.
Creswell, J. (2007). *Qualitative inquiry and research design: choosing among five approaches.* Thousand Oaks: Sage Publications.
Creswell, J. (2014). *Research design: qualitative, quantitative, and mixed methods approaches.* Sage.
Croizet, J. C., Després, G., Gauzins, M. E., Huguet, P., Leyens, J. P., & Méot, A. (2004). Stereotype threat undermines intellectual performance by triggering a disruptive mental load. *Personality and social psychology bulletin*, *30*(6), 721-731. doi: 10.1177/0146167204263961
Crombie, A., Brindley, J., Harris, D., Marks-Maran, D., &, Thompson, T.M. (2013). Factors that enhance rates of completion: what makes students stay? *Nurse Education Today*,*33* (11), 1282-7. doi: 10.1016/j.nedt.2013.03.020.

Crotty, M. (1998). Foundations of Social Research. Sage https://doi.org/10.4324/9781003115700
Cureton, D., & Gravestock, P. (2019). We Belong: differential sense of belonging and its meaning for different ethnicity groups in higher education, Compass. *Journal of Learning and Teaching*, *12*(1). doi: https://doi.org/10.21100/compass.v12i1.942
Cutri, J., Freya, A., Karlina, Y., Patel, S., Moharami, M., Zeng, S., Manzari, E., & Pretorius, L. (2021). Academic integrity at doctoral level: the influence of the imposter phenomenon and cultural differences on academic writing. *International Journal for Educational Integrity, 17*, 8. doi: https://doi.org/10.1007/s40979-021-00074-w
Daiute, C., & Lightfoot, C. (Eds.). (2004). *Narrative Analysis. Studying the Development of Individuals in Society.* Thousand Oaks, Sage Publications.
Dallinger-Lain, E. C. (2017). Racialized interactions in the law school classroom: Pedagogical approaches to creating a safe learning environment. *Journal of Legal Education, 67*, 780.
Dancis, J., & Coleman, B.R. (2021). Transformative dissonant encounters: opportunities for cultivating antiracism in white nursing students. *Nursing Inquiry, 29* (1), 1–14. doi: 10.1111/nin.12447
Das Gupta, T. (2009). *Real nurses and others: Racism in nursing.* Fernwood Publishing.
Davis, G., & Came, H. (2022). A pūrākau analysis of institutional barriers facing Māori occupational therapy students. *Australian Occupational Therapy Journal*, *69*(4), 414–423. https://doi.org/10. 1111/1440-1630.12800moore
Davis, K., Dye, K., Markey, K., Moore, T, K., Scholfield, D., & Tilki, M. (2007). Racism, the implications in nursing education. *Diversity in Health and Social Care*, *4,* 303–12. https://www.ana-illinois.org/wp-content/uploads/Racism-the-implications-for-nursing-education.pdf
Davis, S., & O'Brien, A. M. (2020). Let's talk about racism: Strategies for building structural competency in nursing. *Academic Medicine*, *95*(12), 58-65. doi: 10.1097/ACM.0000000000003688
Dean, J. (2017). *Doing reflexivity an introduction*. Policy Press.
Decuir, J., & Dixson, A. (2004). "So, when it comes out, they aren't as surprised that it is there." Using critical race theory as a tool of analysis of race and racism in education. *Educational Researcher*, *33*, 26-31. https://doi.org/10.3102/0013189X033005026
Delgado, R. (1990). When a story is just a story: Does voice really matter? *Virginia Law Review*, *76*(1), 95–11. https://doi.org/10.2307/1073104
Delgado, R. (1995). *Critical race theory*: The cutting edge. Temple University Press.
Delgado, R. (1996). *The coming race war? And other apocalyptic tales of America after affirmative action and welfare.* New York University Press.
Delgado Bernal, D. (1998). Using a Chicana feminist epistemology in educational research. *Harvard Educational Review*,*68*, 555-582. https://doi.org/10.17763/haer.68.4.5wv1034973g22q48
Delgado, R., & Stefancic, J. (1997). *Critical white studies: looking behind the mirror*. Temple University Press.
Delgado, R., & Stefancic, J. (2001). *An introduction to critical race theory.* New York University Press.
Delgado, R., & Stefancic, J. (2017). *Critical Race Theory.* New York University Press.

Demathews, D. E., & Watson, T. N. (2020). *No critical race theory isn't 'anti-American.' Education Week.* Retrieved February 17, 2022, from https://www.edweek.org/leadership/opinion-no-critical-race-theory-isnt-anti-american/2020/10

Department of Health and Social Care. (2017). *NHS Bursary Reform*. Retrieved March 18, 2023, from https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform

Department of Health and Social Care. (2024). Code of practice for the international recruitment of health and social care personnel in England. Retrieved December 6, 2024, from https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england

Delanty, G., & Strydom, P. (2003). *Philosophies of Social Science. The Classic and Contemporary readings.* Maidenhead: Open University Press.

Dey, I. (1993). *Qualitative data analysis*. Routledge. https://doi.org/10.4324/9780203412497

Dhamoon, R.K. &, Hankivsky, O.(2011). *Why the theory and practice of intersectionality matter to health research and policy*. In: Hankivsky O. Health Inequities in Canada: Intersectional Frameworks and Practices. Vancouver: UBC Press.

DiAngelo, R. J. (2010). Why can't we all just be individuals? Countering the discourse of individualism in anti-racist education. *InterActions: UCLA Journal of Education and Information Studies*, *6*(1). https://doi.org/10.5070/D461000670

DiAngelo, R. (2011). White fragility. *International Journal of Critical Pedagogy*, 3(3).

DiAngelo, R. (2012). Nothing to add: A challenge to white silence in racial discussions. *Understanding and Dismantling privilege*, *2*(1), 1-17.

DiAngelo, R. (2019). *White fragility: why it's so hard for white people to talk about racism*. Allen Lane.

Diversity UK. (2019). *Universities Must Do More to Tackle Ethnic Disparity*. Retrieved May 30, 2022, from https://diversityuk.org/universities-must-do-more-to-tackle-ethnic-disparity/.

Doody, O., & Doody, C. (2015). Conducting a pilot study; Case study of a novice researcher. *British Journal of Nursing, 24*, 1074-1078. doi: 10.12968/bjon.2015.24.21.1074

Doringer, S. (2021). The problem centred expert interview. Combining qualitative interviewing approaches for investigating implicit expert knowledge. *International Journal of Social Research Methodology*, *24* (3), 265-278. https://doi.org/10.1080/13645579.2020.1766777

Dowling, T., Metzger, M., & Kools, S. (2021). Cultivating inclusive learning environments that foster nursing education program resiliency during the Covid-19 pandemic. *Journal of Professional Nursing*, *37*(5), 942-947. doi: 10.1016/j.profnurs.2021.07.010

Dube, M., Geraghty, S., Bull, A., Arini, K. N., Adnyani, S., Noviani, N. W., Budiani, N.N., Mahayati, N.N.D., Utarini, G.A.E., & Sriasih, N. G. K. (2020). Shared learning on an international clinical placement: Promoting symbiotic midwifery practice knowledge. *Women and Birth*, *33*(6), e558-e566. https://doi.org/10.1016/j.wombi.2019.11.006

Dyson, S., Culley, L., Norrie, P., & Genders, N. (2008). An exploration of the experiences of South Asian students on Pre-registration nursing programmes in a UK university. *Journal of Research in Nursing*, *13*(2):163-176. doi:10.1177/1744987108088641

Ecclestone, K. (2006). *The rise of transitions as a political concern: the effects of assessment on identity and agency in vocational education.* Working paper for the Teaching and Learning Research Programme Thematic Seminar Series on 'Transitions Through the Life course.'

Education Endowment Education. (2018). *The Attainment Gap 2017.* Education Endowment Education.

Education Policy Institute. (2017). Closing the Gap? Trends in Educational Attainment and Disadvantage. Retrieved June 22, 2022, from https://epi.org.uk/publications-and- research/closing-gap-trends-educational-attainment-disadvantage/

Elliot, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches.* Sage. https://doi.org/10.4135/9780857020246

Epstein, J., Fonseca, E., MacIver, M., & Sheldon, S. (2015). Engaging Families to Support Students' Transition to High School: Evidence from the Field. *The High School Journal, 99*(1), 27-45. doi: 10.1353/hsj.2015.0016

Equality Challenge unit. (2019). Equality *in higher education: student statistical report.* Equality Challenge Unit.

Equality and Human Rights Commission. (2014). What equality law means for you as a student in further or higher education. Retrieved July 1, 2021, from https://www.equalityhumanrights.com/sites/default/files/what_equality_law_means_for_you_as_a_student_in_further_or_higher_education.pdf

Equality and Human Rights Commission. (2017). The gender pay gap. Retrieved July 1, 2021, from https://www.equalityhumanrights.com/sites/default/files/research-report-109-the-gender-pay-gap.pdf

Ethnicity Facts and Figures, (2023). NHS workforce. Retrieved April 12, 2024, from https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest/

Evans, B. C. (2008). "Attached at the umbilicus": Barriers to educational success for Hispanic/Latino and American Indian nursing students. *Journal of Professional Nursing, 24*(4).

Fairclough, N. (1989). *Language and Power*. Longman.

Fanon, F. (2023). *Black skin, white masks. In Social theory re-wired* . Routledge.

Fields, A., France, N., & Garth, K. (2004). " You're just shoved to the corner:" The lived experience of Black nursing students being isolated and discounted. A pilot studies. *Visions, 12*(1), 28.

Finch, J., & Mason, J. (1990). Decision taking in the fieldwork process: Theoretical sampling and collaborative working. In R.G. Burgess, (Ed.), Studies in qualitative methodology*, Issues in qualitative research.* JAI Press.

Finlay, L. (1998). Reflexivity: An essential component for all research? *British Journal of Occupational Therapy*, *61* (10), 453-456. https://doi.org/10.1177/030802269806101005

Fitzsimmons, K. A. (2009). *Existence of implicit racial bias in nursing faculty*. University of Colorado.

Foster, J.J., & Parker, I. (1995). *Carrying out investigations in psychology: methods and statistics.* BPS Books.

Ford, M. (2019a). Focus: Men in nursing- tipping the gender balance. *Nursing Times,* Retrieved August 11, 2024, from https://www.nursingtimes.net/news/workforce/focus-men-in-nursing-tipping-the-gender-balance/7028049.article

Ford, M. (2021). BAME nurses still facing three times higher levels of discrimination. Retrieved September 9, 2023, from https://www.nursingtimes.net/workforce/bame-nurses-still-facing-three-times-higher-levels-of-discrimination-01-03-2021/

Ford, M. (2023). Senior nurse wins 'landmark 'race discrimination case against NHS. Retrieved May 18, 2024, from https://www.nursingtimes.net/news/leadership-news/senior-nurse-wins-landmark-race-discrimination-case-against-nhs-24-02-2023/

Forrest, B. (2023). Men in Nursing: smoke and mirrors. *British Journal of Nursing*, *32* (5). https://doi.org/10.12968/bjon.2023.32.5.234

Frame, M. (2015). Building belonging with the curriculum: Optimum combinations of pedagogies for Level 1 students. The Higher Education Academy. Retrieved October 28, 2022, from https://www.heacademy.ac.uk/knowledge-hub/building-belonging-curriculum-optimum-combinations-pedagogies-level-1-students

Franklin, J. (2016). Racial microaggressions, racial battle fatigue, and racism-related stress in higher education. *Journal of Student Affairs at New York University*, *12,* (44), 44-55.

Gallagher, S. (2022). *What Is Phenomenology?* In: Phenomenology. Palgrave Philosophy Today. Palgrave Macmillan. https://doi.org/10.1007/978-3-031-11586-8_1

Gardner, J. (2005). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing, 16*(2), 155-162. doi: 10.1177/1043659604273546

Garfinkel, H. (1967). *Studies in Ethnomethodology*. Prentice-Hall.

Garland, R., & Batty, M.L. (2021). Moving beyond the rhetoric of social justice in nursing education: guidance for nurse educators committed to anti-racist pedagogical practice. *Witness 3* (1), 17–30. https://doi.org/10.25071/2291-5796.96.

Gause, G., Sehularo, L. A., & Matsipane, M. J. (2024). Coping strategies used by undergraduate first-year nursing students during transition from basic to higher education: a qualitative study. *BMC nursing*, *23*(1), 276. doi: 10.1186/s12912-024-01938-5

Gibson, W. J., & Brown, A. (2009). *Working with Qualitative Data*. Sage Publications Limited. https://doi.org/10.4135/9780857029041

Gillborn, D. (2005). Education policy as an act of white supremacy: Whiteness, Critical Race Theory, and education reform. *Journal of Education Policy*, *20(*4), 485-505. https://doi.org/10.1080/02680930500132346

Gillborn, D. (2011). *Once upon a time in the UK: race, class, hope and whiteness in the academy: personal reflections on the birth of 'BritCrit'*. In K. Hylton, A. Pilkington, P. Warmington & S. Housee (Eds.), Atlantic crossings: international dialogues on critical race theory.

Gillborn, D. (2015). Intersectionality, Critical Race Theory and the Primacy of Racism: Race, Class, Gender, and Disability in Education. *Qualitative Inquiry*, 21, 3, 277-287.

Gillborn, D. (2015). “The Monsterisation of Race Equality: How Hate Became Honourable.” In C. Alexander, J. Arday & D. Weekes-Bernard (Eds.) *The Runnymede School Report Race, Education, and Inequality in Contemporary Britain*. Runnymede Trust.

Goetz, C. R. (2007). *The process of becoming: A grounded theory study of Hispanic nursing student success.*

Goodman, M., & Kwate, N. (2014). An empirical analysis of White privilege, social position and health. *Social Science and Medicine*, *116,* 150-160. doi: 10.1016/j.socscimed.2014.05.041

Government Equalities Office & Equality and Human Rights Commission (2013). Equality Act 2010. Retrieved January 10, 2023, from https://www.gov.uk/guidance/equality-act-2010-guidance

Graham, L., Brown-Jeffy, S., Aronson, R., & Stephens, C. (2011). Critical race theory as theoretical framework and analysis tool for population health research. *Critical Public Health*, *21*,1, 81-93. doi: 10.1080/09581596.2010.493173

Grbich, C. (2013). *Qualitative Data Analysis.* Sage Publications Limited. https://doi.org/10.4135/9781529799606

Greetham, B. (2020). *How to write your literature review*. Bloomsbury Publishing.

Grineski, S., Landsman, J., & Simmons, R. (2023). *Talking About Race: Alleviating the Fear.* Taylor & Francis.

Grinyer, A., & Thomas, C. (2012). *The value of interviewing on multiple occasions or longitudinally*. In: Gubriem, J., Holstein, J., Marvasti, A., & McKinney. K. (Eds.) (2012). The *SAGE handbook of interview research; The complexity of the craft (*pp. 219-230). Sage.

Gubriem, J., Holstein, J., Marvasti, A., & McKinney. K. (2012). T*he SAGE handbook of interview research; The complexity of the craft.* Sage. https://doi.org/10.4135/9781452218403

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and "ethically important moments" in research. *Qualitative Inquiry, 10*, 261-280. https://doi.org/10.1177/1077800403262360

Gunter, B.G. (2019). Global Majority E-Journal. Retrieved August 23, 2023, from https://www.american.edu/cas/economics/ejournal/upload/global_majority_e_journal_10_2_accessible.pdf

Gunaratnam, Y. (2003). *Researching race and ethnicity methods, knowledge and power*. Sage. https://doi.org/10.4135/9780857024626

Hariton, E., & Locascio, J.J. (2018). Randomised controlled trials - the gold standard for effectiveness research: Study design: randomised controlled trials. *International Journal of Obstetrics and Gynaecology, 125*, 1716-1716. doi: https://doi.org/10.1111/1471-0528.15199

Haddaway, N. R., Grainger, M. J., & Gray, C. T. (2022). Citation chaser: A tool for transparent and efficient forward and backward citation chasing in systematic searching. *Research Synthesis Methods*, *13*(4), 533-545. doi: 10.1002/jrsm.1563

Hagerty, B., Lynch-Sauer, J., Patusky, K., Bouwsema, M., & Collier, P. (1992). Sense of belonging: A vital mental health concept. *Archives of Psychiatric Nursing*, 6(3), 172–177. https://doi.org/10.1016/0883-9417(92)90028-h

Haig, E. (2004). Some observations on the critique of critical discourse analysis. *Studies in Language and Culture, 25*, 129– 149.

Hall, K. (2014). Create a sense of belonging: Finding ways to belong can help ease the pain of loneliness. *Psychology Today*, *3*, 24.
Hall, J. M., & Fields, B. (2012). Race and microaggression in nursing knowledge development. *Advances in Nursing Science*, *35*(1), 25– 38. https://doi.org/10.1097/ANS.0b013e3182433b70
Hall, J. M., & Fields, B. (2013). Continuing the conversation in nursing on race and racism. *Nursing Outlook*, *61*(3), 164–173. https://doi.org/10.1016/j.outlook.2012.11.006
Hammond, J.A., Williams., A, Walker, S., & Norris, M. (2019). Working hard to belong: a qualitative study exploring students from Black, Asian and minority ethnic backgrounds experiences of pre-registration physiotherapy education. *BMC Medical Education,19* (1):372. doi: 10.1186/s12909-019-1821-6.
Hankivsky, H. & Christoffersen, A. (2008). Intersectionality and the Determinants of Health: A Canadian perspective. *Critical Public Health*, 18 (3), 271-283.
Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C., & Brotman, S.(2010). Exploring the promises of intersectionality for advancing women's health research. *International Journal Equity Health*, 11,9,5. doi: 10.1186/1475-9276-9-5.
Harding, S. (1991). *Whose science? Whose knowledge? Thinking from women's lives*. Milton Keynes: Open University Press. doi 10.2307/2186048
Hardy, C., Harling, M., Nairn, S., Narayanasamy, M., & Parumal, L. (2012). Diversity and ethnicity in nurse education: The perspective of nurse lecturers. *Nurse Education Today*,*32*, 3, 203-207. doi: 10.1016/j.nedt.2011.02.012
Harris, C. (1993). whiteness as a property. *Harvard Law Review*, *106* (8), 1707-1791.https://doi.org/10.2307/1341787
Hart, C. S. (2018). Education, inequality and social justice: A critical analysis applying the Sen-Bourdieu Analytical Framework. *Policy Futures in Education*, *17,*(5), 582-598. https://doi.org/10.1177/1478210318809758
Hartlep, N. D., & Ball, D. (2020). *Racial battle fatigue in faculty: Perspectives and lessons from higher education.* Routledge. https://doi.org/10.4324/9780429054013
Hartley, R., James, R., & McInnes, C. (2000). *Trends in the first-year experience: In Australian universities.* Centre for the Study of Higher Education. University of Melbourne.
Harvey, L., Drew, S., & Smith, M. (2006). *The first-year experience: a review of literature for the Higher Education Academy*. Higher Education Academy.
Harvey, L & Knight, P.T. (1996). Transforming higher education. Buchingham, Society for Research into Higher Education, Open University Press.
Hassouneh, D. (2006). Anti-racist pedagogy: challenges faced by faculty of color in predominantly white schools of nursing. *Journal of Nursing Education*, *45*(7). doi: 10.3928/01484834-20060701-04
Haverkamp, B. E. (2004). Ethical perspectives on qualitative research in applied psychology. *Journal of Counselling Psychology, 52*, 146-155. https://doi.org/10.1037/0022-0167.52.2.146
Hayward, C., & Lukes, S. (2008). "Nobody to Shoot? Power, Structure, and Agency: A Dialogue." *Journal of Power, 1,* (1), 5–20. doi:10.1080/17540290801943364.
Helms, J. E. (1995). An update of Helms's white and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counselling* (pp. 181-198). Sage.

