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The Absent Presence of Racism in Mental Health Nursing Education in Scotland

COLLIER-SEWELL, Freya

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**The Absent Presence of Racism
in Mental Health Nursing Education in Scotland**

Freya Collier-Sewell

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

January 2026

Candidate 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.
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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, as shown in the table below.

Ethics review reference number	Title of research study	Approval date	Date of any post-approval amendments
ER45112138	'Well prepared? Race, racism and mental health nurse education in Scotland' (provisional title)	16/11/2022	13/03/2023 15/05/2025

5. The word count of the thesis is 81,853.

Name	Freya Collier-Sewell
Date	January 2026
Award	PhD
College	Social Sciences and Arts
Director of Studies	Dr Bob Jeffery

Abstract

This thesis begins from the premise that racial—indeed, racist—logics are embedded in the routine functioning of social institutions. In healthcare, extensive evidence documents racism as a material and experiential reality for workers and patients, and mental health services are no exception. While evidence of racism in healthcare is well-established, how it is understood and addressed within professional education remains under-examined.

The international events of 2020 generated renewed urgency to confront racism in nursing, prompting rapid growth in related scholarship. Yet this literature frequently leaves racism under-theorised. Although calls to action proliferate, limited attention has been paid to what nursing understands racism to be, or how nursing education (re)produces and legitimises particular understandings of race and racism.

Addressing this gap, this thesis focuses on pre-registration mental health nursing education in Scotland in order to critically examine nursing education as a key site of professional socialisation. Specifically, it explores how education may challenge or compound racism through the knowledge and values imparted to students. To examine how race and racism are thought, talked about and problematised, a novel analytic approach combines Bacchi's (2009) 'What's the problem represented to be?' with Jackson and Mazzei's (2012) 'Thinking with theory', both of which treat discourse as constitutive of social problems. Empirically, the study analyses a discursive dataset comprising 25 in-depth interviews with educators and students, alongside regulatory, programme and curricular documents from Scottish universities offering mental health nursing programmes.

The findings reveal a contradiction between the explicit absence of race and racism in educational content, summarised by participants as 'there's nothing', and the persistent presence of race within narratives of education and practice. Analysed through Fields and Fields' (2022) concept of *racecraft*, the thesis makes a primarily diagnostic contribution by identifying dominant problematisations of race and racism in nursing education. It subjects these to critical analysis, demonstrating how they may, in fact, be sustaining the very racial (racist) logic nursing claims to want to confront.

Acknowledgements

A PhD is a transformative experience. I'm not the same person I was when I began. It has changed me in many deeply personal ways and so, for having been afforded the opportunity, I am grateful. Sitting with ideas and questioning what previously felt settled is humbling work. Unmooring from imagined certainties has been frightening and awesome in equal measure. In that sense, a PhD is a good teacher—one that has taught me much about living, beyond the scope of the research itself.

As with most things though, it is the people surrounding the experience, near and far, who make it what it is.

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List of relevant published material

Collier-Sewell, F., & Monteux, S. (2024). What is the purpose of nurse education (and what should it be)? *Nursing Inquiry*, 31(3), e12640. <https://doi.org/10.1111/nin.12640>

Bifarin, O., **Collier-Sewell, F.**, Smith, G., Moriarty, J., Shephard, H., Andrews, L., Pearson, S., & Kasperska, M. (2024). Standards of proficiency for registered nurses—To what end? A critical analysis of contemporary mental health nursing within the United Kingdom context. *Nursing Inquiry*, 31(3), e12630. <https://doi.org/10.1111/nin.12630>

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, 105840. <https://doi.org/10.1016/j.nedt.2023.105840>

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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*, 30(2), e12522. <https://doi.org/10.1111/nin.12522>