Helms, J. E. (2014). Toward a model of White racial identity development. In *College student development and academic life* (pp. 207-224). Routledge.
Hermes, M. R. (1999*). Research Methods as a Situated Response: Towards a First Nations' Methodology: Critical Race Theory and Qualitative Studies in Education.* In L. Parker (Ed.), Race Is…Race Isn't: Critical Race Theory and Qualitative Studies in Education. Westview
Higher Education Policy Institute. (2020). Mind the gap: gender differences in higher education. Retrieved August 23, 2023, from https://www.hepi.ac.uk/2020/03/07/mind-the-gap-gender-differences-in-higher-education/
Hiraldo, P. (2010). The Role of Critical Race Theory in Higher Education. *The Vermont Connection*, *31*, 53-59.
Hobbel. N., & Chapman, T.K. (2009). Beyond the sole category of race. Using a CRT intersectional framework to map identity projects. *Journal of Curriculum Theorizing*, 25, 2, 76-89.
Holland, A. E. (2015). The lived experience of teaching about race in cultural nursing education. *Journal of Transcultural Nursing*, *26*(1), 92– 100. https://doi.org/10.1177/1043659614523995
Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency, and coherence. *Qualitative Research, 3*, 345-57. https://doi.org/10.1177/1468794103033004
Holmes, A.G.D. (2020). Researcher positionality – A consideration of its influence and place in qualitative research – A new researcher guide. *International Journal of Education,* 8(4), 1–10. https://doi.org/10.34293/education.v8i4.3232
Hopkins, P. (2011). Towards Critical Geographies of the University Campus: Understanding the Contested Experiences of Muslim Students. *Transactions of the Institute of British Geographers, 36*, 157–69. https://doi.org/10.1111/j.1475-5661.2010.00407.
Horkheimer, M. (1972). *Critical Theory*: *Selected Essays*, translated by Matthew J. O'Connell, et al. Seabury Press.
Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher, 20* (4), 12-17.doi: 10.7748/nr2013.03.20.4.12.e326
Howson, C. (2014). The Experience of Black Ethnically-Minoritised students in higher education in the UK.
Hughes, G., & Small, O. (2014). Which aspect of university life are most and least helpful in the transition to HE? A qualitative snapshot of student perceptions. *Journal of Further and Higher Education, 39,* 466-480. *https://doi.org/10.1080/0309877x.2014.971109*
Hughes, M., Kenmir, A., Innis, J., O'Connell, J., & Henry, K. (2020). Exploring the transitional experience of first-year undergraduate nursing students. J*ournal of Nursing Education, 59(5), 263-268.* doi: 10.3928/01484834-20200422-05
Hultberg, J., Plos, K., Hendry, G.D., & Kjellgren, K.I. (2008). Scaffolding students' transition to higher education: parallel introductory courses for students and teachers *Journal of Further and Higher Education, 32*:1, 47-57. doi: 10.1080/03098770701781440
Hussey, T., & Smith, P. (2010). Transitions in higher education. *Innovations in Education and Teaching International*, *47*(2), 155-164.https://doi.org/10.1080/14703291003718893

Hylton, K. (2012). Talk the talk, walk the walk: Defining Critical Race Theory in research. *Race Ethnicity and Education*, 15 (1), 23 – 41. https://doi.org/10.1080/13613324.2012.638862
Iheduru-Anderson, K. (2020). Accent bias: A barrier to Black African-born nurses seeking managerial and faculty positions in the United States. *Nursing Inquiry*, e12355. https://doi.org/10.1111/nin.12355
Jeyasingham, D., & Morton, J. (2019). How is 'racism' understood in literature about Black and minority ethnic social work students in Britain? A conceptual review. *Social Work Education*, *38*(5), 563–575.https://doi.org/10.1080/02615479.2019.1584176
Jindal-Snape, D. (2009). *Educational transitions: Moving Stories from Around the World*. Routledge. https://doi.org/10.4324/9780203859124
Johnson-Mallard, V., Jones, R., Coffman, M., Gauda, J., Deming, K., Pacheco, M., & Campbell, J. (2019). The Robert Wood Johnson Nurse Faculty Scholars Diversity and Inclusion Research. *Health Equity*, *3*(1), 297–303. https://doi.org/10.1089/heq.2019.0026josep
Johnson, K.E., Sumpter, D.F., & Thurman, W.A. (2019). Words matter. An integrative review of institutionalized racism in nursing literature. *Advances in Nursing Science,42*, 89–108.doi: 10.1097/ANS.0000000000000265
Johnson, A., & Joseph-Salisbury, R. (2018). 'Are you supposed to be in here?' Racial microaggressions and knowledge production in higher education. In J. Arday, & M. Heidi (Eds.), *Dismantling race in higher education.* Palgrave Macmillan. https://doi.org/10.1007/978-3-319-60261-5_8
Jones, J., & Smith, J. (2017). Ethnography: challenges and opportunities. *Evidence-Based Nursing, 20*, 98-100. doi: 10.1136/eb-2017-102786
Joseph, E. (2020). Composite counter storytelling as a technique for challenging ambivalence about race and racism in the labour market in Ireland. *Irish Journal of Sociology, 28*, (2). https://doi.org/10.1177/0791603520937274
Joseph Rowntree Foundation (2017). Poverty and Ethnicity in the Labour Market. Retrieved March 21, 2021, from https://www.jrf.org.uk/report/poverty-ethnicity-labour-market
Joseph-Salisbury, R. (2020). Race and racism in English secondary schools. *Runnymede Perspectives*.
Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. *Narrative inquiry*, *14*(1), 1-28.https://doi.org/10.1075/ni.14.1.01jos
Josselson, R. (2006). 'Narrative Research and the Challenge of Accumulating Knowledge.' *Narrative Inquiry, 16*, (1), 3–10. doi.org/10.1075/ni.16.1.03jos
Josselson, R. (2007). T*he ethical attitude in narrative research: Principles and Practicalities*. In: D.J. Clandinin (Ed.), *Handbook of narrative inquiry: mapping and methodology* (pp. 537-566). Sage. https://doi.org/10.4135/9781452226552.n21
Kantanis, T. (2000). The role of social transition in students' adjustment to the first year of university. *Journal of Institutional Research*, *9*(1), 100-110.
Karmelita, C. (2020). Advising adult learners during the transition to college. *NACADA Journal, 40*(1), 64–79. https://doi.org/10.12930/NACADA-18-30
Karmelita, C. E. (2018). Exploring the experiences of adult learners in a transition program. *Journal of Adult and Continuing Education*, *24*(2), 141–164. https://doi.org/10.1177/1477971418791587

Kaufman, K.S. (1994). The insider/outsider dilemma. Field experience of a white researcher 'getting in' a poor black community. *Nursing Research*, 43, 3, 179-183.
Kaur-Aujla, H., Dunkley, N., & Ewens, A. (2021). Embedding race equality into nursing programmes: hearing the student voice. *Nurse Education Today*, 102. doi: 10.1016/j.nedt.2021.104932
Kelly, B. (2007). Methodological issues for qualitative research with learning disabled children. *International Journal of Social Research methodology, 10* (1), 21-35.https://doi.org/10.1080/13645570600655159
Kettley, N. (2007). The past, present, and future of widening participation research. *British Journal of Sociology of Education*, *28*(3): 333–47.doi: 10.1080/01425690701252531
Khan, A.W. (2016). Critical Race Theory: The Intersectionality of Race, Gender and Social Justice. *Humanities and Social Science,* 23,1.
Khan, M. H. (2018). Ethnography: An Analysis of its Advantages and Disadvantages. Retrieved May 16, 2022, from https://ssrn.com/abstract=3276755
Kim, J.H. (2016). *Understanding Narrative Inquiry*. Sage.
Kline, N. (1999). *Time to think listening to ignite the human mind*. Ward Lock
Koch, T., & Harrington, A. (1998). Reconceptualizing rigour: The case for reflexivity. *Journal of Advanced Nursing*, *28* (4), 882-890.doi: 10.1046/j.1365-2648.1998.00725.x
Komesaroff, P. (1995). *From bioethics to micro ethics: Ethical debate and clinical medicine*. In P. Komesaroff (Ed.), *Troubled bodies: Critical perspectives on postmodernism, medical ethics, and the body*. Melbourne University Press.
Kolivoski, K.M. (2020). Applying Critical Race Theory (CRT) and Intersectionality to Address the Needs of African American Crossover Girls. *Child and Adolescent Social Work Journal*, 39, 133-145.
Kubanyiova, M. (2008). Rethinking research ethics in contemporary applied linguistics: The tension between macro ethical and micro ethical perspectives in situated research. *The Modern Language Journal, 92*, 503-508. https://doi.org/10.1111/j.1540-4781.2008.00784.x
Kvale, S. (2007). *Doing interviews.* London: Sage Publications. https://doi.org/10.4135/9781849208963
Lachuk, A., & Moseley, M. (2012). “Us & Them? Entering a Three-Dimensional Narrative Inquiry Space with white Pre-Service Teachers to Explore Race, Racism and Anti-Racism.” *Race, Ethnicity and Education, 15*(3), 311–330.
Ladson-Billings, G. (1998). Just what is critical race theory and what's it doing in a nice field like education? *International Journal of qualitative studies in Education*, *11* (1), 7-24. https://doi.org/10.1080/095183998236863
Ladson-Billings, G. J. (2003). It’s your world, I’m just trying to explain it: Understanding our epistemological and methodological challenges. *Qualitative Inquiry, 9*(1), 5–12.
Ladson-Billings, G. (2005). The evolving role of critical race theory in educational scholarships. *Race, Ethnicity and Education*, *8*, 115-119.https://doi.org/10.1080/1361332052000341024
Ladson-Billings, G., & Tate, W. (1995). Toward a critical race theory analysis of education. *Teachers College Record, 97*(1), 47-68.https://doi.org/10.1177/016146819509700104
Lamb, G. S., & Huttlinger, K. (1989). Reflexivity in nursing research. *Western Journal of Nursing Research*, *11*(6), 765-772.doi: 10.1177/019394598901100612

Lancellotti, K. (2008). Culture care theory: A framework for expanding awareness of diversity and racism in nursing education. *Journal of Professional Nursing*, *24*(3), 179– 183. doi:10.1016/j.profnurs.2007.10.007
Latham, C.L., Lim, C., Nguyen, E., Singh, H., & Tara., S. (2016). Transition program to promote incoming nursing student success in higher education. *Nurse Educator*,*41*(6), 319-323.doi: 10.1097/NNE.0000000000000262
Lawless, J. J., Brooks, S., & Julye, S. (2006). Textual representation of diversity in COAMFTE accredited doctoral programs. *Journal of Marital and Family Therapy*, *32* (1), 3–15. doi:10.1111/j.1752-0606. 2006.tb01584.
Lawson, T. (2019). *The nature of social reality: Issues in social ontology*. Routledge. https://doi.org/10.4324/9780429199035
Layder, D. (1994). *Understanding Social Theory.* Sage. https://doi.org/10.4135/9781446279052
Leach, K.A., & Crichlow, W. (2020). CRT intersectionality and non-profit collaboration: a critical reflection. *Community Development Journal,* 55, 1, 121-138.
Leathwood, C., & O'Connell, P. (2003). 'It's a struggle': The construction of the 'new student' in higher education. *Journal of Education Policy*, *18*(6), 597–615. https://doi.org/10.1080/0268093032000145863
Lee, C., Dickson, D.A., Conley, C.S., & Holmbeck, G.N. (2014). A closer look at self-esteem, perceived social support, and coping strategy: a prospective study of depressive symptomatology across the transition to college. *Journal of Social and Clinical Psychology*, 33 (6), 560–585.
http://dx.doi.org/10.1521/jscp.2014.33.6.560.
Leese, M. (2010). Bridging the gap: Supporting student transitions into higher education. *Journal of Further and Higher Education*, *34*, 239-251.https://doi.org/10.1080/03098771003695494
Levett-Jones, T., Lathlean, J., Maguire, J., & McMillan, M. (2007). Belongingness: A critique of the concept and implications for nursing education. *Nurse Education Today, 27*(3), 210-218. doi: 10.1016/j.nedt.2006.05.001
Le Voi, M. (2000). *Responsibilities, Rights and Ethics: U500 doing academic research.* Open University press.
Likupe, G. (2006). Experiences of African nurses in the UK National Health Service: A literature review. *Journal of Clinical Nursing, 15,* 1213-1220. https://doi.org/10.1111/j.1365-2702.2006.01380.x
Lincoln, Y. (1993). I *and thou: Method, voice, and roles in research with the silenced.* In D. McLaughlin & W. Tierney (Eds.), *Naming silenced lives* (pp. 29-47). Routledge Kegan Paul.
Liu, K., & Ball, A. F. (2019). Critical reflection and generativity: Toward a framework of transformative teacher education for diverse learners. *Review of Research in Education*, *43*(1), 68–105. https://doi.org/10.3102/0091732X18822806
Lockwood, D. (1956). Some remarks on" the social system". *The British Journal of Sociology*, 7(2), 134-146.
Lorde, A. (1992). *Age, race, class, and sex: Women redefining difference*. In M. Anderson & P. HillCollins (Eds.), *Race, class, and gender: An anthology* (pp.495-502). Wadsworth.
Love, B. J. (2004). "Brown Plus 50 Counter-Storytelling: A Critical Race Theory Analysis of the 'Majoritarian Achievement Gap' Story." *Equity & Excellence in Education, 37*(3), 227–246. https://doi.org/10.1080/10665680490491597

Lowe, H., & Cook, A. (2003). Mind the Gap: Are students prepared for higher education? *Journal of Further and Higher Education*, *27*(1), 53–76. https://doi.org/10.1080/03098770305629
Lu, C.J., & Shulman, S.W. (2008). Rigor and flexibility in computer-based qualitative research: introducing the coding analysis toolkit. *International Journal of Multiple Research Approaches*, *2*, 105-117. https://doi.org/10.5172/mra.455.2.1.105
Luther-King, M. (1963). Letter from the Birmingham Jail. Retrieved August 1, 2024, from https://www.africa.upenn.edu/Articles_Gen/Letter_Birmingham.html
Lynch, K. (2006). Neoliberalism and Marketisation: The implications for higher education. *European Educational Research Journal*, *5*, 1. https://doi.org/10.2304/eerj.2006.5.1.1
Machin, A.I., Machin, T., & Pearson, P. (2012). Maintaining equilibrium in professional role identity: a grounded theory study of health visitors' perceptions of their changing professional practice context. *Journal of Advanced Nursing, 68* (7), 1526–1537. https://doi.org/10.1111/j.1365-2648.2011.05910.x
Madriaga, M. (2018). Anti-Blackness in English Higher Education. *International Journal of Inclusive Education*, *24*(11), 1143-1157. doi: 10.1080/13603116.2018.1512660
Markey., K, & Tilki., M. (2007). Racism in nursing education: A reflective journey. *British Journal of Nursing*, *17*, 7. 380-393. doi: 10.12968/bjon.2007.16.7.23221
Maslow, A. H. (1943). Preface to motivation theory. *Psychosomatic medicine*. https://doi.org/10.1097/00006842-194301000-00012
Maslow, A. (1954). *Motivation and Personality*. Harper.
Matias, C.E. (2016). *Feeling white: whiteness, emotionality, and education.* Sense Publishers.
Matsuda, C. (1991). Voices of America: Accent, anti-discrimination law, and a jurisprudence for the last reconstruction. *Yale Law Journa*l,*100,* 1329-1407.
Matsuda, M., Lawrence, C., Delgado, R., & Crenshaw, K. (1993). *Words that wound critical race theory, assaultive speech and the first amendment.* Westview. https://doi.org/10.4324/9780429502941
Maunder, R. E., Cunliffe, M., Galvin, J., Mjali, S., & Rogers, J. (2013). Listening to student voices: Student researchers exploring undergraduate experiences of university transition. *Higher education*, *66*, 139-152.https://doi.org/10.1007/s10734-012-9595-3
May, H., & Thomas, L. (2010). *Inclusive Learning and Teaching in Higher Education.* Higher Education Academy.
McCoy, D.L. (2006). Entering the academy: Exploring the socialization experiences of African American male faculty. Retrieved May 16, 2022, from https://etd.lsu.edu/docs/available/etd04052006-143046
McDonald, M., Brown, J., & Knihnitski, C. (2018). Student perception of initial transition into a nursing program: A mixed methods research study. *Nurse Education Today, 64*, 85-92. doi: 10.1016/j.nedt.2018.01.028
McGibbon, E., Mulaudzi, F.M., Didham, P., Barton, S., & Sochan, A. (2014). Toward decolonizing nursing: the colonization of nursing and strategies for increasing the counter-narrative. *Nursing Inquiry*, *21*(3):179-91. doi: 10.1111/nin.12042
McGraw, L., Zvonkovic, A., & Walker, A. (2000). Studying postmodern families: A feminist analysis of ethical tensions in work and family research. *Journal of*

Marriage and the Family, 62 (1), 68-77. https://doi.org/10.1111/j.1741-3737.2000.00068.x
McIntosh, P. (1989). White Privilege: Unpacking the invisible knapsack. Peace and Freedom, *49*(4), 10-12
McSharry, P., & Timmins, F. (2016). An evaluation of the effectiveness of a dedicated health and well-being course on nursing students' health. *Nurse Education Today, 44*, 26–32. http://dx.doi.org/10.1016/j.nedt.2016.05.004.
Meehan, C., & Howells, K. (2017). 'What really matters to freshers?': evaluation of first year student experience of transition into university. *Journal of Further and* Higher Education, *42*(7), 893-907. https://doi.org/10.1080/0309877X.2017.1323194
Melaku, T. M., & Beeman, A. (2022). Black women in white academe: a qualitative analysis of heightened inclusion tax. *Ethnic and Racial Studies*, *46*(6), 1158–1181. https://doi.org/10.1080/01419870.2022.2149273
Mikesell, L. (2013). Medicinal relationships: caring conversation. *Medical education*, *47*(5), 443-452. doi: 10.1111/medu.12104
Miller, M. (2016). *The Ethnicity Attainment Gap: Literature Review.* Retrieved May 16, 2022, from http://www.sheffield.ac.uk/polopoly_fs/1.661523!file/BME_Attainment_Gap_Literature_Review_EXTERNAL_-_Miriam_Miller.pdf.
Miller, R., Liu, K., & Ball, A. F. (2020). Critical Counter-Narrative as Transformative Methodology for Educational Equity. *Review of Research in Education, 44*(1), 269-300. http://dx.doi.org/10.3102/0091732X20908501
Miller-Kleinhenz, J. M., Kuzmishin Nagy, A. B., Majewska, A. A., Adebayo Michael, A. O., Najmi, S. M., Nguyen, K. H., Van Sciver, R., & Fonkoue, I. T. (2021). Let's talk about race: changing the conversations around race in academia. *Communications biology, 4*(1), 902. doi: 10.1038/s42003-021-02409-2
Milner, H. R. IV., & Howard, T. C. (2013). Counter-narrative as method: Race, policy and research for teacher education. *Race Ethnicity and Education*, *16*(4), 536–561. https://doi .org/10.1080/13613324.2013.817772
Money, J., Nixon, S., & Graham, L. (2020). Do educational experiences in school prepare students for university? A teacher's perspective. *Journal of Further and Higher Education*, *44*(4), 554–567.
Montague, J., Tsui, J., Haghiri-Vijeh, R., & Connell, M. (2022). Quest to Belong: Nursing Students' Perceptions while Transitioning from College to University. *Quality Advancement in Nursing Education*, *8*(2), 1–14. https://doi.org/10.17483/2368-6669.1316
Moorley, C., Darbyshire, P., Serrant, L., Mohamed, J., Ali, P., & De Souza, R. (2020). Dismantling structural racism: Nursing must not be caught on the wrong side of history. *Journal of Advanced Nursing,* 76, (10), 2450-2453.doi: 10.1111/jan.14469
Moore, W. L. (2012). Reflexivity, power, and systemic racism. *Ethnic and racial studies*, *35*(4), 614-619.
Montecinos, C. (1995). *Culture as an ongoing dialogue: Implications for multicultural teacher education.* In C. Sleeter & P. McLaren (Eds.), *Multicultural education, critical pedagogy, and the politics of difference* (pp. 269-308). State University of New York Press.
Moreau, M.P., & Leathwood, C. (2006). Balancing paid work and studies: working (-class) students in higher education. *Studies Higher Education*, 31,1, 23–42. https://doi.org/10.1080/03075070500340135Return

Morris, G. (2023). Florence Nightingale: her impact on Nursing and Colonialism. Retrieved March 13, 2024, from https://nursejournal.org/articles/facts-about-florence-nightingale/

Morse, J. M. (2015). Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research*, *25*(9), 1212-1222. https://doi.org/10.1177/1049732315588501

Mountford-Zimdars, A., Sabri, D., Moore, J., Sanders, J., Jones, S., & Higham, L. (2015). *Causes of difference in student outcomes*. Report to Higher Education Funding Council for England (HEFCE). Retrieved April 10, 2021, from https://dera.ioe.ac.uk/23653/1/HEFCE2015_diffout.pdf

Munro, P. (1998). *Subject to fiction: women teachers life history narratives and the cultural politics of resistance.* Open University Press.

Murray, L, C. (2016). The problem centred interview. J*ournal of Mixed Methods Research*, *10* (1), 112-113.

Murray, T.A., & Noone, J. (2022). Advancing Diversity in Nursing Education: A Groundwater Approach. *Journal of Professional Nursing*, *41*, 140–148. https://doi.org/10.1016/j.profnurs.2022.05.002

Nairn, S., Hardy, C., Harling, M., Parumal, L., & Narayanasamy, M. (2012). Diversity and ethnicity in nurse education: The perspective of nurse lecturers. *Nurse Education Today*, *32*(3), 203– 207. https://doi.org/10.1016/j.nedt.2011.02.012

Nairn, S., Hardy, C., Parumal, L., & Williams, G. A. (2004). Multicultural or anti-racist teaching in nurse education: A critical appraisal. *Nurse Education Today*, *24*(3), 188– 195. https://doi.org/10.1016/j.nedt.2003.11.007

National Collaborative Outreach Programme. (2018). *Year one report of the national formative and impact evaluation, including capacity building with NCOP consortia.* Executive Summary, London.

National Health Service England. (2014). NHS workforce Race Equality Standard. Retrieved January 11, 2024, from https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/

National Health Service. (2019). *Workforce race, equality standard. An overview of workforce data for nurses, midwives, and health visitors in the NHS*. London; NHS England Publishing.

National Health Service England. (2021). NHS celebrates the vital role hundreds of thousands of women have played in the pandemic. Retrieved January 11, 2024, from https://www.england.nhs.uk/2021/03/nhs-celebrates-the-vital-role-hundreds-of-thousands-of-women-have-played-in-the-pandemic/#:~:text=NHS%20staff%20who%20are%20women,scientific%2C%20therapeutic%20and%20technical%20staff

National Health Service England. (2022a). Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates. Retrieved January 11, 2024, from https://www.england.nhs.uk/long-read/combatting-racial-discrimination-against-minority-ethnic-nurses-midwives-and-nursing-associates/

National Health Service England. (2022b). Ethnic Minority Nurses and Midwives. NHS England. Retrieved January 11, 2024, from https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/cno-black-and-minority-ethnic-bme-leadership/

National Health Service England. (2023). NHS workforce Race Equality Standard 2022 data analysis report for NHS trust. Retrieved January 11, 2024, from

https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2022/
Naqvi, H., Razaq, S.A., & Piper, J. (2015). Data analysis report for NHS Trusts. NHS Equality and Diversity Council. Retrieved January 11, 2024, from https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-
Nelson, F. (1996). *Lesbian Motherhood: An exploration of Canadian lesbian families.* University of Toronto Press.
Neves. J., & Hillman, N. (2017). *Student Academic Experience Survey. Higher Education Policy Institute and Higher Education Academy, 12* 47-48.
Newman, P., & Tufford, L. (2010). Bracketing in Qualitative Research, *Qualitative Social Work*, *11* (1), 80-96. https://doi.org/10.1177/1473325010368316
Nightingale, J., Parkin, J., Nelson, P., Masterson-Ng, S., Labinjo, T., Amoakoh, D., Lomas, D., Brewster, J., Salih, I., & Harrop, D. (2022). Multiple stakeholder perspectives of factors influencing differential outcomes for ethnic minority students on health and social care placements: A qualitative exploration. *BMC Medical Education, 2*, (22). https://doi.org/10.1186/s12909-021-03070-3
Noonan, J., & Bristol, T. J. (2020). "Taking Care of Your Own": Parochialism, Pride of Place, and the Drive to Diversify Teaching. *AERA Open*, 6(4). https://doi.org/10.1177/2332858420964433
North West Black, Asian, and Minority Ethnic Assembly.(2023). Anti-racist Framework. NHS England. Retrieved June 12, 2025, from The-North-West-BAME-Assembly-Anti-racist-Framework-FINAL.pdf
Nursey-Bray, P.(1980). Race and Nation: Ideology in the Thought of Frantz Fanon. *The Journal of Modern African Studies, 18(1),*135-142. doi:10.1017/S0022278X00009484
Nursing and Midwifery Council. (2010). Standards for pre-registration nursing education. Retrieved April 12, 2020, from https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf
Nursing and Midwifery Council. (2017). Research on BME representation in fitness to practise process. Retrieved April 12, 2020, from https://www.nmc.org.uk/news/news-and-updates/research-on-bme-representation-in-fitness-to-practise-process/
Nursing and Midwifery Council. (2018a). Future Nurse Standards of Proficiency for Registered Nurses. Retrieved April 12, 2020, from https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/
Nursing and Midwifery Council. (2018b). *The Code. Professional standards of practice and behaviour for nurses, midwives, and nursing associates.* London, Nursing and Midwifery Council.
Nursing and Midwifery Council. (2020). Standards for Student Supervision and Assessment. Retrieved April 17, 2023, from https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/
Nursing and Midwifery Council. (2021). How to revalidate. Retrieved April 17, 2023, from https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf
Nursing and Midwifery Council. (2024). Independent Culture Review. Retrieved July 26, 2024, from https://www.nmc.org.uk/globalassets/sitedocuments/independent-revie

Nursing Times. (2017). Nursing degree applications fall 23% in wake of bursary loss. Retrieved September 18, 2022, from https://www.nursingtimes.net/news/education/nursing-degree-applicants-fall-23-in-wake-of-bursary-loss-02-02-2017/

Nursing Times. (2019a). Leading profiles, career experiences of senior nurses from BME backgrounds. Retrieved September 18, 2022, from https://www.nursingtimes.net/news/workforce/leading-profiles-career-experiences-of-senior-nurses-from-bme-backgrounds-03-10-2019/

Nursing Times. (2019b). Men in Nursing-tipping the gender balance. Retrieved September 18, 2022, from https://www.nursingtimes.net/news/workforce/focus-men-in-nursing-tipping-the-gender-balance-06-03-2019/

Nursing Times. (2020). Windrush Day: Nurses demand action on racism and inequality. Retrieved October 20, 2023, from https://www.nursingtimes.net/history-of-nursing/windrush-day-nurses-demand-action-on-racism-and-inequality-22-06-2020/

Nursing Times (2024). Up to three quarters of NHS staff struggling with mental health. Retrieved October 25, 2024, from https://www.nursingtimes.net/news/workforce/up-to-three-quarters-of-nhs-staff-struggling-with-mental-health-18-04-2024/

Obach, B. K. (1999). Demonstrating the social construction of race. *Teaching Sociology*, *27*(3), 252-257.

O'Connor, M.R., Barrington, W.E., Buchanan, D.T., Bustillos, D., Eagen-Torkko, M., Kalkbrenner, A., de Castro, A.B., (2019). Short-term outcomes of a diversity, equity, and inclusion institute for nursing faculty. *Journal Nursing Education, 58* (11), 633–640. https:// doi.org/10.3928/01484 834-20191 021-04.

Office for Students. (2020a). Access and Participation Plans. Retrieved May 29, 2023, from https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/access-and-participation-plans/

Office for Students. (2020b). Topic briefing: Black and minority ethnic (BME) students. Retrieved May 29, 2023, from https://www.officeforstudents.org.uk/media/145556db-8183-40b8-b7af-741bf2b55d79/topic-briefing-bme-students.pdf

Office for Students. (2023). Access and Participation Plans. Retrieved May 29, 2023, from https://www.officeforstudents.org.uk/for-providers/equality-of-opportunity/access-and-participation-plans/

Olivas, M. (1990). The chronicles, my grandfather's stories, and immigration law: The slave traders chronicle as racial history. *Saint Louis University Law Journal, 34*, 425-441.

Palmer, M., O'Kane, P., Owen, M. (2009). Betwixt spaces: student accounts of turning point experiences in the first-year transition. *Studies Higher Education 34* (1), 37–54. https://doi.org/10.1080/03075070802601929

Parker (1998). 'Race is race ain't': An exploration of the utility of critical race theory in qualitative research in education. *International Journal of Qualitative Studies in Education, 11*,1, 43-55. doi: 10.1080/095183998236881

Parker, H., Hughes, A., Marsh, C., Ahmed, S., Cannon, J., Taylor-Steeds, E., Jones, L., & Page, N. (2017). Understanding the different challenges facing students in transitioning to university, particularly with a focus on ethnicity. *New Directions in the Teaching of Physical Sciences*, *12*, (1). https://journals.le.ac.uk/ojs1/index.php/new-directions/article/view/2450/2393

Parsons, T. (1991). *The Social System (*2nd ed.*).* Routledge. https://doi.org/10.4324/9780203992951
Pascarella, E., & Terenzini, P. (1983). Predicting voluntary freshman year persistence/withdrawal behaviour in a residential university: a path analytic validation of Tinto's model, *Journal of Educational Psychology, 75*, 1, 215-226.https://doi.org/10.1037/0022-0663.75.2.215
Pateman, C (1998). *The Patriarchal Welfare State. Democracy and the Welfare State.* Princeton: University Press.
Patton, C., & Staats, C. (2013). *State of the science: Implicit bias review 2013*. Columbus, OH: Kirwan Institute for the Study of Race and Ethnicity. Retrieved November 25, 2022, from https://kirwaninstitute.osu.edu/sites/default/files/documents/2013-implicit-bias-review.pdf
Pekrun, R. (2011). Emotion as Drivers of Learning and Cognitive Development. In R. Calvo & S. D'Mello (Eds.), *Explorations in the Learning Sciences, Instructional Systems and Performance Technologies* (pp, 23-39). Springer. https://doi.org/10.1007/978-1-4419-9625-1_3
Phinney, J. S. (2006). Ethnic Identity Exploration in Emerging Adulthood. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 117–134). American Psychological Association. https://doi.org/10.1037/11381-005
Pole, C., & Lampard, R. (2002). *Practical Social Investigation: Qualitative and quantitative methods in social research.* Pearson Education. https://doi.org/10.4324/9781315847306
Popoola, T., Khumalo, N., & Popoola, M. (2022). Extended Complicated Punishment: Nursing Students' Experiences of a Transition Program. *The Journal of Nursing Education*, *61*(8), 477-482. https://doi.org/10.3928/01484834-20220602-09
Porteous, D.J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. *Nurse Education Today, 50*, 56-61. doi: 10.1016/j.nedt.2017.09.017
Pryjmachuk, S., McWilliams, C., Hannity, B., Ellis, J., & Griffiths, J. (2019). Transitioning to university as a nursing student: Thematic analysis of written reflections. *Nurse Education Today*, *74*, 54–60.doi: 10.1016/j.nedt.2018.12.003
Public Health England (2018). Chapter 5: Inequalities in Health. Retrieved November 4, 2023, from https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health
Puwar, N. (2004). *Space Invaders: Race, Gender and Bodies Out of Place*. London: Bloomsbury Academic. Retrieved December 6, 2024, from http://dx.doi.org/10.5040/9781474215565
Pyper, D. (2018). The Equality Act 2010: caste discrimination. Retrieved July 27, 2023, from https://researchbriefings.files.parliament.uk/documents/SN06862/SN06862.pdf
Quinlan, K. M., & Thomas, D. (2024). The Culturally Sensitive Curricula Educator Self-Reflection Tool as a step toward curricular transformation. *International Journal for Academic Development*, 1–6. https://doi.org/10.1080/1360144X.2024.2338218

Quinn, J. (2013). *Drop-out and completion in higher education and Europe among students from under-represented groups*. NESET-report, European Commission. Retrieved December 19, 2022, from https://observatorio-lisboa.eapn.pt/ficheiro/Relat%C3%B3rio_Drop-out-and-completion-in-higher-education-in-europe.pdf

Ramamurthy, A., Bhanbhro, S., Bruce, F., Gumber, A., & Fero, K. (2022). *Nursing Narratives, Racism and The Pandemic. Report of key Findings*. Anti-Racism Research Group, Centre for Culture Media and Society, Sheffield Hallam University. Retrieved July 19, 2023, from https://shura.shu.ac.uk/29860/1/NN%20Report_Final_EDIT.pdf

Ramamurthy, A., Bhanbhro, S., Bruce, F., & Collier-Sewell. F. (2023). Racialised experiences of Black and Brown nurses and midwives in UK health education: A qualitative study. *Nurse Education Today, 126*. doi: 10.1016/j.nedt.2023.105840.

Reeve, K.L., Shumaker, C.J., Yearwood, E.L., Crowell, N.A., & Riley, J.B. (2013). Perceived stress and social support in undergraduate nursing students' educational experiences. *Nurse Education Today, 33* (4), 419–424. http://dx.doi.org/10.1016/j.nedt.2012.11.009

Rice, P., & Ezzy, D. (1999). *Qualitative research methods: Health focus.* Melbourne: Oxford University Press.

Richardson, T. E. (2013). The under-attainment of ethnic minority students in UK higher education: what we know and what we don't know. *Journal of Further and Higher Education, 39*(2), 278-291. https://doi.org/10.1080/0309877X.2013.858680

Ridley, D. (2012). *The literature review: A step-by-step guide for students*. SAGE.

Robinson-Walker, C. (2011). The imposter Syndrome. *Nurse Leader*, *29*(4), 12-13.

Rogers, R. (2004). *An Introduction to Critical Discourse Analysis in Education*. Routledge. https://doi.org/10.4324/9781410609786.

Rogerson, D., Bosch, S., Jacobi, M., & Tripathi, S. (2024). *Perceptions and Experiences of Academic Advisers and Minoritised Students at a UK University*. https://doi.org/10.53761/0jvqt054

Rollock, N. (2012). Unspoken rules of engagement: navigating racial microaggressions in the academic terrain. *International Journal of Qualitative Studies in Education*, 25,5, 517-532.doi: 10.1080/09518398.2010.543433

Rollock, N. (2019). Staying power: The career experiences and strategies of UK Black female professors. University and College Union. Retrieved June 28, 2023, from https://www.ucu.org.uk/article/9921/Bullying-and-stereotyping-blocking-professorial-path-forblack-women

Royal College of Nursing. (2022). 'Gendered notions of nursing fail to match the reality of our complex profession'. Retrieved June 28, 2023, from https://www.rcn.org.uk/news-and-events/news/uk-gendered-notions-of-nursing-fail-to-match-the-reality-of-our-complex-profession-140722#:~:text=The%20RCN's%20own%20research%20found,that%20remains%20to%20be%20done.

Runnymede Trust. (2021). Statement regarding the report from the commission on race and ethnic disparities. *The report of the Commission on Race and Ethnic Disparities.* Retrieved June 28, 2023, from https://www.runnymedetrust.org/news/statement-regarding-the-cred-report-2021

Rutherford, J. (2005). Cultural Studies in the Corporate University. *Cultural Studies, 19*(2), 297-317.https://doi.org/10.1080/09502380500146899
Saad, L. F. (2020). *Me and White supremacy: how to recognise your privilege, combat racism and change the world*. Quercus.
Safadi, S. (2022). Decolonising through Reflexive Practice. Retrieved January 17, 2024, from https://heawardgap.org.uk/decolonising-through-reflexive-practice/
Samatar, A., Madriaga, M., & McGrath, L. (2021). No love found: how female students of colour negotiate and repurpose university spaces. *British Journal of sociology of Education*, *42*(5-6), 717-732. https://doi.org/10.1080/01425692.2021.1914548
Sampson, H. (2004). Navigating the waves: the usefulness of a pilot in qualitative research. *Qualitative Research*, *4* (3), 383-402. https://doi.org/10.1177/1468794104047
Sanchez, B., & Colón, Y. (2005). Race, ethnicity, and culture in mentoring relationships. *Handbook of youth mentoring*, 191-204. https://doi.org/10.4135/9781412976664.n13
Sandelowski, M. (1998). The call to experts in qualitative research. *Research in Nursing and Health*, *21*, 467-471.doi: 10.1002/(sici)1098-240x(199810)21:5<467::aid-nur9>3.0.co;2-l
Sarbin, T.R. (1986). T*he narrative as a root metaphor for psychology.* In T.R Sabin (Ed.) *Narrative Psychology. The storied nature of human conduct.* (pp. 3-21). Praeger
Savage, M. (2016). End class wars. *Nature, 537,* 475–479. https://doi.org/10.1038/537475a
Scheibelhofer, E. (2008). Combining narration-based interviews with topical interviews: methodological reflections on research practices*, International Journal of Social Research Methodology*, *11*(5), 403-416. doi: 10.1080/13645570701401370
Schroeder, C., & DiAngelo, R. (2010). Addressing whiteness in nursing education: The sociopolitical climate project at the University of Washington School of Nursing. *Advances in Nursing Science*, *33*(3), 244-255. doi: 10.1097/ANS.0b013e3181eb41cf
Schwandt, T. A. (2000). *Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism*. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (Second Ed., pp. 189-213). Sage Publications.
Sen, A. (1985). Well-Being, Agency and Freedom: The Dewey Lectures 1984. *The Journal of Philosophy*, *82*(4), 169–221. https://doi.org/10.2307/2026184
Sen, A.K. (1992). *Inequality Re-Examined*. Oxford: Clarendon Press.
Serrant-Green, L. (2001). Trans-cultural nursing education: a view from within. *Nurse Education Today, 21*,8, 670-678.doi: 10.1054/nedt.2001.0663
Serrant-Green, L. (2002). Black on black: methodological issues for black researchers working in minority ethnic communities. *Nurse Researcher,* 9, (4), 30-44. doi: 10.7748/nr2002.07.9.4.30.c6196.
Shacklock, G., & Smyth, J. (1998). *Being reflexive in critical education and social research*. Falmer Press. https://doi.org/10.4324/9780203486825
Sian, K. (2019). *Navigating institutional racism in British universities.* Palgrave.
Sikes. (2006). On dodgy ground? Problematics and ethics in educational research. *International Journal of Research & Method in Education*, *29*(1), 105–117. https://doi.org/10.1080/01406720500537502

Silverman, D. (2005). *Doing qualitative research* (2nd ed.). Sage Publications Limited. Retrieved May 15, 2021, from https://www.miguelangelmartinez.net/IMG/pdf/2017_silverman_doing__qualitative_research_book.pdf

Simm, D., Marvell, A., Schaaf, R., & Winlow, H. (2012). Foundation degrees in geography and Tourism: a critical reflection on student experiences and the implications for undergraduate degree courses.' *Journal of Geography in Higher Education*, 3*6* (4). pp. 563-583. http://dx.doi.org/10.1080/03098265.2012.692075

Silverman, D. (2001). Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction. *Forum Qualitative Sozialforschung Forum: Qualitative Social Research*, *2*(3).

Simons, H. (1989). *Ethics of case study in educational research and evaluation*. In R.G Burgess (Ed.). *The ethics of educational research.* Falmer Press.

Sims, J. M. (2007). *Not Enough Understanding? Student Experiences of Diversity in UK Universities.* London: Runnymede Trust. Retrieved January 17, 2024, from https://cdn.prod.website-files.com/61488f992b58e687f1108c7c/617be0c647b4bf47aa531333_NotEnoughUnderstanding-2007.pdf

Singh, G. (2011). *Black and Minority Ethnic students' participation in Higher Education: Improving Retention and Success*. Higher Education Academy. Retrieved February 23, 2022, from https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/bme_synthesis_final_1568036653.pdf

Sleeter, C. E. (2017). Critical race theory and whiteness of teacher education. *Urban Education*, *52*, 155 -169.

Sleeter, C.E., & Delgado Bernal D.(2004). *Critical pedagogy, critical race theory, antiracist education: Implication for multicultural education*. In J.A Banks & C.A.M. Banks (eds.) Handbook of research on multicultural education. San Franscisco: Jossey Bass.

Smith, S. (2017). Exploring the Black and Minority Ethnic (BME) Student Attainment Gap: What Did It Tell Us? Actions to Address Home BME Undergraduate Students' Degree Attainment. *Journal of Perspectives in Applied Academic Practice*, *5*(1), 48-57. https://doi.org/10.14297/jpaap.v5i1.239

Snape, D., & Spencer, L. (2003). *The foundations of Qualitative Research*. In J. Richie, & J. Lewis (Eds.), *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (pp. 1-23). Sage.

Social Market Foundation (2016). *On Course for Success? Student Retention at University*. Retrieved February 23, 2022, from https://www.smf.co.uk/wp-content/uploads/2017/07/UPP-final-report.pdf

Solórzano, D. G. (1997). "Images and Words That Wound: Critical Race Theory, Racial Stereotyping and Teacher Education." *Teacher Education Quarterly* Summer, 5–20.

Solórzano, D. G., & Solórzano, R. (1995). The Chicano educational experience: A proposed framework for effective schools in Chicano communities. *Educational Policy, 9*, 293-314.

Solórzano, D. G., & Yosso, T. J. (2001). Critical Race and LatCrit theory and method: *Counter-storytelling. Qualitative Studies in Education*, *14*(4), 471–495. https://doi .org/10.1080/09518390110063365

Solórzano, D.G., & Yosso, T. J. (2002). Critical Race Methodology: Counter-Storytelling as an Analytical Framework for Education Research. *Qualitative Inquiry*, *8*(1), 23-44. https://doi.org/10.1177/107780040200800103
Song, M.(2003). *Choosing Ethnic Identity*. Cambridge: Polity Press.
Song, M.(2014). "Challenging a Culture of Racial Equivalence." *The British Journal of Sociology*, 65 (1), 107–129. doi: 10.1111/1468-4446.12054
Song, M. (2018). Why we still need to talk about race. *Ethnic and Racial Studies*, 41(6), 1131–1145. https://doi.org/10.1080/01419870.2018.1410200
St Denis, V. (2011). Rethinking cultural theory in Aboriginal education. In Levine-Rasky C. (Ed.), *Canadian perspectives on the sociology of education* (pp. 163-182). Oxford University Press.
Staring-Derks, C., Staring, J., & Anionwu, E. N. (2015). Mary Seacole: global nurse extraordinaire. *Journal of Advanced Nursing, 71*(3), 514-525. doi: 10.1111/jan.12559
Steele, C. M. (2000). " Stereotype threat" and Black college students. *Aahe Bulletin*, *52*(6), 3-6.
Stevenson, J. (2012). Black minority ethnic student degree retention and attainment. Higher Education Academy. United Kingdom. Retrieved February 23, 2022, from https://www.heacademy.ac.uk/system/files/bm e_summit_final_report.pdf
Stevenson, J. & Whelan, P. (2013). *Synthesis of US literature relating to the retention, progression, completion, and attainment of Black and minority ethnic (BME) students in HE.* Higher Education Academy. Retrieved February 23, 2022, from https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/bme_report_js_0_1568037081.pdf
Stierer, B., & Antoniou, M. (2004). Are there distinctive methodologies for pedagogic research in higher education? *Teaching in Higher Education*, *9* (3), 275-85. https://doi.org/10.1080/1356251042000216606
Story, D. A., & Tait A.R. (2019). Survey Research. *Anaesthesiology*, *130*,192–202. doi: https://doi.org/10.1097/ALN.0000000000002436
Stroh, M. (2000). *Qualitative interviewing*. In D. Burton. (ed.) *Research Training for Social Scientists: A Handbook for postgraduate researchers*. Sage Publications Limited.
Sue, D.W., Capodilupo, C.M., Torino, G.C., Bucceri, J.M., Holder, A.M.B., Nadal, K.L., & Esqulin, M. (2007). Racial microaggression in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271-286. https://doi.org/10.1037/0003-066X.62.4.271
Sweetman, R., Hovdhaugen, E., & Thomas, L. (2022). The (dis)integration of nursing students. Multiple transitions, fragmented integration, and implications for retention. *Tertiary Education and Management.* https://doi.org/10.1007/s11233-022-09106-7
Symenuk, P. M., Tisdale, D., Bearskin, D. H. B., & Munro, T. (2020). In search of the truth: Uncovering nursing's involvement in colonial harms and assimilative policies five years post Truth and Reconciliation Commission. Witness: *The Canadian Journal of Critical Nursing Discourse*, 2(1), 84-96. https://doi.org/10.25071/2291-5796.51
Symonds, E. (2020). Reframing power relationships between undergraduates and academics in the current university climate. B*ritish Journal of Sociology of Education*, *42*,1, 127-142.doi: 10.1080/01425692.2020.1861929

Tallo, D. (2016). Diversity in a nursing or healthcare team enables a broad range of opinions. The Nursing Times. Retrieved April 17, 2024, from https://www.nursingtimes.net/opinion/diversity-in-a-nursing-or-healthcare-team-enables-a-broad-range-of-opinions-30-10-2016/

Tay, L., & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of personality and social psychology*, *101*(2), 354. https://doi.org/10.1037/a0023779

Taylor, G.W., & Ussher, J.M. (2001). Making sense of S&M: A discourse analytical account. *Sexualities, 4*, 293-314. https://doi.org/10.1177/136346001004003002

Tesch, R. (1990). Qualitative Research: Analysis Types and Software (1st ed.). Routledge. https://doi.org/10.4324/9781315067339

Thanh, N., & Thanh, T. (2015). 'The Interconnection Between Interpretivist Paradigm and Qualitative Methods in Education.' *American Journal of Educational Science, 1*, (2), 24- 27

The New York Times. (1962). As much truth as one can bear. Retrieved January 23, 2024, from https://www.nytimes.com/1962/01/14/archives/as-much-truth-as-one-can-bear-to-speak-out-about-the-world-as-it-is.html

The Office for National Statistics. (2022). Ethnic Group, England, and Wales: Census 2021. Retrieved December 19, 2023, from https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021#:~:text=the%20%22Asian%2C%20or%20Asian%20British,was%2081.0%25%20(45.8%20million)

The Quality Assurance Agency for Higher Education. (2023). Supporting and Enhancing the Experience of International Students in the UK. Retrieved April 19, 2024,from https://www.qaa.ac.uk/docs/qaa/international/supporting-and-enhancing-the-experience-of-international-students-in-the-uk.pdf?sfvrsn=8e39ab81_6

Thomas, E.A.M. (2002). *Building social capital to improve student success*. BERA Conference.

Thomas, L. (2012a). Building student engagement and belonging in Higher Education at a time of change. Retrieved June 23, 2021, from https://www.heacademy.ac.uk/resources/detail/what-works-student-retention/What_Works_Summary_Report.

Thomas, L. (2012b). What Works - Student Retention and Success. Higher Education Academy. United Kingdom. Retrieved June 23, 2021, from https://www.heacademy.ac.uk/wasrs-programme/what-works-student-retention-and-success

Thomas, G. (2013). *How to do your research project. A guide for students in education and applied social sciences.* Sage

Thomas, L.H., & Hunter Revell, S. (2016). Resilience in nursing students: an integrative review. *Nurse Education Today, 36*, 457-462. doi: 10.1016/j.nedt.2015.10.016

Thomas, D. S., & Quinlan, K. M. (2021). Why we need to reimagine the curricula in higher education to make it more culturally sensitive. *Widening Participation and lifelong learning*, *23*(3), 37-47.

Thompson, W. C. (2023). More than race? Mills, ethnicity, and education. Theory and Research in Education, 21(1), 3-17.https://doi.org/10.1177/14778785231162088

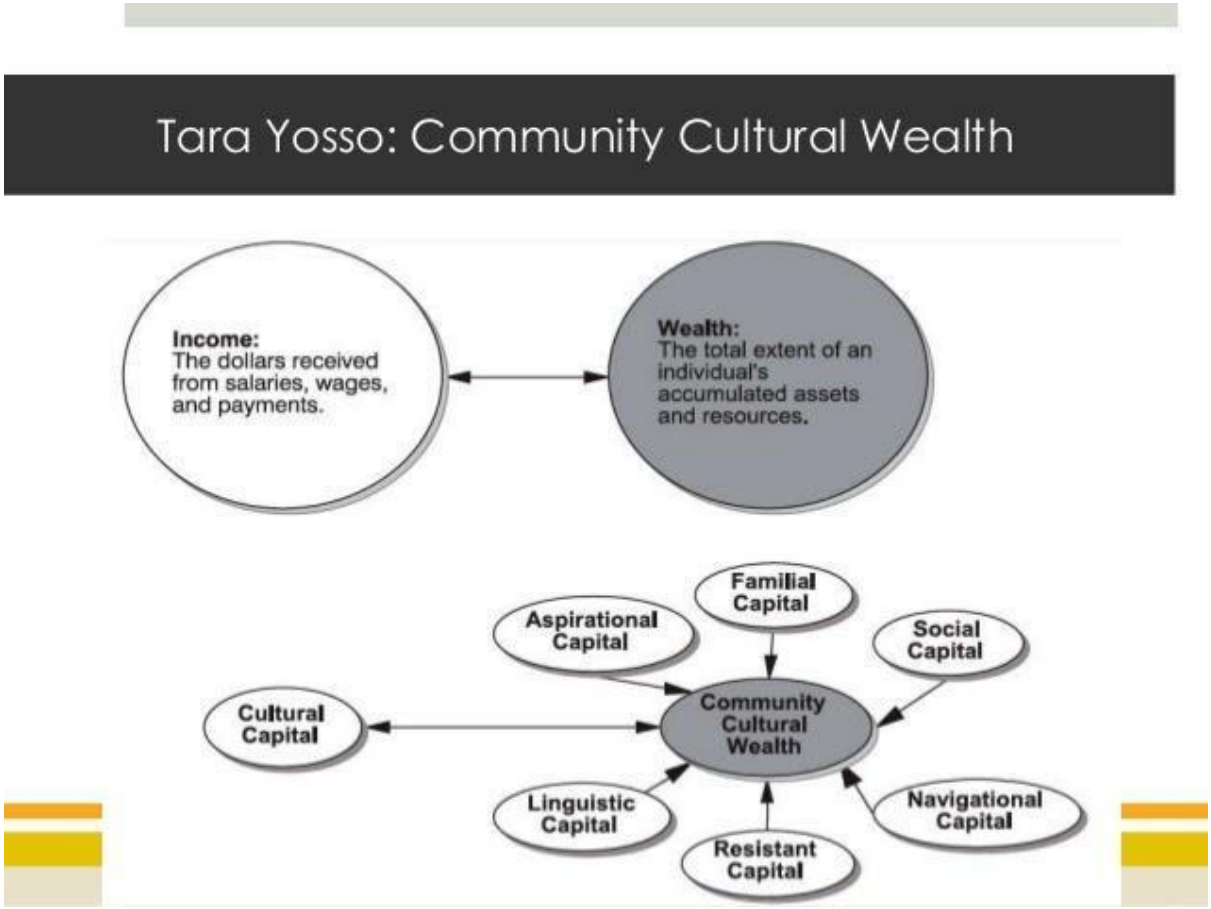
Time. (2016). Racial Inequality in U.K. Is Getting Worse, Report Finds. Retrieved June 8, 2025, from. http://time.com/4457090/ehrc-human-rights-race-inequality-uk/
Tinto, V. (1975). Dropout from higher education: A synthesis of recent research. *Review of Educational Research, 45*(1), 89–125.https://doi.org/10.3102/00346543045001089
Tinto, V. (1987). *Leaving college: Rethinking the causes and cures of student attrition.* University of Chicago Press.
Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition* (2nd ed) University of Chicago Press.
Tinto, V. (2012). *Completing college: Rethinking institutional action*. University of Chicago Press.
Thorne, S. (2017). Isn't it high time we talked openly about racism? *Nursing Inquiry*, *24*(4), 1– 2. https://doi.org/10.1111/nin/12219
Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry*, *16*(10), 837-851.https://doi.org/10.1177/1077800410383121
Tuckett, A. G. (2005). Part II. Rigour in qualitative research: complexities and solutions. *Nurse researcher*, *13*(1).doi: 10.7748/nr2005.07.13.1.29.c5998
UCAS. (2018). End of Cycle Report. Retrieved November 22, 2020, from https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-reports/2018-end-cycle-report.
UCAS. (2022). Pandemic inspires 'future nurses' with a welcome increase in school and college leavers looking to enter the profession. Retrieved April 1, 2023, from https://www.ucas.com/corporate/news-and-key-documents/news/pandemic-inspires-future-nurses-welcome-increase-school-and-college-leavers-looking-enter-profession
Ültanir, E. (2012). An epistemological glance at the constructivist approach: Constructivist learning in Dewey, Piaget, and Montessori. *International journal of instruction*, *5,* (2). https://files.eric.ed.gov/fulltext/ED533786.pdf
Universities UK. (2014). *Trends in Undergraduate Recruitment.* Universities UK, London.
Universities UK. (2019). *Black, Asian and Minority ethnic student attainment at UK Universities: #Closingthegap*. Retrieved April 3, 2020, from https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/bame-student-attainment.pdf
Universities UK. (2022a). Closing ethnicity degree awarding gaps: three years on. Retrieved June 3, 2023, from https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/closing-gap-three-years
Universities UK. (2022b). What progress have we made since the launch of Closing the Gap? Retrieved June 3, 2023, from https://www.universitiesuk.ac.uk/latest/insights-and-analysis/what-progress-have-we-made-launch
University. (2025a). Ethnicity Degree Awarding Gap. Retrieved February 12, 2025 from https://www.xx.ac.uk/about-us/our-values/equality-and-diversity/ethnicity-degree-awarding-gap#:~:text=For%20our%20UK%2Ddomiciled%20students,64.2%25%20of%20ethnically%20minoritised%20student
University. (2025b). Freedom of Information request for data of the university student and staff diversity.

Valdez, Z., & Golash-Boza, T. (2017). Towards an intersectionality of race and ethnicity. Ethnic and Racial Studies, 40(13), 2256–2261. https://doi.org/10.1080/01419870.2017.1344277
Van Herk, K., Smith, D., & Andrew, C. (2011). Examining our privileges and oppressions: Incorporating an intersectionality paradigm into nursing. *Nursing Inquiry*, *18*(1), 29– 39. https://doi.org/10.1111/j.1440-1800.2011.00539.x
Van Herpen, S. G. A., Meeuwisse, M., Hofman, W. H. A., & Severiens, S. E. (2019). A head start in higher education: the effect of a transition intervention on interaction, sense of belonging, and academic performance. *Studies in Higher Education*, *45*(4), 862–877. https://doi.org/10.1080/03075079.2019.1572088
Wallace, D. (2017). Reading 'Race' in Bourdieu? Examining Black Cultural Capital Among Black Caribbean Youth in South London. *Sociology*, *51*(5) 907-923.https://doi.org/10.1177/0038038516643478
Wang, M. L., Gomes, A., Rosa, M., Copeland, P., & Santana, V. J. (2024). A systematic review of diversity, equity, and inclusion and antiracism training studies: Findings and future directions. *Translational behavioural medicine*, *14*(3), 156-171.doi: 10.1093/tbm/ibad061
Warmington, P. (2019). Critical race theory in England: impact and opposition. Identities, 27(1), 20–37. https://doi.org/10.1080/1070289X.2019.1587907
Weaver, H. N. (2001). Indigenous nurses and professional education: Friends or foes? *Journal of Nursing Education, 40*(6), 252-258.doi: 10.3928/0148-4834-20010901-05
Webb, C., & Shakespeare, P. (2008). Judgements about mentoring relationships in nurse education. *Nurse Education Today, 28* (5), 563-571. doi: 10.1016/j.nedt.2007.09.006
Weber, L. (2001). Understanding Race, Class, Gender, and Sexuality: A Conceptual Framework. Boston: McGraw-Hill.
Weber, L. (2006).Reconstructing the landscape of health disparities research: promoting dialogue and collaboration between feminist intersectional and biomedical paradigms. In A.J Schulz & L. Mullings (Eds.), Gender, Race, Class, & Health: Intersectional Approaches. San Francisco: Jossey-Bass.
Wesp, L. M., Scheer, V., Ruiz, A., Walker, K., Weitzel, J., Shaw, L.M., Kako, P.M. & Mkandawire-Valhmu, L. (2018). An Emancipatory Approach to Cultural Competency: The Application of Critical Race, Postcolonial, and Intersectionality Theories. Advances in Nursing Science, 41, 4, 316-326. doi: 10.1097/ANS.0000000000000230
Wolf, L., Stidham, A.W., & Ross, R. (2015). Predictors of stress and coping strategies of US accelerated vs. generic baccalaureate nursing students: an embedded mixed methods study. *Nurse Education Today, 35* (1), 201–205. http://dx.doi.org/10.1016/j.nedt.2014. 07.005.
Wong, B., Copsey-Blake, M., & ElMorally, R. (2022). Silent or silenced? Minority ethnic students and the battle against racism. *Cambridge Journal of Education*, 52(5), 651–666. https://doi.org/10.1080/0305764X.2022.2047889
Yang, K., Woomer, G. R., & Matthews, J. T. (2012). Collaborative learning among undergraduate students in community health nursing. *Nurse Education in Practice*, *12*(2), 72-76.doi: 10.1016/j.nepr.2011.07.005
Yorke, M., & Longden, B. (2008). *The First-year Experience of Higher Education in the UK.* Higher Education Academy. Retrieved December 7, 2022, from

https://www.improvingthestudentexperience.com/library/UG_documents/FYE_in_HE_in_the_UK_FinalReport_Yorke_and_Longden.pdf
Yosso, T.J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race, Ethnicity and Education*, *8*(1), 69–91.https://doi.org/10.1080/1361332052000341006
Zappas, M, Walton-Moss, B, Sanchez, C, Hildebrand, J.A, & Kirkland, T. (2021). The decolonization of nursing education. Journal of Nurse Practice,*17*:(2), 225-229. https://doi.org/10.1016/j.nurpra.2020.11.006

Appendix

Appendix 1- A model of community cultural wealth.



Appendix 2- Search Strategy

My research questions:	1. What institutional barriers exist in relation to transitioning to university for ethnically minoritised nursing students? 2. How do EM students perceive themselves as emerging professionals in the nursing workforce? 3. What do EM student nurses perceive to be positive/negative transition experiences?
Databases to search:	Sheffield Hallam University (SHU) Library Gateway, CINAHL, APA PsycInfo, and Google Scholar
Criteria for inclusion:	The search will aim to be inclusive, except where it returns too many results, and will therefore include: ● From 2015 ● most publications (excluding news articles) ● all countries of origin, but only publications in English ● both theoretical and empirical studies

Database searched	Date of last check	Search terms	No. of results	Comments
CINAHL	16/08/2024	(“Nurs*” OR “Nurses” OR “Nursing”) AND (“Transition* into university”)	46	All articles were checked, and articles were related to transition into a workplace or to an educator role. The majority of articles was in relation to transitioning into a registered nurse role. The search criteria are too specific. Search to be conducted again with broader search terms. **Two suitable articles were found.**
CINAHL	16/08/2024	(“Nurs*” OR “Nurses” OR “Nursing”) AND (“Transition*”)	419	All articles were checked, and most articles were related to transition into a workplace, into care, the transition of patients, transition to a different specialty of nursing or not related to transition. **Zero new articles were found.**

		AND (“university”)		
CINAHL	16/08/2024	(“Race” OR “ethni*” OR “minorit*”) AND (“Nurs*” OR “Nurses” OR “Nursing”)	118	All articles checked for relation to the topic area. Majority of articles linked to the transition into a registered nurse, transition into leadership, specialism, and advanced practice. Obtained three articles that either contained references to race and/or educational transition. One of these is a duplication of an article obtained from a different search. The other article is based on the challenges of students transitioning into university with a focus on ethnicity. The last article is based on a transition programme to promote nursing students' success. **One suitable article was found.**

CINAHL	16/08/2024	(“Critical Race Theory” OR “CRT”) AND (“Nurs*”)	61	All articles checked for relation to the topic area by reading the abstract. Some articles were not about Critical Race Theory and others included different specialties of nursing but did not critical race theory. One article found in relation to CRT and nursing, but this was a USA context. **One suitable article was found.**
CINAHL	16/08/2024	(“University” OR “Higher Education”) AND (“Transition”)	1989	All articles checked for relation to the topic area. Majority of articles linked to the transition into a registered nurse, transition into leadership, campus to online learning or focussed of disabled students. No restrictions on year of publication. **Zero new articles were found.**
CINAHL	16/08/2024	(“University” OR “Higher Education”) AND	14	Article was checked for relation to the topic area. The focus of this articles was students with autism. No restrictions on year of publication. **Two articles were found (duplication).**

		(“Transition into University”)		
APA PsycInfo	16/08/2024	(“Nurs*” OR “Nurses” OR “Nursing”) AND (“Transition”) AND (“university”)	319	Search terms are too broad. Following a review of the titles, the keywords were not in the article title but in the title of the journal. A new search was performed using narrower search terms (See below). **Zero articles were found.**
APA PsycInfo	16/08/2024	(“Nurs*” OR “Nurses” OR “Nursing”) AND (“Transition	121	All article titles and/or abstracts checked for relevance. All articles were not appropriate. Either has no relevance or in transitioning into a newly qualified nurse post or from clinical practice into education. **Zero articles were found.**

		into university")		
APA PsycInfo	16/08/2024	("Race" OR "ethnicity" OR "minority") AND ("Nurs*" OR "Nurses" OR "Nursing")	49	All article titles and/or abstracts checked for relevance. All articles were not appropriate. Either has no relevance at all or in relation to race/ethnicity from a clinical practice perspective. **Zero articles were found.**
APA PsycInfo	16/08/2024	("Critical Race Theory" OR "CRT") AND ("Nurs*")	68	All articles checked for relation to the topic area by reading the abstract. Some articles were not about Critical Race Theory and others included different specialties of nursing but did not critical race theory. **Zero articles were found.**

APA PsycInfo	16/08/2024	("University" OR "Higher Education") AND ("Transition")	2579	Articles were sorted into relevance and first two hundred articles were checked for relation to the topic area. Majority of articles linked to the transition into a retirement, transition into leadership, physical activity and disabled students. No restrictions on year of publication. **Zero new articles were found.**
APA PsycInfo	16/08/2024	("University" OR "Higher Education") AND ("Transition into University")	734,58	Articles were sorted into relevance and first two hundred articles were checked for relation to the topic area. Majority of articles linked to the transition into a retirement, transition into leadership, physical activity and disabled students. All articles found were a duplication of the above search. No restrictions on year of publication. **Two articles were found (duplication).**
Google Scholar	16/08/2024	("Critical Race Theory"	4780	Most articles were in relation to either nursing or racism. Limited articles discussed racism within nursing and only one was in relation to CRT and

		OR “CRT”) AND (“Nurs*”)		nursing. This is the same article that was found in previous searches in other databases. After searching the first four hundred articles. the relevance of the subject was reduced each time. Due to the limitations of the advanced search options in Google Scholar, I could not create a narrower search. **Zero new articles were found.**
Google Scholar	16/08/2024	(“Student transition into university nursing and ethnic minority”)	16,900	Most articles were about transitioning into a newly qualified nurse or transitioning into clinical practice/ education. The search was sorted by relevance for ease of searching for the most appropriate articles first. One suitable article was found on the lived experience of a student nurse, issues with retention and success, and educational barriers. After searching the first four hundred articles. the relevance of the subject was reduced each time. Due to the limitations of the advanced search options in Google Scholar, I could not create a narrower search. **One suitable article was found.**

Google Scholar	16/08/2024	(“Transition into University”)	215,000	Articles were sorted into relevance and first two hundred articles were checked for relation to the topic area. Majority of articles linked to the transition into retirement, transition into leadership, physical activity and employment. **One suitable article was found.**
SHU Library Gateway (Advanced Search)	16/08/2024	(“Student transition into university”) AND (“Race” OR “ethnicity” OR “minority”) AND	78	Articles were too off-topic. They included birth transitioning and secondary school transition, **Zero articles were found.**

		(“Nurses” OR “Nurse” OR “Nursing”)		
SHU Library Gateway (Advanced Search)	16/08/2024	(“Race” OR “ethnicity” OR “minority”) AND (“Nurses” OR “Nurse” OR “Nursing”)	274	All articles were not appropriate once article title /abstract read. The articles were too off-topic. Search criteria to be refined- changed nurses to student nurses. **Zero articles were found.**
SHU Library Gateway (Advanced Search)	16/08/2024	(“Race” OR “ethnicity” OR “minority”) AND	135	All articles were not appropriate once the article title /abstract read. Articles were too off-topic. **Two articles were found (duplication)**

		(“student Nurs*”) AND (“Transition”)		
SHU Library Gateway (Advanced Search)	16/08/2024	(“Critical Race Theory” OR “CRT”) AND (“Nurs*”)	8	All articles were not appropriate once article title /abstract read. The articles were too off-topic. **Zero new articles were found.**
SHU Library Gateway (Advanced Search)	16/08/2024	(“Transition into University”)	340,875	Due to the large number of articles obtained, the first 200 most relevant articles were checked. Nearly all were discounted due to reasons similar to the other searches. **One suitable article was found.**

Google Scholar (Updates)	20/12/2022	Automatic update via email based on alerts via signing up to keywords	1	**One suitable article was found.**
Google Scholar (Updates	16/05/204	Automatic update via email based on alerts via signing up to keywords	2	**Two suitable articles were found.**

Ten suitable articles were found using the above strategy.

Further three articles were obtained via backward referencing.

Total articles accepted = 13

General comments:

In addition to the search terms used above, a hand-picking technique from the discovered papers was also used to source additional literature included in the thematic matrix.

Final literature search was undertaken in January 2025, which resulted in no new literature.

In the above table, no restriction was imposed on the media type, except where specified.

- Articles were only downloaded after assessing the abstract for relevance to the research questions.
- Searches conducted included the search terms within the entire article rather than just the title to ensure that any potentially relevant articles were not accidentally excluded.
- After each successful search, an alert was created and saved within each database. These alerts provide information on papers being released since the initial and subsequent searches which will help me with identifying future research.

Reasons why articles **may have been** rejected:

- Related to other educational sectors, rather than Higher Educational Institutes i.e., Primary/Secondary /FE/work-based/Early Years
- Related to disciplines other than nursing e.g., medicine, library professionals, sciences.
- New graduate nurses, rather than student nurses.
- Articles found were either loosely or not related to my research questions e.g., included race, transitioning gender, healthcare workers, and health disparities.

Appendix 3- Themes Matrix

Author/Date	Study Purpose	Gap	Study Design	Basic Themes	Organisation of Themes	Global Themes
Transition into HEI- General, not restricted to ethnicity.						
Meehan & Howells. (2017).	'What really matters to freshers?': evaluation of first year student experience of transition into university.	Excludes Critical Race Theory (CRT). Does not focus on EM participants.	Questionnaire (Quantitative).	-Support (studying, orientation, learning, and facilities. -Expectations -Integration & inclusion.	-Sense of belonging. -Barriers to structural support.	-Sense of Belonging and Cultural Identity. -Accessing Support and learning to survive.

General transition- EM						
Parker et al., (2017).	Understanding the different challenges facing students in transitioning to university, particularly with a focus on ethnicity.	Excludes nursing student. Excludes Critical Race Theory (CRT).	Survey and two focus groups (white and BME). (Does not state methodology used).	-Cultural Identity. -Stereotypes and stigma. -Cultural awareness. -Integration & inclusion.	-Sense of belonging. -Cultural awareness.	-Sense of Belonging and Cultural Identity.
Nursing Transition-not EM						
Pryjmachuk et al., (2019).	Transitioning to university as a nursing student:	Excludes Critical Race Theory (CRT).	Analysis of 500-word reflection from first year	-Expectations. -Integration & inclusion.	-Sense of belonging. -Cultural	-Sense of Belonging and Cultural Identity.

	a thematic analysis of written reflections.	Does not focus on EM participants.	nursing students as part of an assessment. (Does not state methodology used).	-Support (studying, orientation, learning, and facilities. -Cultural awareness. -Personal development. -Expectations.	awareness. - Barriers to structural support. -Coping and surviving.	-Accessing Support and learning to survive.
Sweetman et al., (2022).	(dis)integration of nursing students.	Excludes Critical Race Theory (CRT).	Interviews (Does not state methodology used. Theoretical	-Expectations. -Challenges and barriers. -Integration & inclusion.	-Sense of belonging. -Cultural awareness. - Barriers to	-Sense of Belonging and Cultural Identity. -Accessing Support and learning to survive.

		Does not focus on EM participants.	framework is Tinto's model of integration).	-Lack of relationships. -Cultural Identity.	structural support. -Coping and surviving.	
McDonald et al., (2018).	Student perception of initial transition into a nursing program: A mixed methods research study.	Not a UK context. Excludes Critical Race Theory (CRT). Does not focus on EM participants.	Quantitative questionnaire and qualitative survey. (Mixed methods approach).	-Support (studying, orientation, learning, and facilities. -Coping strategies. -Expectations. -Integration & inclusion.	-Barriers to structural support. -Sense of belonging. -Coping and surviving.	-Sense of Belonging and Cultural Identity. -Accessing Support and learning to survive.

Popoola et al., (2022).	Extended complicated punishment: nursing students experience of a transition program.	Not a UK context. Excludes Critical Race Theory (CRT). Does not focus on EM participants.	Written reflections. (Exploratory-descriptive qualitative approach).	-Lack of relationships. -Lack of support. -Stereotypes and stigma. -Integration & inclusion. -Coping/surviving. -Being different.	-Barriers to structural support. -Sense of belonging. -Coping and surviving.	-Sense of Belonging and Cultural Identity. -Accessing Support and Learning to Survive.
Porteous & Machin, (2018).	The lived experience of first year	Excludes Critical Race Theory (CRT).	Semi-structured interviews x3 in first year of	-Expectations. -Learning to survive.	-Barriers to structural support. -Coping and	-Sense of Belonging and Cultural Identity.

	undergraduate student nurses: A hermeneutic phenomenological study.	Does not focus on EM participants.	studies. Hermeneutical Phenomenology.	- Seeking support. -Moving forward. -Coping strategies.	surviving.	-Accessing Support and Learning to Survive.
Montague et al., (2022).	Quest to belong: Nursing students' perceptions while transitioning from college to university.	Not a UK context. Excludes Critical Race Theory (CRT). Does not focus on EM participants.	Semi-structured interviews. Interpretive description qualitative methodology.	-Integration & inclusion. -Challenges and barriers. -Social support.	-Barriers to structural support. -Sense of belonging. -Coping and surviving.	-Sense of Belonging and Cultural Identity. -Accessing Support and Learning to Survive.

Gause et al., (2024).	Coping strategies used by undergraduate first year nursing students during transition from basic to higher education: a qualitative study	Not a UK context. Excludes Critical Race Theory (CRT). Does not focus on EM participants.	Online focus groups. (Exploratory-descriptive qualitative approach)	-Coping strategies. -Challenges and barriers. -Social support. -Educational support.	-Barriers to structural support. -Coping and surviving.	-Accessing Support and Learning to Survive.
Hughes et al., (2020).	Exploring the transitional experience of first-year undergraduate	Not a UK context. Excludes Critical Race Theory (CRT).	Focus groups. (Qualitative thematic analysis design).	-Coping strategies. -Challenges and barriers. -Social support.	-Barriers to structural support. -Coping and surviving.	-Accessing Support and Learning to Survive.

	nursing students.	Does not focus on EM participants.		-Educational support.		
Nursing Transition- EM.						
Latham et al., (2016).	Transition program to promote incoming nursing student success in higher education.	Not a UK context. Excludes Critical Race Theory (CRT).	Development of a nursing transition model (pre-entry).	-Support (studying, orientation, learning, and facilities. -Coping strategies. -Expectations -Integration & inclusion.	- Barriers to structural support. -Sense of belonging. -Coping and surviving.	-Sense of Belonging and Cultural Identity. -Accessing Support and Learning to Survive.

EM nurse education experience-not transition.						
Ackerman-Barger & Hummel, (2015).	Understanding student nurses of colour experiences in the education system.	Excludes transition experiences.	Narrative Inquiry using individual interviews.	-Cultural Identity. -Integration & inclusion. -Lack of relationships. -Lack of support. -Stereotypes and stigma.	-Sense of belonging. -Cultural awareness.	-Sense of Belonging and Cultural Identity.

Costa et al., (2024).	Nursing student perceptions of racism and health disparities in the US: A critical race theory perspective.	Excludes transition experiences. Not a UK context. Does not focus on EM participants.	Semi- structured interviews.(Interpretive description).	- Race/Racism. -Whiteness. -Curriculum.	-Sense of belonging -Cultural awareness.	-Sense of Belonging and Cultural Identity.

Organisation of themes

-Sense of belonging

-Cultural awareness

- Barriers to structural support

-Coping and Surviving

Global themes

- Sense of belonging and Cultural Identity

- Accessing Support and Learning to Survive

Appendix 4- Pilot Study Overview

The pilot study explored the transition experience of two student nurses into a HEI. To ensure I could undertake this pilot study, I engaged with the University's ethical approval process which allowed me to explore how to create and conduct a pilot study and the ethical implications. Even though I obtained approval, I encountered several ethical dilemmas through this process that I underestimated. I will discuss these throughout this overview. As this is a pilot study, I could justify using one participant if I wished, however, I decided to have two participants. This was because I wanted to evaluate the pilot study thoroughly and having one participant would have not allowed a thorough evaluation compared to more than one. An area that I recognise as requiring further exploration in the main study is how many participants are required for the main study to ensure that the findings are trustworthy. Morse (2015) describes the term “thick description” (p.1218) within semi-structured interviews, which is when existing data is saturated, and no new emerging data occurs. Glaser and Strauss (1967) call this theoretical sampling as no further categories are established. At this point, no further data is collected, or interviews take place.

By completing the pilot study, I hoped that this allowed the research questions to be further defined. Clough and Nutbrown (2012) described pilot studies as having a two-way approach; one being the analogy of Goldilocks, is the question too big or too small to explore the aims of the study.

Methodology

Silverman (2001) explains methodology as the general approach to studying the research methods, which are the tools and techniques used to obtain the data. The

methodology also comprises the theoretical frameworks and together they provide the rationale for the selection of the methods (Stierer & Antoniou, 2004).

Narrative inquiry is important for capturing a person's experience through listening and observing their lived experiences and how society and institutions shape their individual experiences. When reflecting on the interview of the first participant I documented it in my reflective journal:

> *Should the first field question be 'Could you tell me about your transition experience when entering the university as a minoritised student nurse.' This will allow for a narrative to occur as some of the answers to the field questions were not answered in depth and lots of prompts had to be used.*

This made me realise that narrative inquiry is more difficult than anticipated as I need to collect extensive information about the participant's experience and understand the context. Elliot (2005) explains that there is a multi-layered context to someone's lived experience and that collaboration needs to exist between the researcher and the researched, taking into account my own experience and reflexivity within this as this could shape the account verbalised by the participant. Narrative inquiry acknowledges that the researcher states their own assumptions and beliefs within the process rather than separating themselves. The choice of this methodology supports the selection for CRT as the theoretical framework.

Theoretical framework

CRT acknowledges that the experiential knowledge of minoritised communities is important in understanding the racial issues that they experience rather than silencing these experiences (Solorzano & Solorzano, 1995). Critical theorists assert that strength is obtained from this knowledge through methods such as storytelling and narratives (Delgado, 1996; Olivas, 1990; Solorzano & Yosso, 2002). Montecinos

(1995) justifies the use of narratives in storytelling when considering racism and this methodology reduces the potential distortion of someone's lived experience when discussing race (Bell, 1992).

Methods

I initially considered the method of focus groups as I have had experience with this as a participant. Focus groups are advantageous as they allow participants to feel comfortable enough to express their thoughts and opinions with others. Points of interest raised by others can also encourage participants to take part in discussions. Participants behave differently amongst a group, which will impact the findings of the research. There are also implications such as the sensitive nature of the discussion which may mean that participants do not want to discuss their experience with those they do not know, especially if the other participants are dominant. However, narrative inquiry allows the participant to construct the knowledge by allowing them to freely discuss their experiences as each participant will have their interpretation of their experience concerning the interview questions.

Semi-structured interviews were the method of choice for the pilot study as this captures both an open narrative with the concept of storytelling, with minimal input from the researcher at the beginning (Doringer, 2021; Witzel & Reiter, 2012). Semi-structured interviews allow the interviewer to capture insights into the participant's experiences that will answer the research question and place less demand on the interviewee through the researcher actively encouraging the participants to discuss their story (Gubriem et al., 2012). This method allows the interviewer to have some flexibility with the wording of the field questions. Still, it is imperative that during the semi-structured interview, a set of field questions is generated to ensure that the main research questions are asked but also consider that any questions generated

during the interview need to be focussed on the narrative provided by the participant (Scheibelhofer, 2008; Thomas, 2013). The use of semi-structured interviews allows me to explore areas of discussion within the interview to obtain further clarity surrounding the research, rather than based on assumptions of my own experience or information relayed by previous participants. Further supporting this notion, Murray (2016), asserts that using this approach provides equal rights to the knowledge and experiences of the researcher and the participants.

To ascertain whether the interview questions were appropriate to collect the data, I listened to the audio recordings several times to analyse whether the questions needed some modification. It was decided that the questions needed some rephrasing before conducting the main study, so they allowed the participants to engage with narrating their own experiences as well as the order of the questions. Doringer (2021), explains that semi-structured interviews should be approached with questions at the beginning that allow narration from the participant, followed by precise follow-up questions (Scheibelhofer, 2008; Witzel & Reiter, 2012). Following this process will place the focus on the matter of interest and provide stimulation to the participants to relate their personal experience to this issue (Witzel & Reiter, 2012). To obtain a longer narrative, I propose that one of the first questions should be:

> *'Can you tell me about your experience transitioning into a nursing course, especially as a minoritised student?'*

This will allow the participant to openly narrate their story. The field questions can then follow to allow the precision of answers that will support the research questions.

Ethical considerations

Ethical tensions and dilemmas are part of everyday practice when undertaking research. Until undertaking the pilot study and following ethical approval, I did not consider the impact of all ethical considerations that are required in research. Kubanyiova (2008) explains that ethical application cannot be limited to macro ethical principles, but also micro ethical principles require consideration, an area that has been highlighted during the pilot study. Guillemin and Gillam (2004) suggest two dimensions exist in ethics concerning research. One is the approval from the relevant ethical committee which is a formality. The second dimension; an area I did not truly consider until undertaking the pilot study, is ethics in practice. This is the acknowledgment of everyday ethical issues that arise in research and are not normally addressed in the research ethics application as they are micro-ethical issues (Kim, 2016; Komesaroff, 1995). This is explained as issues that you are not aware of until you are immersed in them. Moreover, this concept is a discursive tool that allows the researcher to validate their decisions. Time and experience have demonstrated the importance of ethics and that concerns need to be checked with others to allow insight into the macro ethical principles (Thomas, 2013).

I noticed that after the interviews I was reeling from the emotional after-effects of the discussion as this relived my own transition experience from my first degree, and I found detachment from this difficult. This is not an issue I had considered. When undergoing ethical review my main focus was the psychological well-being of the participants. Upon reflection, this allowed me to have a shared understanding with the participants about my own and their experiences to share the participant's perspectives clearly (Doody and Doody, 2015; Thomas, 2013). Josselson (2007)

asserts that relational ethics should be at the heart of narrative inquiry and that the researcher needs to be empathetic to the participants' life experiences.

I then began to reflect on how the participants were feeling as this is a more recent experience for them and the following was documented in my journal:

> *Is it right to take up the students' time to discuss experiences that upset the participant? Were any of the participants upset? What about emotional fatigue in racism and reliving experiences? Would this be re-lived each time they saw me on campus or taught them? Would this affect their learning in my classes and were my expectations fair?*

Taking into consideration Beauchamp and Childress (2013) ethical considerations of non-maleficence being the duty to do no harm to others or allow harm to be caused. I began to explore in my reflective journal whether the benefits of the intended findings outweigh the potential risk to that participant. Based on my stance around social justice I concluded that the research should continue in its current form. This was because I do not know whether the sharing of the participant's lived experience will have any impact, I have been granted ethical approval and the outcomes of the research could have a greater impact on a wider population. Even so, I have justified my actions, but this does not stop the feeling of a gulf between ethics in research and ethics in practice.

Who has the power?

I grappled with the idea of power or hierarchy and how the participants may view myself as the researcher with this context in mind before I conducted the pilot study and how this could impact the validity of the data collected. I carefully considered how I could approach this. Reflecting on my own experience as a student I highly respected lecturers and observed them as having power, however as an academic

researcher I do not view myself as having an element of power but need to be aware that may not be how the participants view me. To remove some element of the perception of power between the students who are participants and the researcher, who is their academic, I decided that participants should opt-in as participants are making a choice to take part and they also have the option to withdraw should they feel the need rather than approaching students individually where this may make them feel pressured into agreeing to take part.

I clearly explained to the participants that the interview would be anonymised to maintain confidentiality within the participant information brief and reiterated this before the interview took place and that all data would only be used for the purpose it was intended for (Thomas, 2013). The participants may perceive myself, the researcher, to be in a position of power. However, the nursing department is the biggest in the university and there are approx. three thousand student nurses enrolled (University, 2021). I will not know, teach, or assess all the students individually due to the large number enrolled. I will protect the participants by being aware of this influence but also recognise that the participants may tell the researcher ‘What they want to hear.’ This is where the development of trusting relationships is paramount. To develop trustworthy relationships, I need to be willing to open up too, to develop a trusting relationship but also be mindful not to overshare my own experiences with that participant (Bondy, 2012; Grinyer & Thomas, 2012)

Due to Covid-19 and the pandemic, the interviews were completed using an online platform called Zoom. Until completing the ethical proposal I did not analyse the impact of the environment with power, which highlights my naivety as a researcher when considering ethics. Using Zoom has removed aspects of power. The participants are in a space where they are safe and neutral, normally their home as I

am in mine. Had this taken place on campus, the participants may feel that this enhances my power as I am in my place of work, where I appear to hold this power, and the participants may see themselves as students rather than participants as the campus is their place of study. Using Zoom became a neutral environment for both of us. However, I did find it difficult to build rapport with the participants because it was difficult to identify non-verbal communication and body language that supports the development of trusting relationships (Mikesell, 2013).

Upon reflection, I did consider whether the difficulty in building rapport may impact the trusting relationship I aimed to achieve. Careful consideration needs to be applied to the environment when undertaking the main study. Had it not been for the pandemic I would not have explored Zoom as an option due to my inexperience in using this platform. To set expectations for the participants with how Zoom will be used, I created a Zoom advice sheet and included suggestions that may support building rapport and help with the perception of power imbalance, such as the participants switching the camera off so I cannot see their faces and recognise them as a student's even though this will impact the building of rapport.

Through completing the pilot study, I also identified additional 'power' barriers in recruiting potential participants which I documented in my reflective journal for fear of forgetting how I felt later in the research process. Before posting the advert for participants I read the advert again and wondered whether I could obtain any participants. I now felt 'powerless' and wondered if this is how nursing students felt!

Before the commencement of the first interview, I was overly aware of the power element. In my research journal, I wrote:

> *I wonder who my participant is? Will I know them? Will they know me? Have I taught them? Will they open up during the interview?*

I was conscious of 'my power' but once the interview was underway, this instantly resolved, and the conversation was natural.

Through reflecting on this process, I know that power can never disappear but having an approachable, trusting relationship allows the participant to provide an accurate, open explanation of their lived experiences which will provide quality outcomes (Mikesell, 2013).

Data analysis

Upon reading and understanding the importance of immersion into the data and thematic analysis, I instantly decided that transcribing the interviews was an element I wanted to undertake independently, at least for the interviews from the pilot study. Transcribing is a more complex task than I anticipated. In my reflective journal, I wrote.

> *'5 hours to complete a transcript. How much time will I need to allocate to the transcribing of the interviews from the fuller study?*' (2022).

The process of coding data from a pilot study allowed me to explore different processes and decide which approach I would use for the fuller study. When coding participant one's interview, I decided to code manually, using a printed transcription where I could code using a pen onto a paper copy and make further notes. For comparison, I also coded the same interview using NVivo. The main reason for conducting this approach is because an electronic program was a barrier as it was difficult to make notes using NVivo. However, Richards and Richards (1991), suggest that the use of a computer program allows retrieval of data to be rigorous. I write in my journal,

> *'The notes I made on paper were the same codes that I selected on NVivo so why do I feel I am not immersed in the data?' (2022)*

When cross-checking the handwritten analysis on the hard copy, against the NVivo system there was accuracy in the coding.

As a visual learner, I decided to create a thematic map, demonstrating a process used to map out the decision-making process for the themes based on the codes generated rather than 'searching for themes' that some researchers expect are obvious rather than working through a process (Braun & Clarke, 2019).

This was then applied to the codes generated on NVivo. There is a simple way of applying themes through NVivo, but I wanted to ensure that the allocation of themes was demonstrated, and completing this through a hard copy allowed me to quickly add any thoughts as a novice researcher. The four themes identified were discrimination, intuitional and course barriers, belonging and identity, and support and transition experiences.

Findings

Recognising my position and that I lead the Nursing and Midwifery Minoritised student group could impact the way I 'see' the story as I understand some of the issues students face at university as well as at the transition stage. Due to the limited words, for the 'story,' I will analyse the participant's story around racism.

During an interview participant one said.

> *'Whatever racial stuff is going on, yes if you address those then the people's fear and anxiety about going into the workforce would not be as much, yeh' (*Comment 1)

This is a powerful comment and could have been coded in several ways. Table 1 demonstrates comment one broken down into shorter elements and coded 'chunks', the theme that aligns to the code.

When breaking down the extract *'whatever racial stuff is going on'* could be construed as the participant being blasé or undermining what is happening. However, this is a part of a larger extract where the participant discusses racism in placement settings. The participant does not explicitly identify that racism is happening but inclines that racism exists and is potentially fearful in articulating the issue. Hence why the message is 'cloudy.' Bain (2018) recognises that students often do not understand the structural racism that exists. The comment highlights that regardless of the 'level' of racism, issues need addressing. Blackford (2003) and NHS England (2019) suggest that racism within the National Health Service (NHS) is invisible due to the workforce being made up of 80% of staff who are racialised as white.

'Yes, if you address those' alludes to issues not being addressed at that particular moment or being 'brushed under the carpet.' This could be argued that the behaviour demonstrated through the comments could impact the belonging of the participant. The use of *'fear and anxiety'* are powerful words that start to highlight how the participant is feeling and continue this by associating those feelings with entering the workforce. The extract acknowledges that there will be an element of fear and anxiety when going into the workforce, but by addressing some of the racial issues that exist these fears *'won't be as much.'* Das Gupta et al. (2007) suggests that oppression within nursing is evident among staff, however, these are not always highlighted as staff from minoritised backgrounds are worried about how to deal with these issues.

Through using TA analytical approach, the extract highlights that the participant recognises that racism exists and that the issues identified are not always addressed appropriately, however, if the issues were to be addressed, entering a workforce

may be slightly easier. This showcases that the participant is more than likely happy to accept there is an element of fear but wants to reduce this as much as possible. This narrative is supported by participant two.

> *'So those things are, I wish they challenged by the teacher. Usually, there are two teachers. One lecturing and one who is controlling the chat, I wish they could address the comments. It isn't like a very bad comment or racist comment'* (Comment 2)

Participant one narrated that she did not have any concerns with the transition experience initially as both parents are nurses, and she was interviewed by a black academic. However, she quickly recognised that the curriculum was not diverse and was aimed at white students, so she did not see herself reflected in the course. When requiring support from her peers she stated:

> *"I don't seek support from white students as they don't understand. They do not look the same as me. Black students help each other, I have a few of them in my class."*

Participant two expressed that she had a difficult time transitioning. Issues she faced were around the lack of financial support from student finance due to her 'status.' Instead, she was successful in obtaining a scholarship. She has additional stresses concerning her family. Her home country has a civil war and for 8 months she has had no contact with her parents, and she does not know whether they are still alive. She has learned to deal with this in her way.

> *"The sun is shining every day and the moon every night. That might not be for me, but for someone else and I am happy that someone else out there is happy."*

The support from the university during the transition period has been both positive and negative for participant two. Repeating several times through the course of the interview how professional services staff were more supportive than academic staff. Having experienced comments on Zoom via the chat function that were aimed at another minoritised student and left unchallenged by the academic she explained.

> *"A comment to one ethnic minority student is to us all, even though it wasn't aimed at me. I asked a question once and I was ignored by the teacher. I do not ask questions now, people might think 'look at her, she is an idiot.' They will question my ability and ask me to leave the course. So, I don't ask questions anymore."*

Participant two's story saddened me. It left me thinking about how a nursing academic could leave this behaviour unchallenged. Would they do the same if it were toward a patient? I then reflected on this unexpected disclosure within my journal and noted that I had not considered the support I may need following interviews as I was primarily focused on the emotions and support required for the participants.

Conclusion

Conducting the pilot study has been a crucial part of developing the main study of research and has allowed me to explore how the main study will be approached and refine areas of concern. This has supported the refinement of the interview/field questions and the order to ensure that the research questions are answered. I have also ascertained that semi-structured interviews are an approach I will continue with, as it acknowledges the researcher's role and considers their experiences and expert knowledge, at the same time allowing the participants to unfold their lived experiences (Doringer, 2021).

During the pilot study phase, I enhanced my knowledge of ethics and understood that ethical decision-making is a continuous reflexive process that requires scrutiny (Guillemin & Gillam, 2004; Haverkamp, 2004). Through using a reflexive journal, I have developed an understanding that ethical considerations are normally viewed from a macro ethical perspective, but I also need to include the micro ethical principles that exist, and this will support the development of the main study and myself as a researcher.

Based on the evaluation of the pilot study I have created recommendations that I needed to explore further before engaging with the main study. These were:

Refining RQ's

Refining Field Q's

How I recruit participants

The number of participants

Reflect on whether data analysis will provide me with the answers I seek.

Emotional support for the researcher

Appendix 5- Methodological Considerations

Qualitative Methodology	Overview	Positives	Reason for discounting
Phenomenology (Starks et al., 2007)	Based on understanding the world from the perspectives of individuals and how they experience the world. The researchers have to bracket their own preconceptions of the world. (Gallagher, 2022)	This approach allows participants to discuss their lived experiences. Supports CRT in relation to storytelling and counter-narratives.	Due to the positives, this could have been a potential selection. However, due to the nature of the study and my positionality in this subject area, I need to select an approach that allows me to get involved with the data and the analysis of this data through co-construction.

Ethnography (Khan, 2018)	The study and observations of social interactions and behaviours within specific teams, groups, or organisations that support the learning of people. Historical and Cultural contexts influence this approach. Observation of the participants' behaviours, language, and values is required. (Jones & Smith, 2017). Requires either covert or overt observations in the group's natural	Allows insights into people's views and actions. Cultural and historical context are taken into consideration. Supported by CRTs storytelling as this allows participants to express their lived experiences.	This study is not about the observations of the participants in an environment but about understanding their retrospective and current experiences as well as their future thoughts. Therefore, there are better approaches than this approach.

	environment.		
Narrative Inquiry. (Milner & Howard, 2013).	Narrative inquiry allows participants to provide their individual perspectives and a deeper understanding of those lived experiences	Provide a voice to marginalised groups normally through interviews. Supported by CRT	N/A- this was the selected methodology.
Interpretive Description Qualitative (IDQ) (Neergaard et al., 2009).	Used to generate knowledge for applied health disciplines. Suited to identifying problems and generating hypotheses.	Uses existing knowledge to create further knowledge. Linked to the work of others in the field.	Focuses on clinical research. This methodology has been criticised for lack of rigor. IDQ relies on structured interviews within a focus group, which was not a method of choice due to the sensitive nature of the topic.

Appendix 6- Interview Schedule

Sheffield Hallam University

Interview Schedule- Field Questions

Before the start of each interview check consent and understanding of the study topic.

Interview 1- (Pre-enrolment, enrolment, induction week, and first few weeks of semester 1 in year 1)

1. How did you get to be a student nurse?

Prompt- tell me about yourself and your background, previous education, and experiences.

2. Can you tell me about your experience transitioning into a nursing course before and including induction week?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

Prompt- were you excited about starting? If so, why?

prompt- were you worried about starting? If so, why?

Prompt- has Covid-19 had an impact on your transition experience?

3. What has your experience been in relation to transitioning into a nursing course, since induction week?

Prompt- do you see yourself reflected within the course? (Staff/curriculum/university structures/ social areas & activities)

Prompt- have you settled in?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

4. What were your thoughts about the campus environment? Such as the built environment, social environment, classroom environment, and peers.

Prompt- what are the good things about the campus environment?

Prompt- what are the bad things about the campus environment?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

5. What are your initial thoughts about becoming a nurse?

Prompt- is there anything that worries you in relation to working as a nurse?

6. How do you feel about attending placement?

Prompt- is there anything that worries you about placement?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

7. You mentioned (negative experiences) earlier, do you think your race has anything to do with this?

Prompt-how do you think race impact those experiences?

Prompt-why do you think race impacts those experiences?

8. Is there anything else that you want to add about your transition experience since you started?

Interview 2- (End of semester 1/ very beginning of semester 2)

1. How has your first semester been?

Prompt- tell me about what you have enjoyed?

Prompt- have you been worried about anything? If so, why?

Prompt- how do you feel about your experience during semester 1?

2. What has your experience been in relation to transitioning into a nursing course during semester 1?

Prompt- do you see yourself reflected within the course? (Staff/curriculum/university structures/ social areas & activities)

Prompt- have you settled in?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

Prompt- has Covid-19 had an impact on your transition experience?

3. Can you tell me about the positives in relation to the transition experience so far?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

4. Can you tell me about any concerns in relation to the transition experience?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

5. What are your thoughts and feelings about becoming a nurse?

Prompt- is there anything that worries you in relation to working as a nurse?

6. How do you feel about attending placement?

Prompt- is there anything that worries you about placement?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

7. You mentioned (negative experiences) earlier, do you think your race has anything to do with this?

Prompt-how do you think race impact those experiences?

Prompt-why do you think race impacts those experiences?

8. Is there anything else that you want to add about your transition experience since you started or since your previous interview?

Interview 3- (End of semester 2/ very beginning of semester 1 Year 2)

1. How has your first year been?

Prompt- tell me about what you have enjoyed?

Prompt- have you been worried about anything? If so, why?

2. What has your experience been in relation to transitioning into a nursing course during year 1?

Prompt- Do you see yourself reflected within the course? (Staff/curriculum/university structures/ social areas & activities)

Prompt- have you settled in?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

Prompt- has Covid-19 had an impact on your transition experience?

3. Can you tell me about the positives in relation to the transition experience?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

4. Can you tell me about any concerns in relation to the transition experience?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

5. How has your experience on placement been?

Prompt- is there anything that worries you about placement?

Prompt- how did this make you feel?

Prompt- why do you think you felt like that?

6. What are your thoughts and feelings about becoming a nurse?

Prompt- is there anything that worries you in relation to working as a nurse?

7. How are you feeling about starting year 2 of the nursing course?

Prompt- what are you looking forward to?

Prompt- is there anything that worries you?

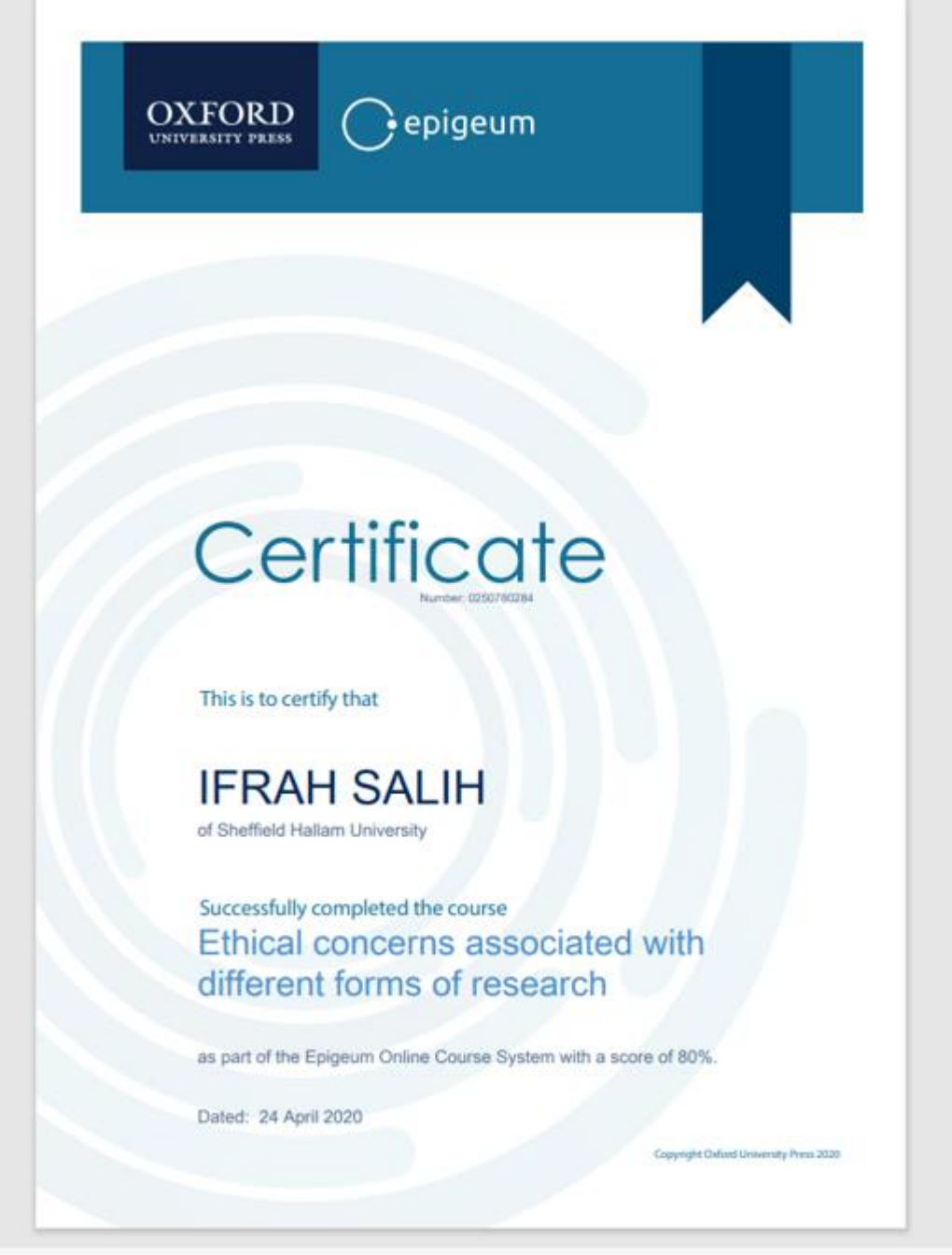
8. You mentioned (negative experiences) earlier, do you think your race has anything to do with this?

Prompt-how do you think race impact those experiences?

Prompt-why do you think race impacts those experiences?

9. Is there anything else that you want to add about your transition experience since you started or since your previous interview?

Appendix 7- Certificates



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Number: 0250780283

This is to certify that

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of Sheffield Hallam University

Successfully completed the course

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as part of the Epigeum Online Course System with a score of 80%.

Dated: 24 April 2020

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Certificate

Number: 0250760289

This is to certify that

IFRAH SALIH

of Sheffield Hallam University

Successfully completed the course

Working ethically in a global environment

as part of the Epigeum Online Course System with a score of 100%.

Dated: 27 April 2020

OXFORD UNIVERSITY PRESS

epigeum

Certificate

Number: 0250780288

This is to certify that

IFRAH SALIH

of Sheffield Hallam University

Successfully completed the course

Working ethically in challenging circumstances

as part of the Epigeum Online Course System with a score of 100%.

Dated: 27 April 2020


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Certificate
Number: 0250780286
This is to certify that
IFRAH SALIH
of Sheffield Hallam University
Successfully completed the course
Working with human participants
as part of the Epigeum Online Course System with a score of 100%.
Dated: 27 April 2020
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epigeum

Certificate

Number: 0250780222

This is to certify that

IFRAH SALIH

of Sheffield Hallam University

Successfully completed the course

Working with your supervisor

as part of the Epigeum Online Course System with a score of 80%.

Dated: 23 April 2020


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epigeum
Certificate
Number: 0250780287
This is to certify that
IFRAH SALIH
of Sheffield Hallam University
Successfully completed the course
Understanding research ethics approval
as part of the Epigeum Online Course System with a score of 100%.
Dated: 27 April 2020
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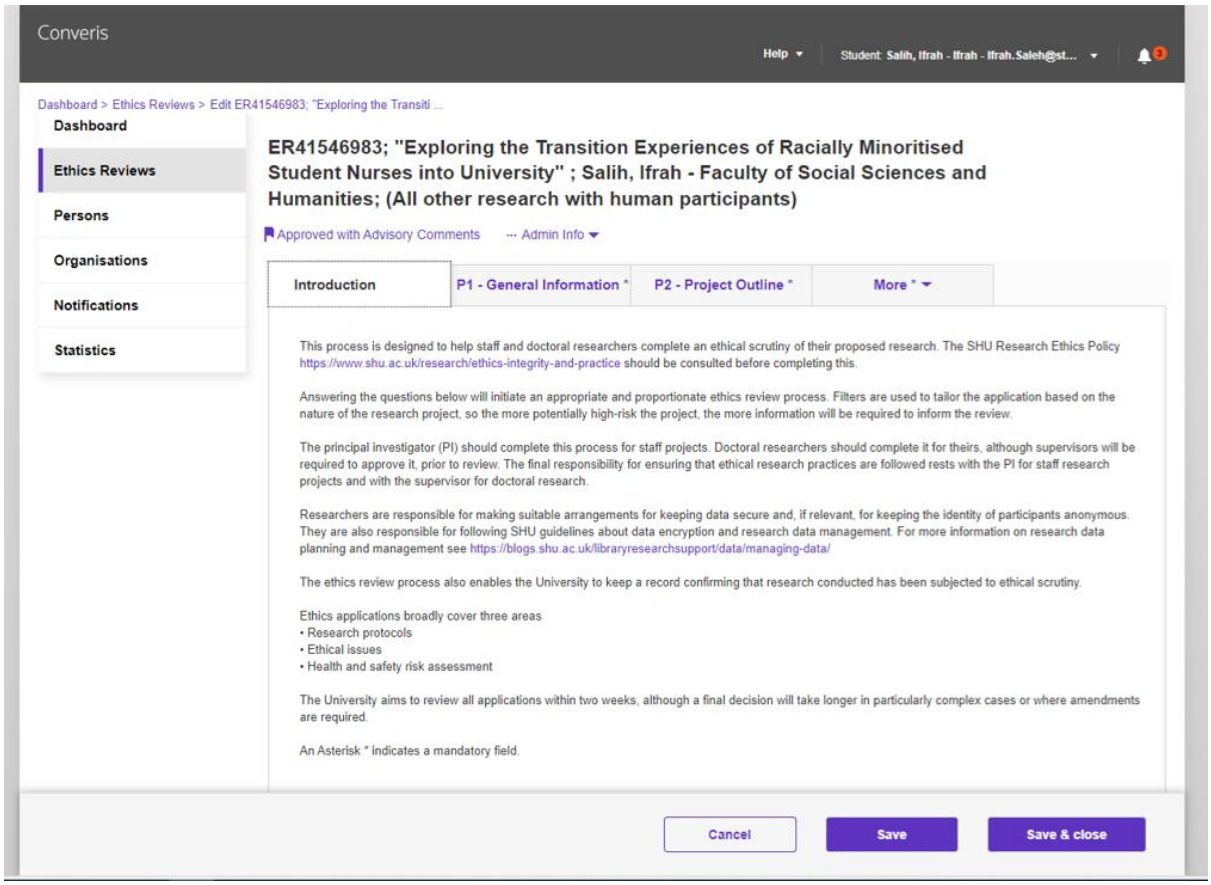
Appendix 8- Converis Reference

Thesis chapter	Research study	Ethics review reference	Approval date
Chapter 3- Methodology	Exploring the Transition Experiences of Racially Minoritised Student Nurses into University	ER41546983	27/06/2022



Appendix 9- Participant Information Sheet

PARTICIPANT INFORMATION SHEET

1. **Title of Project**

Exploring the Transition Experiences of Racially Minoritised Student Nurses into University

2. **Introduction**

I would like to invite you to participate in this project. The aim of the project is to focus on the transition experience of student nurses from racially minoritised communities into university.

3. **Why have you asked me to take part?**

You have been chosen as a participant because you are a nursing student at Sheffield Hallam University, which is the university where the research is taking place.

4. **What will I be required to do?**

Upon completion of the consent form, you will be asked to discuss your experiences in three semi-structured interviews with me. This will last approximately 1 hour per interview. The dialogue will be recorded so that it can be transcribed for later analysis. You will be asked to describe your transition experience when you started your Nursing course and throughout your first year of study. You may be asked further questions about your narrative account to establish your transition experience further.

5. **Where will this take place?**

All interviews will be hosted using zoom. This will be between September 2022 and September 2023, at a mutually convenient time for yourself and I.

6. **How often will I have to take part, and for how long?**

   There will only be three interviews, each of which should last approximately one hour. There will be an interview in the first few weeks of starting your course, the second interview will be at the end of semester 1/beginning of semester 2. The last interview will be at the end of semester 2/the beginning of year 2. During this time, if you leave the university, I will make contact with you to offer an additional interview.

7. **When will I have the opportunity to discuss my participation?**

   You will have the opportunity to ask any questions prior to the interviews commencing and we will discuss your participation again immediately after the interview, during the debrief. You are free to take a break or terminate the interview at any time.

8. **Who will be responsible for all of the information when this study is over?**

   The research data will be owned by the University.

9. **Who will have access to it?**

   Only the supervisory team, a university-approved transcriber/transcription service and I will have access to the audio files, which will be stored on an encrypted drive on the University network, accessible only via password-protected computers. Some interviews will be transcribed by a third-party transcription service approved by Sheffield Hallam University. The interviews will be sent via https://zendto.shu.ac.uk/ and password protected with the password in a separate email.

   The anonymised typed transcripts will be similarly stored, though are likely to be used as appendices evidence for assessment and so could be read by my doctoral supervisors and other staff involved in the module assessment and

grade verification. You will not be identifiable from the transcript as you will be provided with a pseudonym to maintain anonymity. Also, other details such as names of family members, places, and institutions may be changed to protect your identity if required.

10. What will happen to the information when this study is over?

The anonymised transcripts and audio recordings will be stored securely for 10 years on the University server. After that they will be destroyed.

11. How will you use what you find out?

The data from the study will be used to help focus the final doctorate thesis. The anonymised data may additionally be presented in future educational conferences and/or publications and used for assessments.

12. Will anyone be able to connect me with what is recorded and reported?

Pseudonyms will be allocated to the study's participants during transcription to ensure confidentiality. Similarly, if other staff names and/or institutions are discussed during the interview, they will also be given pseudonyms during the write-up. Where necessary some details may be changed to prevent the identification of respondents where they may be easily identified. Such as details of names of family members, the number of children, places, and institutions may be changed to protect your identity if required.

13. How long is the whole study likely to last?

The research study is from January 2020 to January 2025. The primary data collection will start in September 2022.

14. How can I find out about the results of the study?

A brief summary report of the findings and overarching themes will be provided and shared with all the participants. If you wish to opt-out of receiving a report,

please let the me know. The transcript of the interview can be shared with you upon request and prior to analysing the data. Therefore, if you wish to obtain a copy of the transcript this can be done within 2 weeks of the interview. If you wish to remove or amend any aspects of the interview this can be done within 2 weeks of the transcribed interview being sent to you.

15. **What if I do not wish to take part?**

    Participation is voluntary and there is absolutely no obligation to take part. You do not have to provide any reason for not wanting to be involved. You will not be contacted again.

16. **What if I change my mind during the study**?

    You are free to withdraw from the study at any time during the interview and you can retract any statements from your interview up to 2 weeks after the interview has taken place. After this time, the information from your interview will be included in the data collection. Please contact me via the methods detailed below if you wish to withdraw. If you decide to withdraw from the study at a later time after the 2-week period, you can withdraw from the study without any consequences from the university.

17. **Do you have any questions?**

    If so, please ask them now or contact me via the methods detailed below.

18. **Details of who to contact with any concerns or if adverse effects occur after the study.**

    Following the interview, you will be provided with a debrief sheet. Within this is a list of well-being and support services that you can contact if feel distressed after the interview. If you have any further questions or concerns, please contact me and doctoral supervisors' (details below). Following the interview, I will send you

a debrief that includes organisations that you can seek support from should you require it.

You should contact the Data Protection Officer if:	**You should contact the Head of Research Ethics (Dr. Mayur Ranchordas) if:**
· You have a query about how your data is used by the University · You would like to report a data security breach (e.g. if you think your personal data has been lost or disclosed inappropriately) · You would like to complain about how the University has used your personal data	· You have concerns with how the research was undertaken or how you were treated
DPO@shu.ac.uk	ethicssupport@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT

Telephone: 0114 225 5555

Researcher:

Ifrah Salih: i.salih@shu.ac.uk

Supervisors:

Caron Carter: c.carter@shu.ac.uk

Punita Chowbey: p.chowbey@shu.ac.uk

Sheffield Hallam University

Appendix 10- Participant Advert

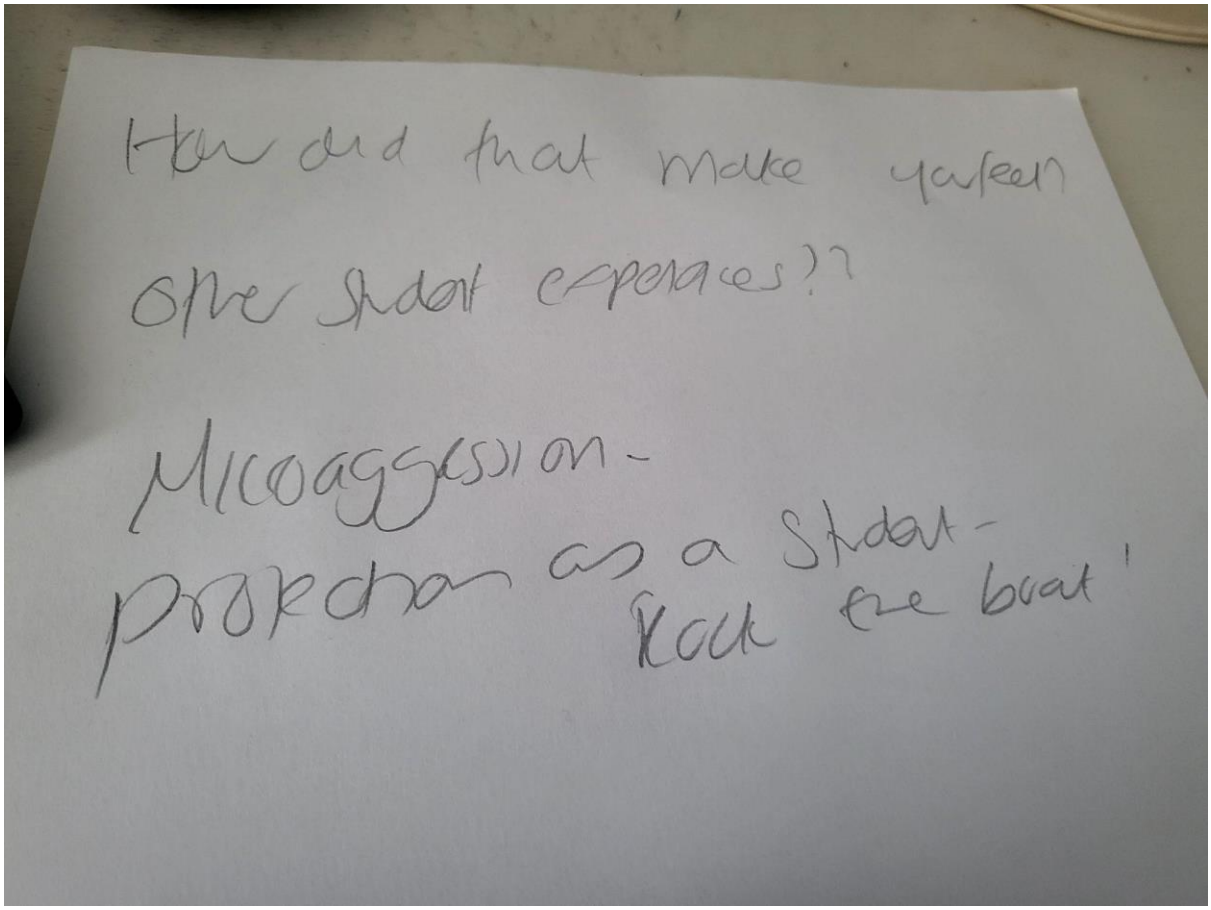
Sheffield Hallam University

Participants Needed for Research Study….

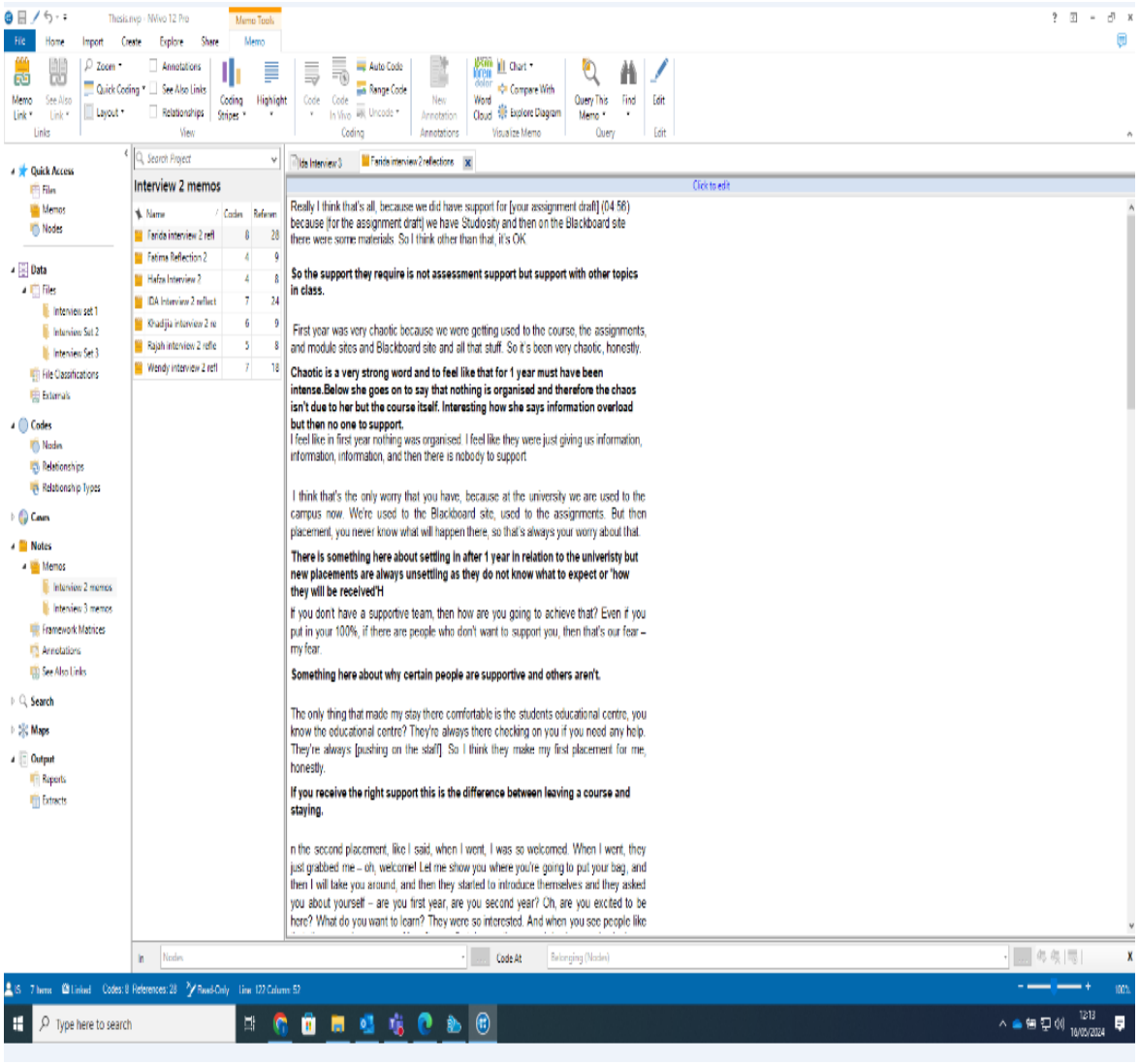
Exploring the transition experiences of student nurses from racially minoritised communities into university.

- Would you like to take part in a study exploring your transition experience?
- Are you a nursing student?
- Do you identify as being from a Black, Asian or Minority Ethnic background?
- Are you able to take part in 3 online interviews between September 2022 and - August 2023?
- If you has answered yes to all the above and wish to find out more or to take part, please email Ifrah Salih (i.salih@shu.ac.uk) for further information!

Appendix 11- Interview Notes

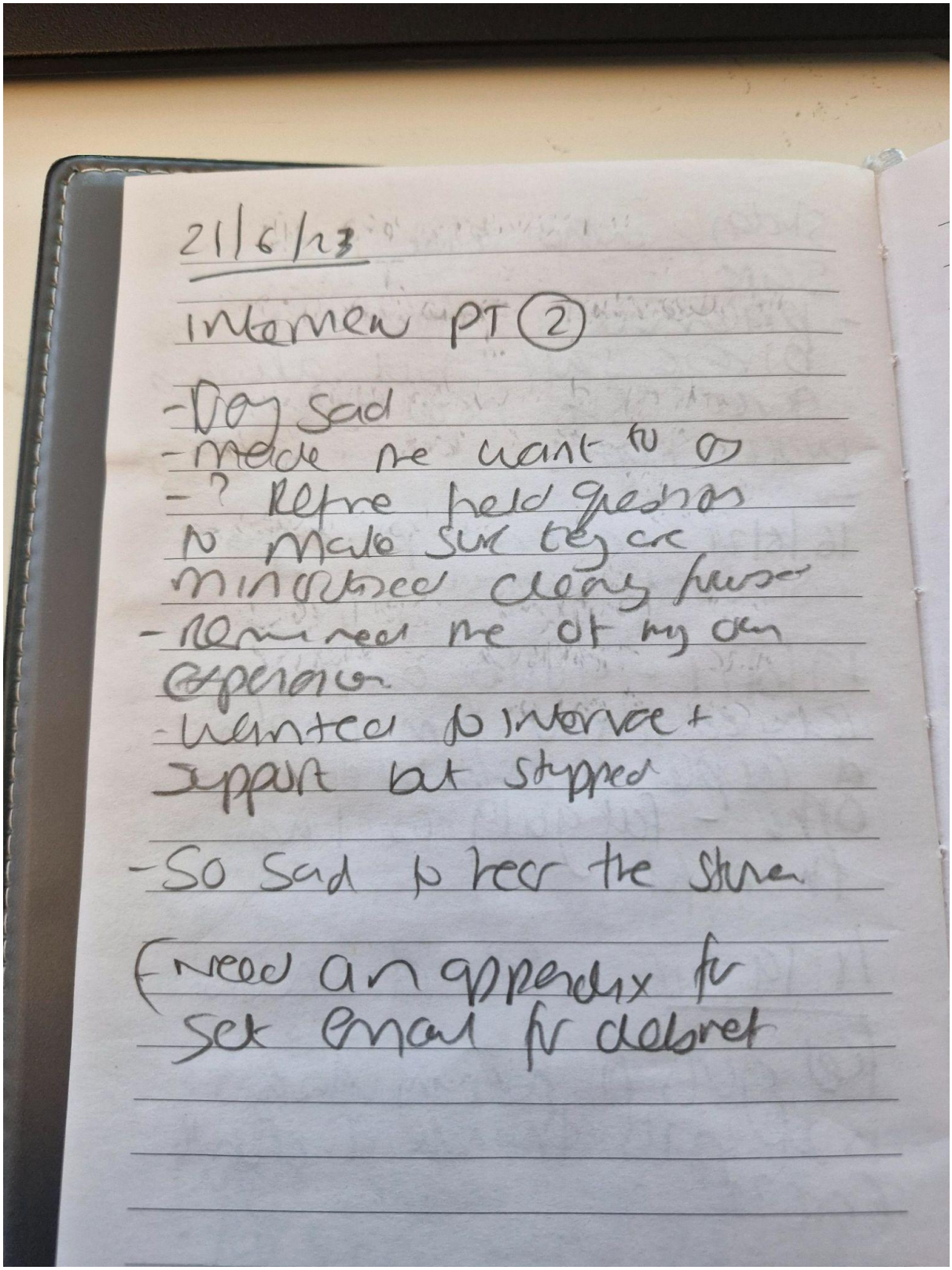


Appendix 12- NVivo Memo Notes

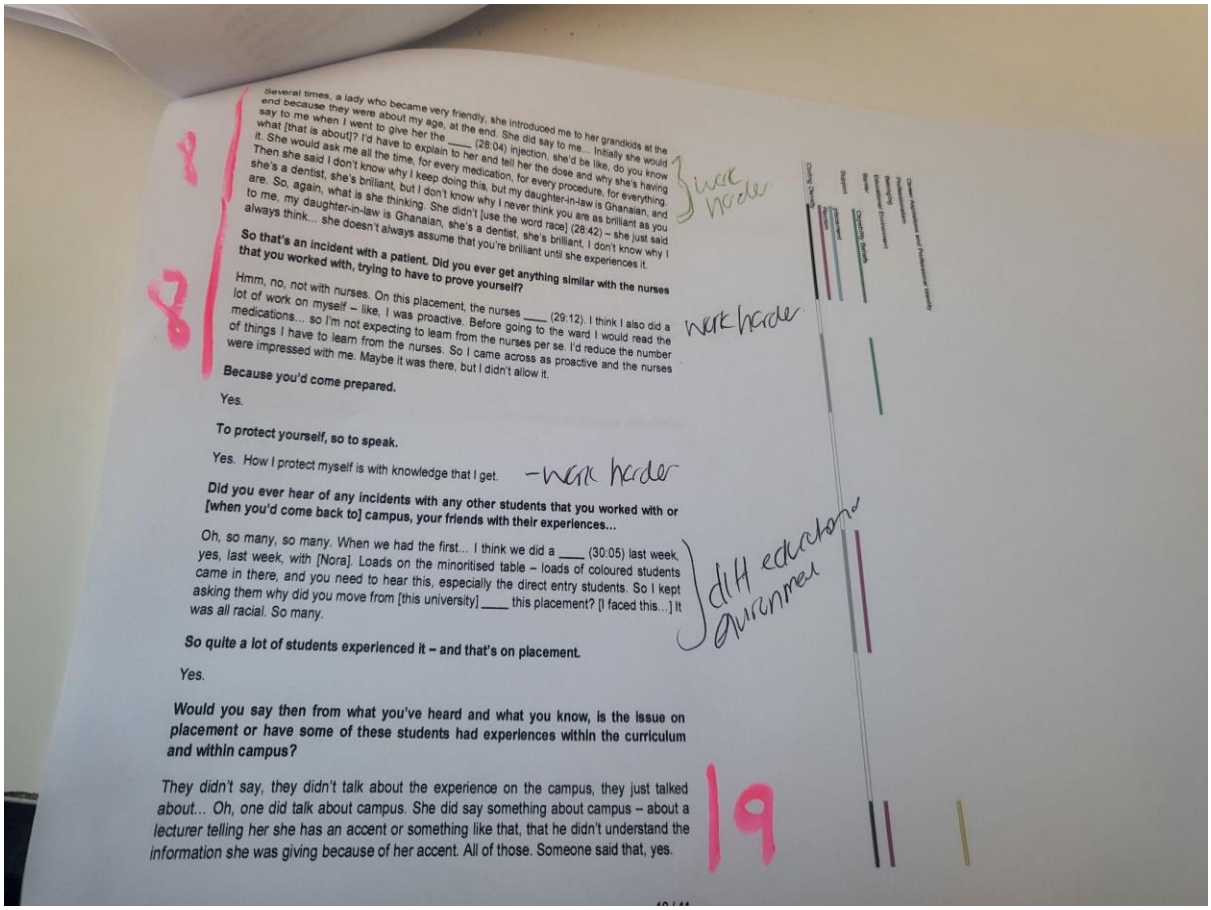


Appendix 13- NVivo Training Certificate

Appendix 14- Reflective Journal Entry



Appendix 15- Coding Stage 2



several times, a lady who became very friendly, she introduced me to her grandkids at the end because they were about my age, at the end. She did say to me... Initially she would say to me when I went to give her the ____ (28:04) injection, she'd be like, do you know what [that is about]? I'd have to explain to her and tell her the dose and why she's having it. She would ask me all the time, for every medication, for every procedure, for everything. Then she said I don't know why I keep doing this, but my daughter-in-law is Ghanaian, and she's a dentist, she's brilliant, but I don't know why I never think you are as brilliant as you are. So, again, what is she thinking. She didn't [use the word race] (28:42) – she just said to me, my daughter-in-law is Ghanaian, she's a dentist, she's brilliant, I don't know why I always think... she doesn't always assume that you're brilliant until she experiences it.

So that's an incident with a patient. Did you ever get anything similar with the nurses that you worked with, trying to have to prove yourself?

Hmm, no, not with nurses. On this placement, the nurses ____ (29:12). I think I also did a lot of work on myself – like, I was proactive. Before going to the ward I would read the medications... so I'm not expecting to learn from the nurses per se. I'd reduce the number of things I have to learn from the nurses. So I came across as proactive and the nurses were impressed with me. Maybe it was there, but I didn't allow it.

Because you'd come prepared.

Yes.

To protect yourself, so to speak.

Yes. How I protect myself is with knowledge that I get.

Did you ever hear of any incidents with any other students that you worked with or [when you'd come back to] campus, your friends with their experiences...

Oh, so many, so many. When we had the first... I think we did a ____ (30:05) last week, yes, last week, with [Nora]. Loads on the minoritised table – loads of coloured students came in there, and you need to hear this, especially the direct entry students. So I kept asking them why did you move from [this university] ____ this placement? [I faced this...] It was all racial. So many.

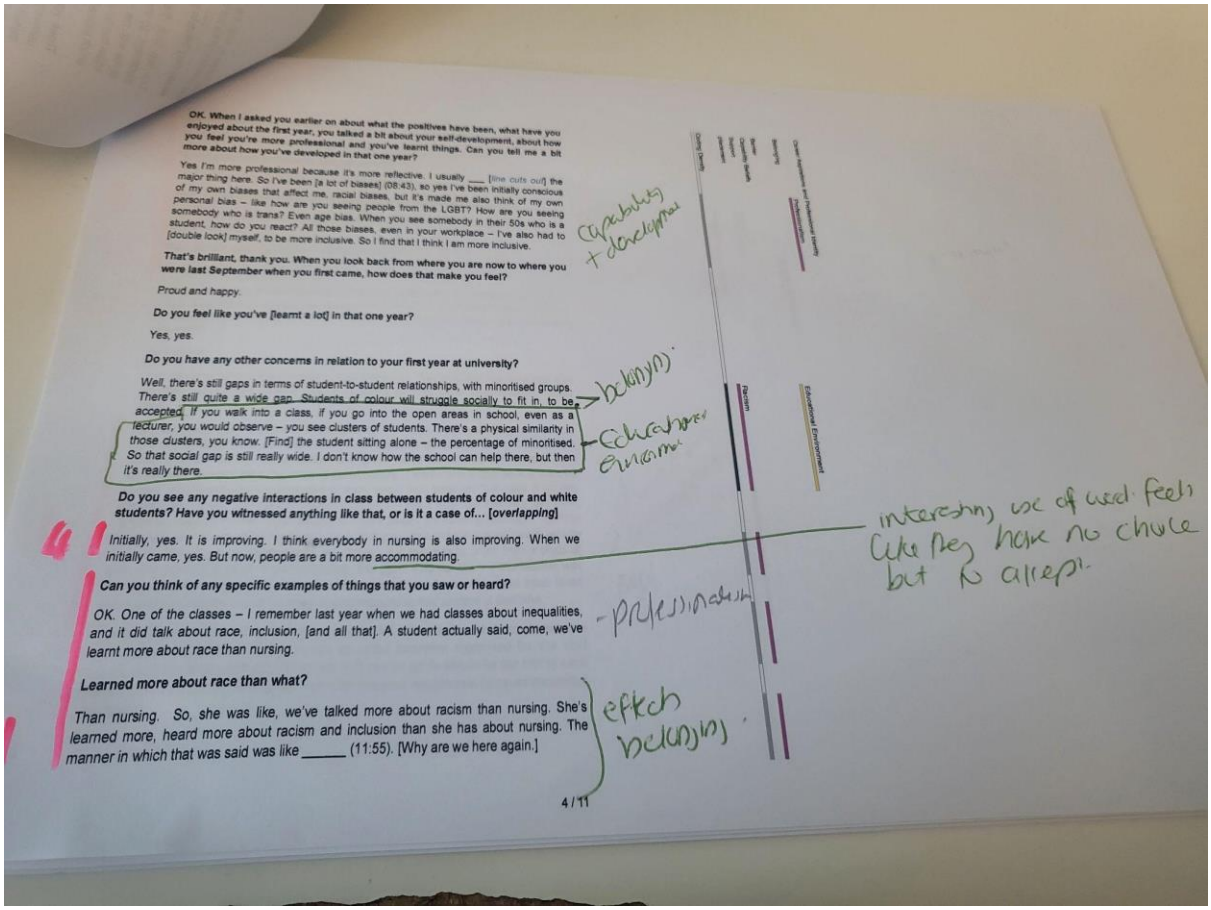
So quite a lot of students experienced it – and that's on placement.

Yes.

Would you say then from what you've heard and what you know, is the issue on placement or have some of these students had experiences within the curriculum and within campus?

They didn't say, they didn't talk about the experience on the campus, they just talked about... Oh, one did talk about campus. She did say something about campus – about a lecturer telling her she has an accent or something like that, that he didn't understand the information she was giving because of her accent. All of those. Someone said that, yes.

Appendix 16- Coding Stage 3 notes



OK. When I asked you earlier on about what the positives have been, what have you enjoyed about the first year, you talked a bit about your self-development, about how you feel you're more professional and you've learnt things. Can you tell me a bit more about how you've developed in that one year?

Yes I'm more professional because it's more reflective. I usually ___ [line cuts out] the major thing here. So I've been [a lot of biases] (08:43), so yes I've been initially conscious of my own biases that affect me, racial biases, but it's made me also think of my own personal bias – like how are you seeing people from the LGBT? How are you seeing somebody who is trans? Even age bias. When you see somebody in their 50s who is a student, how do you react? All those biases, even in your workplace – I've also had to [double look] myself, to be more inclusive. So I find that I think I am more inclusive.

That's brilliant, thank you. When you look back from where you are now to where you were last September when you first came, how does that make you feel?

Proud and happy.

Do you feel like you've [learnt a lot] in that one year?

Yes, yes.

Do you have any other concerns in relation to your first year at university?

Well, there's still gaps in terms of student-to-student relationships, with minoritised groups. There's still quite a wide gap. Students of colour will struggle socially to fit in, to be accepted. If you walk into a class, if you go into the open areas in school, even as a lecturer, you would observe – you see clusters of students. There's a physical similarity in those clusters, you know. [Find] the student sitting alone – the percentage of minoritised. So that social gap is still really wide. I don't know how the school can help there, but then it's really there.

Do you see any negative interactions in class between students of colour and white students? Have you witnessed anything like that, or is it a case of... [overlapping]

Initially, yes. It is improving. I think everybody in nursing is also improving. When we initially came, yes. But now, people are a bit more accommodating.

Can you think of any specific examples of things that you saw or heard?

OK. One of the classes – I remember last year when we had classes about inequalities, and it did talk about race, inclusion, [and all that]. A student actually said, come, we've learnt more about race than nursing.

Learned more about race than what?

Than nursing. So, she was like, we've talked more about racism than nursing. She's learned more, heard more about racism and inclusion than she has about nursing. The manner in which that was said was like _____ (11:55). [Why are we here again.]

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Appendix 17- NVivo Output of Codes Following Analysis

Name	Description	References- the number of times each code was referenced during data analysis stage
Assessment	Clinical and academic assessment	52
Barrier	Barriers to learning or access	124
Barrier to education	Barriers to education	45
Belonging	Belonging on campus, placements, reflected within the environment	185
Capability and development	How participants identify with their own capabilities and how the potential for developments	87

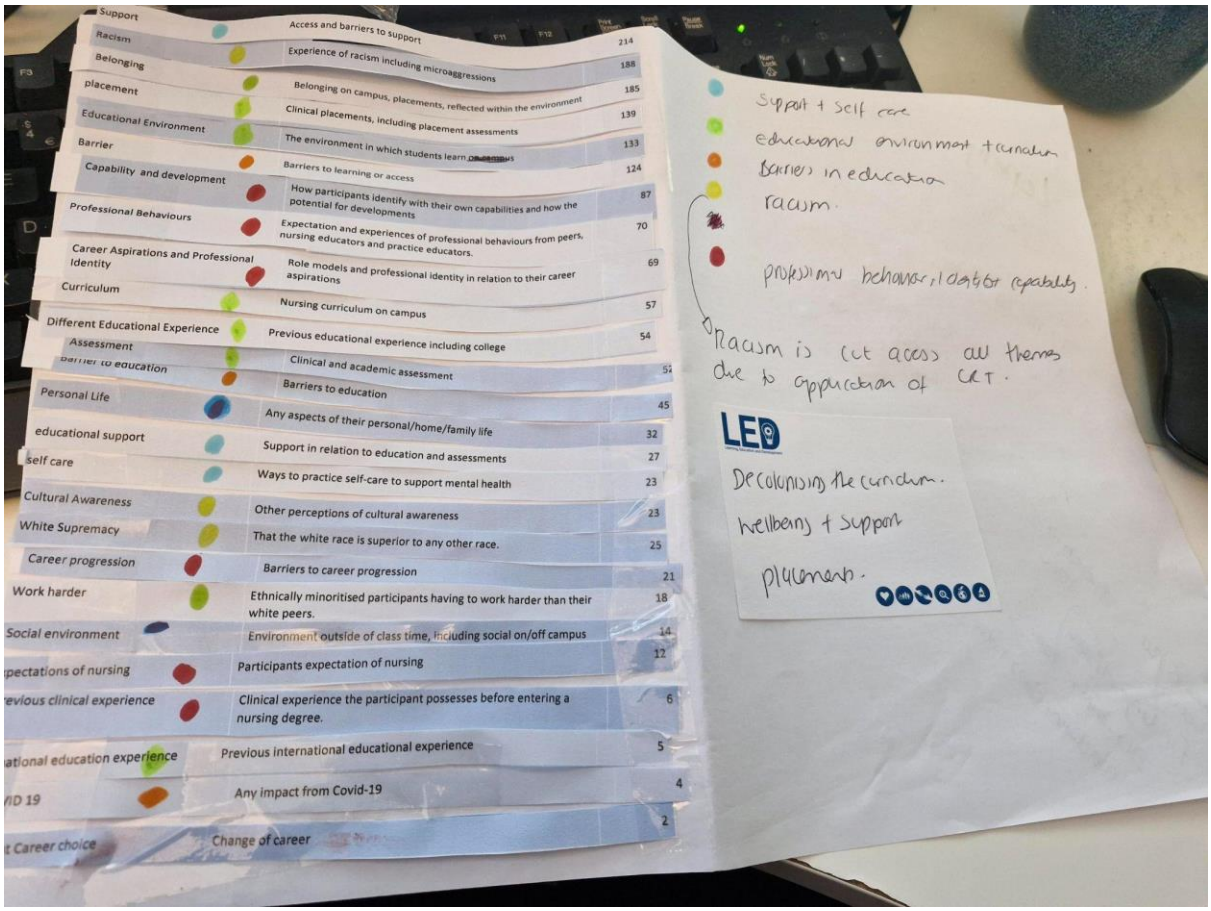
Name	Description	References- the number of times each code was referenced during data analysis stage
Career Aspirations and Professional Identity	Role models and professional identity in relation to their career aspirations	69
Career progression	Barriers to career progression	21
COVID 19	Any impact from Covid-19	4
Cultural Awareness	Other perceptions of cultural awareness	23
Curriculum	Nursing curriculum on campus	57
Different Career choice	Change of career	2
Different Educational Experience	Previous educational experience including college	54

Name	Description	References- the number of times each code was referenced during data analysis stage
Educational Environment	The environment in which students learn	133
educational support	Support in relation to education and assessments	27
Expectations of nursing	Participants expectation of nursing	12
international education experience	Previous international educational experience	5
Personal Life	Any aspects of their personal/home/family life	32
placement	Clinical placements, including placement assessments	139

Name	Description	References- the number of times each code was referenced during data analysis stage
previous clinical experience	Clinical experience the participant possesses before entering a nursing degree.	6
Professional Behaviours	Expectation and experiences of professional behaviours from peers, nursing educators and practice educators.	70
Racism	Experience of racism including microaggressions	188
self-care	Ways to practice self-care to support mental health	23
Social environment	Environment outside of class time, including social on/off campus	14

Name	Description	References- the number of times each code was referenced during data analysis stage
Support	Access and barriers to support	214
White Supremacy	That the white race is superior to any other race.	25
Work harder	Ethnically minoritised participants having to work harder than their white peers.	18

Appendix 18- Hierarchy of Codes



Appendix 19- Raw Data Key Phrases

Extract	Meaning	Context
People having masks all the time.	People pretending to be someone else and not their authentic selves.	Wendy interpretation how nurses behave at work.
They don't like us.	The nurses do not like ethnically minoritised students.	Farida highlights that on placement you have to be strong, as nurses do not like 'us.'
Safe and lucky.	That she does not need to keep watching her back and therefore that is a lucky placement for her.	More ethnic diversity in the workforce.
Do not need to make it an issue.	Staff are purposely making life difficult for Wendy.	How nursing staff create a problem as she does not have a British sounding accent.
Compete with a native British girl.	White student nurses are the supreme race.	To do well on placement Ida feels she needs to behave similarly to her white peers.
They don't even make eye contact with you."	The white nurses are better than EM nurses.	Hafza shared how white colleagues speak

		aggressively to EM students.
More gentle.	White students are treated nicer than EM students.	Clinical staff speaking to white student gently and aggressive to EM students.
Red carpet rolled out.	White students are given royal treatment compared to EM students	How white and EM student nurses are treated differently.
Crush me in anyway.	Wanting to see Khadija fail on a task that was given to her.	PA giving Khadija a task that was too difficult for her year of study.
“Where are you really from?”	You are different to white people. This is othering behaviour.	Ida being asked by white patients.
Cover your back all the time.	Staff are looking to get you into trouble.	White nurses are showing that the EM students are different to them.
Unwelcome, excluded and not seen.	Invisible to other people and not part of the group.	Wendy being part of a sports club.
Sweat it out.	Releasing emotions linked to racist incidents.	Taking part in strenuous activity following a racial incident.

Vibe.	Negative feeling from white student.	How white peers make ger feel uncomfortable in lecturers.
Makes me feel more at home.	Able to be authentic self.	Hafza feelings when she is amongst EM individuals.
Overthinks.	Questioning whether she is being oversensitive.	Sharing racist experiences with other EM students for validation.
Who's going to fight for me? Who's going to be my voice?	No support from staff. Who will intervene, step in and challenge behaviours if staff are complicit in them.	White academic mocking the accent of an EM academic.
We are all the same, you know?	Our skin colour should not make a difference to the roles people possess.	Lack of EM role models in teaching staff.
They are superior.	The white race is the supreme race.	How white students are described by EM students.
Shut down.	Unable to function and withdrawn. Can impact assessments and belonging.	Wendy describes how she felt when her accent was mocked by other students.

Because I don't have to sound like this to be who I am actually.	Her accent does not define who she is or what type of students she is.	Wendy describes how she felt when her accent was mocked by other students.
That accent is the way I find my way home.	Wendy describes her accent as home, where she belongs and where she feels safe being her authentic self.	Wendy describes how she felt when her accent was mocked by other students.
Eating her up inside.	Unable to be her authentic self. Causing worry or anxiety when witnessing these behaviours.	Khadija witnessing other students mocking her Nigerian friend.
Feeling invisible.	Not being seen or heard by peers.	How white students treat EM students during group work.
Oh wow.	Illicit that they are surprised and shocked at the different ways the students are treated.	When white students get an in-depth answer to a question compared to EM students.

Appendix 20- Thematic Framework

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Assessment	Clinical and academic assessment	Educational environment and curriculum	Belonging on campus Working harder and treated differently Engaging in group work	Placements Decolonising the curriculum
Barrier	Barriers to learning or access	Barriers in Education	Belonging on campus Belonging in toxic environments	Wellbeing and university support Placements Decolonising the curriculum

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
			Engaging in group work	
Barrier to Education	Barriers to education	Barriers in Education	Belonging in toxic environments Working harder and treated differently Diversifying the curriculum Belonging on campus Engaging in group work	Decolonising the curriculum Placements

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Belonging	Belonging on campus, placements, reflected within the environment	Educational environment and curriculum	Belonging on campus Belonging in toxic environments Diversifying the curriculum Engaging in group work Working harder and treated differently	Decolonising the curriculum Placements
Capability and development	How participants identify with their own	Professional behaviour,	Belonging in toxic environments	Decolonising the curriculum Placements

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
	capabilities and how the potential for developments	identity and capability	Working harder and treated differently Belonging on campus Protecting mental health and self-care	Wellbeing and university support
Career Aspirations and Professional Identity	Role models and professional identity in relation to their career aspirations	Professional behaviour, identity and capability	Belonging in toxic environments Support on placements Belonging on campus	Decolonising the curriculum Placements

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Career progression	Barriers to career progression	Professional behaviour, identity and capability	Belonging in toxic environments Belonging on campus	Decolonising the curriculum Placements
COVID 19	Any impact from Covid-19	Barriers in education	Protecting mental health and self-care	Wellbeing and university support
Cultural Awareness	Other perceptions of cultural awareness	Racism	Diversifying the curriculum Engaging in group work	Decolonising the curriculum

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Curriculum	Nursing curriculum on campus	Educational environment and curriculum	Diversifying the curriculum Engaging in group work	Decolonising the curriculum
Different Career choice	Change of career	Professional behaviour, identity and capability	Belonging on campus	Decolonising the curriculum
Different Educational Experience	Previous educational experience including college	Educational environment and curriculum	Diversifying the curriculum	Decolonising the curriculum

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Educational Environment	The environment in which students learn	Educational environment and curriculum	Diversifying the curriculum Belonging on campus Engaging in group work Working harder and treated differently	Decolonising the curriculum Placements
Educational support	Support in relation to education and assessments	Support and self-care	Protecting mental health and self-care Support on placement	Placement Wellbeing and university support

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Expectations of nursing	Participants expectation of nursing	Professional behaviour, identity and capability	Diversifying the curriculum Belonging on campus	Decolonising the curriculum
International education experience	Previous international educational experience	Educational environment and curriculum	Belonging on campus Engaging in group work	Decolonising the curriculum
Personal Life	Any aspects of their personal/home/family life	Support and self-care	Protecting mental health and self-care Student support	Wellbeing and university support

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Placement	Clinical placements, including placement assessments	Educational environment and curriculum	Belonging in toxic environments Support on placement Working harder and treated differently	Placements Decolonising the curriculum
Previous clinical experience	Clinical experience the participant possesses before entering a nursing degree.	Professional behaviour, identity and capability	Engaging in group work	Decolonising the curriculum
Professional Behaviours	Expectation and experiences of professional behaviours	Professional behaviour,	Belonging on campus	Decolonising the curriculum Placements

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
	from peers, nursing educators and practice educators.	identity and capability	Engaging in group work Belonging in toxic environments Working harder and treated differently	
Racism	Experience of racism including microaggressions	Racism	Diversifying the curriculum Belonging in toxic environments Working harder and treated differently	Decolonising the curriculum Placements Wellbeing and university support

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
			Student support Protecting mental health and self-care	
Self-care	Ways to practice self-care to support mental health	Support and self-care	Support on placement Protecting mental health and self-care Student support	Placement Wellbeing and university support
Social environment	Environment outside of class time, including social on/off campus	Support and self-care	Protecting mental health and self-care Student support	Wellbeing and university support

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
Support	Access and barriers to support	Support and self-care	Belonging on campus Working harder and treated differently Student support Support on placement Protecting mental health and self-care	Decolonising the curriculum Placements Wellbeing and university support
White Supremacy	That the white race is superior to any other race.	Racism	Belonging in toxic environments	Placements Decolonising the curriculum Wellbeing and university support

Name of code	Description	Sub Theme 1	Sub Theme 2	Main Theme
			Working harder and treated differently Diversifying the curriculum Engaging in group work	
Work harder	Ethnically minoritised participants having to work harder than their white peers.	Educational environment and curriculum	Working harder and treated differently Engaging in group work	Placements Decolonising the curriculum

Appendix 21- Eight “Big Tent” Application

Criteria	Alignment to study
Worthy Topic	In the opening chapters, I have outlined the relevance of this study to nursing education and the transition experience of EM students into university. I identified a gap in knowledge about the transition experiences of EM students and used CRT as a theoretical framework, which is a theoretical framework with limited use in nursing.
Rich Rigour	Each stage of the thesis phase underwent several iterations, which allowed deeper analysis each time. This has been an iterative process which is fundamental to quality and trustworthiness. Undertaking the pilot study before the full study allowed the research questions, field questions, and methods to be refined. The data was collected over one year, which resulted in twenty interviews.
Sincerity	Throughout the entire study, I reflected on each stage and considered why I have approached stages in certain ways. I have reflected on the answers of the participants several times and

	questioned what was meant by the participants. I constantly learned from my practice and sought advice and feedback regularly from my supervisors. The process of data collection was emotionally challenging due to the nature of what the participants shared with me, but I have learned so much from this process and have shared some data with nursing colleagues to support the development of the new nursing curriculum. I have provided an honest account of the study, including keeping versions of chapters and how they were developed.
Credibility	I have used NVivo to keep an audit trail of the data analysis and generated a codebook in Appendix 17, which demonstrates the process undertaken. I fully immersed myself in the data several times, including coding each interview more than once.
Resonance	The research findings will resonate with several groups including nurse and practice placement educators. The findings could support educators in other disciplines where students have a high proportion of time on placement, such as students from Allied Health Professionals and Social Work. The findings could also support the transition experience of EM students across various disciplines.

Significant Contribution	This study makes a theoretical and practical contribution to nursing education, which can be used in HEIs across the UK. This contribution can be found in the background and discussion chapters.
Ethical	I approached this research as ethically as possible. I obtained ethical approval from my institution (ER41546983). I have applied duty of care across all aspects of my research process and considered how I would want to be treated if I were a participant in this research process. I specifically considered what support participants would require following the interviews due to the emotional labour that results from undertaking interviews about personal experiences of racism and how I may be re-traumatising participants. See methodology chapter, where I discuss these concerns in further detail.
Meaningful Coherence	I have answered the research questions that were initially outlined. The selection of methods, field questions, theoretical perspectives, methodology, findings, and discussion all support the answering of the research questions. Critical Race Theory plays a fundamental part in this study, and this has been coherently threaded throughout all aspects of the study and in all chapters.

Appendix 22- Zoom Guidance

Sheffield Hallam University

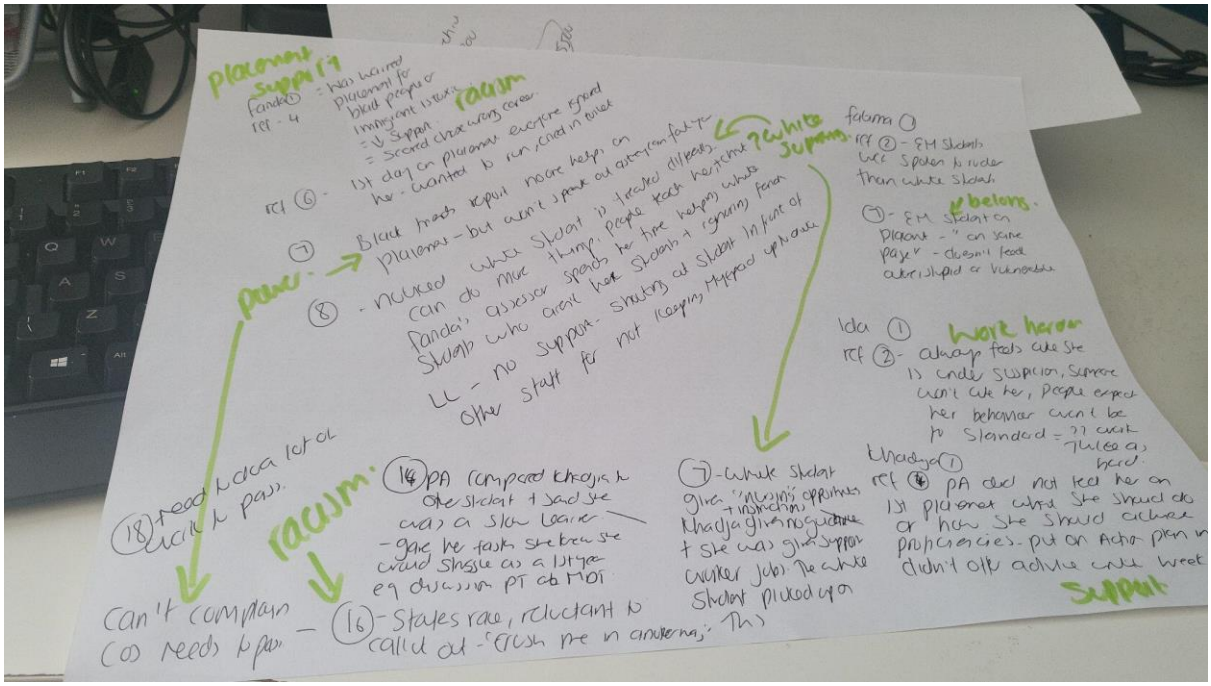
Zoom Guidance

Below is some guidance when using Zoom.

- Find a space where you are able to talk openly and where you are the only person in the room.
- Upon entering zoom, the researcher will “Lock the room” to ensure that nobody mistakenly joins the room. This will ensure that the interview is confidential.
- The interview will be recorded to the computer and not the cloud due to security issues with the Zoom server.
- If anyone enters your physical space or the researcher's physical space, say the word ‘Pause’ and we will pause the interview and continue when we are able to.
- Should you wish to, you can switch your camera off at any point.
- You do not need to mute yourself as there will only be you, (the participant) and the researcher in the zoom room.
- You can request that the researcher switches their camera off if this makes you feel more comfortable.
- Please let the researcher know if you have any questions either before, during or after the interview.

- Feel free to interrupt at any time.
- Please let the researcher know if you require a break.
- Please let the researcher know if you wish to halt your participation in the interview once it has commenced.
- Please avoid using the chat function as the interview will be audio recorded.
- If someone enters the zoom room, please immediately stop talking and switch your camera off so you are not identified. The researcher will deal with the person in the room and let you know when it is safe to resume the interview.

Appendix 23- Evidence of Data Analysis



Appendix 24-External Presence and Dissemination of Findings

Publications

Salih, I. (2024). Create an anti-racist workplace culture RCNi. Equality, Diversity, and inclusion in Nursing.

Conferences

Salih, I & Stone, R (2024). Developing anti-racist practices, a student-led approach. *Advance HE EDI Conference.*

Salih, I (2023). Be a changemaker and become anti-racist. Changemakers. *EXPO conference*. Sheffield Teaching Hospitals.

Salih, I (2023). Anti-racism in healthcare education. *LED Conference*. Sheffield Teaching Hospitals.

Alison Purvis, Ifrah Salih, Prachi Stafford, Shirley Masterson-Ng and Mandy Cecchinato. (2023). The power of narrative for engagement in dialogue about contentious issues of racism and white privilege. *Advance HE EDI Conference*.

Presentations, Webinars and Panels

Panel member (2023). Be a changemaker. Changemakers. *EXPO conference*. Sheffield Teaching Hospitals.

External Consultation

CoDH- Anti Racism and EDI Advisory Group.

Future Dissemination Plan

Arrange meetings with the following organisations based on the contacts I have and the different groups I am a member of, to share findings nationally.

- Council of Deans for Health- EDI Advisory Group
- Royal College of Nursing
- Nursing and Midwifery Council
- University Head of Placements, including link lecturers
- Head of School to enable creation of action plan and tool kit

I am currently writing two book chapters where my findings will be shared and support the direction of the chapters. The book is titled Antiracism Nursing, Praxis to Action:

-Critical theories to disrupt racism in nursing

-Antiracism education,

As discussed in the thesis, I will author for publication, including key journals which align to my findings. These include:

- The Conversation
- Journal of Nursing Education
- Pastoral Care in Education
- Race, Ethnicity and Education

I will share knowledge, resources and key findings at various conferences including the Royal College of Nursing regional conference and The Advance Higher Education Equality, Diversity and Inclusion conference.

References for Appendix

Bain, Z. (2018). “Is there such a thing as ‘white Ignorance’ in British Education?.” *Ethics and Education,* 13(1), 4-21. https://doi.org/10.1080/17449642.2018.1428716

Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th Ed.). Oxford University Press.

Bell, D. (1992). *Faces at the bottom of the well: The permanence of racism*. New York: Basic Books

Blackford, J. (2003). Cultural frameworks of nursing practice: Exposing an exclusionary healthcare Culture. *Nursing Inquiry* ,10, 236–44doiI: 10.1046/j.1440-1800.2003.00192.x

Bondy, C. (2012). How did I get here? The social process of accessing field site. *Qualitative research,* 13 (5), 578-590. https://doi.org/10.1177/1468794112442524

Clough, P., & Nutbrown, C. (2012) *A Student's Guide to Methodology*. London, Sage Publications.

Das Gupta, T., Hagey, R., & Turrittin., J. (2007). Racial Discrimination. In V. Agnew (Ed) *Interrogating Race and Racism*. (pp. 206-236). Toronto: University of Toronto Press.

Delgado, R. (1996). *The coming race war? And other apocalyptic tales of America after affirmative action and welfare.* New York: New York University Press.

Doody, O., & Doody, C. (2015). Conducting a pilot study; Case study of a novice researcher. *British Journal of Nursing,* 24, 1074-1078. doi: 10.12968/bjon.2015.24.21.1074

Doringer, S. (2021). The problem centred expert interview. Combining qualitative interviewing approaches for investigating implicit expert knowledge. *International Journal of Social Research Methodology*, 24 (3), 265-278. https://doi.org/10.1080/13645579.2020.1766777

Elliot, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches.* London: Sage.

Gallagher, S. (2022). *What Is Phenomenology?* In: Phenomenology. Palgrave Philosophy Today. Palgrave Macmillan, https://doi.org/10.1007/978-3-031-11586-8_1

Glaser, B.G., & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research.* New York: Aldine.

Grinyer, A., & Thomas, C (2012). *The value of interviewing on multiple occasions or longitudinally*. In: Gubriem, J., Holstein, J., Marvasti, A., & McKinney. K. (Eds.) (2012). The *SAGE handbook of interview research; The complexity of the craft (*pp. 219-230). California Sage.

Gubriem, J., Holstein, J., Marvasti, A., & McKinney. K. (2012). T*he SAGE handbook of interview research; The complexity of the craft.* California: Sage.

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and "ethically important moments" in research. *Qualitative Inquiry,* 10**,** 261-280. https://doi.org/10.1177/1077800403262360

Jones, J., & Smith, J. (2017) Ethnography: challenges and opportunities. *Evidence-Based Nursing,* 20, 98-100. doi: 10.1136/eb-2017-102786

Josselson, R. (2007). T*he ethical attitude in narrative research: Principles and Practicalities*. In: D.J. Clandinin (Ed.), *Handbook of narrative inquiry: mapping*

and methodology (pp. 537-566). California: Sage. doi:10.4135/9781452226552.n21
Khan, M. H. (2018). Ethnography: An Analysis of its Advantages and Disadvantages. Retrieved May 10, 2021, from https://ssrn.com/abstract=3276755
Kim, J.H. (2016). *Understanding Narrative Inquiry*. California: Sage.
Komesaroff, P. (1995). *From bioethics to micro ethics: Ethical debate and clinical medicine*. In P. Komesaroff (Ed.), *Troubled bodies: Critical perspectives on postmodernism, medical ethics, and the body*. Melbourne: Melbourne University Press.
Kubanyiova, M. (2008). Rethinking research ethics in contemporary applied linguistics: The tension between macro ethical and micro ethical perspectives in situated research. *The Modern Language Journal,* 92**,** 503-508. https://doi.org/10.1111/j.1540-4781.2008.00784.x
Mikesell, L. (2013). Medicinal relationships: caring conversation. *Medical education*, *47*(5), 443-452. DOI: 10.1111/medu.12104
Milner, H. R. IV., & Howard, T. C. (2013). Counter-narrative as method: Race, policy and research for teacher education. *Race Ethnicity and Education*, 16(4), 536–561. https://doi .org/10.1080/13613324.2013.817772
Montecinos, C. (1995). *Culture as an ongoing dialogue: Implications for multicultural teacher education.* In C. Sleeter & P. McLaren (Eds.), *Multicultural education, critical pedagogy, and the politics of difference* (pp. 269-308). Albany: State University of New York Press.
Morse, J. M. (2015). Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research*, *25*(9), 1212-1222. https://doi.org/10.1177/1049732315588501
Murray, L, C. (2016). The problem centred interview. J*ournal of Mixed Methods Research*, 10 (1), 112-113. https://doi.org/10.1177/1558689815577032
Neergaard, M.A., Olesen, F., Andersen, R.S., & Sondergaard, J. (2009). Qualitative description – the poor cousin of health research? *BMC Medical Research Methodology*, 9, 52. https://doi.org/10.1186/1471-2288-9-52
Olivas, M. (1990). The chronicles, my grandfather's stories, and immigration law: The slave traders chronicle as racial history. *Saint Louis University Law Journal,* 34, 425-441. https://ssrn.com/abstract=2966984
Richards, L., & Richards, T. (1991). Computing in Qualitative Analysis: A Healthy Development? *Qualitative Health Research*, 1(2):234-262. https://doi.org/10.1177/104973239100100205
Scheibelhofer, E. (2008). Combining narration-based interviews with topical interviews. Methodological reflection on research practices. *International Journal of Social Research Methodology*, 11 (5), 403-416. https://doi.org/10.1080/13645570701401370
Silverman, D. (2001). *Interpreting qualitative data: methods for analysing talk, text, and interaction.* London: Sage.
Solórzano, D. G., & Solórzano, R. (1995). The Chicano educational experience: A proposed framework for effective schools in Chicano communities. *Educational Policy,* 9, 293-314. https://doi.org/10.1177/0895904895009003005
Solozano, D.G., & Yosso, T. J. (2002). Critical Race Methodology: Counter-Storytelling as an Analytical Framework for Education Research. *Qualitative Inquiry*, 8(1), 23-44. https://doi.org/10.1177/107780040200800103

Starks, H., & Brown -Trinidad, S. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research*, 17 (10), 1372-1380. https://doi.org/10.1177/1049732307307031

Stierer, B., & Antoniou, M. (2004). Are there distinctive methodologies for pedagogic research in higher education? *Teaching in Higher Education*, 9 (3), 275-85. https://doi.org/10.1080/1356251042000216606

Thomas, G. (2013). *How to do your research project. A guide for students in education and applied social sciences.* London: Sage.

University. (2021). Recruitment targets and enrolment. Retrieved May 7, 2021, from https://tableau.xxx.ac.uk/views/TargetsSummarySheets/01_TotalStudentNumbers?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no&:refresh=yes

Witzel, A., & Reiter, H. (2012). *The problem centred interviews*. Sage.

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