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Chapter 1: Introduction

1.1 Introduction

This study begins from the premise that racial—indeed, racist—logic is a normative condition of social life in our society (Hook, 2006). This logic plays out in the smooth functioning of our institutions, from education and employment to housing and healthcare (Byrne et al., 2020; Žižek, 2009). In terms of the latter, bodies of evidence highlight disparities in treatment and outcomes between different racialised groups (Kapadia et al., 2022; Robertson et al., 2021) and attest to workers’ and patients’ experiences of racism within our healthcare system (Bamrah et al., 2025; Ramamurthy et al., 2023). Mental health, as a distinct field of practice, education and services, is no exception (Hua et al., 2023; Nazroo et al., 2020). The material, experiential realities of racism in healthcare—documented in empirical evidence and reported in the media—are, by now, well-known and well-rehearsed (Shafi & Nagdee, 2022).¹

In 2020, a confluence of factors renewed public scrutiny on racism in Britain. Particularly, the disproportionate impact of Covid-19 on racialised communities was widely reported and underscored, in real time, and the urgency of Black Lives Matter activism which surged internationally following the murder of George Floyd. Amid heightened attention on institutional racism, nursing bodies were quick to issue statements of condemnation. The Nursing and Midwifery Council’s (NMC) CEO warned that there is ‘no room for racism in nursing’ (NMC, 2021)—a profession in which person-centredness, respect, and non-discrimination are enshrined values (NMC, 2015/2018; NMC, 2018/2024). Within the wider community of nursing journalism and scholarship, there was a stream of commentary. In 2020 and 2021 alone, the number of editorials and opinion pieces on racism in nursing journals exceeded the total number published in the three decades prior. Collectively, this discourse conveyed outrage at the idea that nurses—conceived as the ‘great levellers’ (Burnett et al., 2020, p. 2)—might not

¹ The NHS Race and Health Observatory’s (NHS RHO) rapid review of ethnic inequalities in healthcare in England (Kapadia et al., 2022), for example, made national headlines (BBC News, 2022; Gregory, 2022). And the disproportionate rates of maternal mortality among Black women have been widely reported in recent years following various reports and inquiries (Cameron-Chileshe, 2019; ITV News, 2025; Mundasad, 2021).

always treat individuals equally, thereby departing from the core values of nursing. Racism was cast as an aberration—a disease to be ‘tackled’ through calls to action (Emami & De Castro, 2021; Waite et al., 2020).

Yet, in the intervening years, this moment has translated into relatively little empirical research, most of which, in the Anglophone world, has been driven by nursing scholars in North America. In the UK, as elsewhere, this research typically focuses on nurses’ experiences of racism in healthcare settings (Ramamurthy et al., 2023; Tuffour, 2021), with a handful of studies attending to student nurses’ experiences during their educational journey (Caffrey et al., 2023; Miller & Nambiar-Greenwood, 2022; Pryce-Miller et al., 2023; Williams et al., 2023). What remains underexamined, and largely overlooked, is how nursing conceptualises the very problem it seeks to ‘tackle’—the assumptions and imaginaries underpinning what is meant by ‘racism’ in this context. Nor has the role of nursing education in (re)producing and legitimising particular understandings been studied.

Responding to this gap, this research examines how the institution of nursing education—the ‘pipeline’ for healthcare’s largest professional group (NHS England, 2023, p. 53; Scottish Government, 2022a, p. 33; Welsh Government, 2023, p. 22)—challenges, contributes to, or compounds the problem of racism through the knowledge and values it (re)produces and imparts to students.² Such knowledge is inextricably linked to how the problem of racism is conceptualised, beyond the mere assumption that a problem called racism exists.

This study critically explores how stakeholders involved in mental health nursing education (MHNE) in Scotland understand and promulgate ideas about race and racism. The contention being that how we conceptualise race and racism—how we understand *what racism is*—informs how we interpret experience and information, the significance we attach to racism (or not), and, ultimately, how we act upon racism in the world. Particular attention is given to how the knowledge and values transmitted through MHNE enable, or inhibit, students’ capacity to think critically about race as it pertains to the challenge of racism. Furthermore, in highlighting the role of nursing education in socialising particular

² On 31 March 2025, there was a total of 788,074 nurses registered with the Nursing and Midwifery Council (NMC) in the UK (NMC, 2025). Nurses continue to represent the largest professional group within the UK’s healthcare workforce (Waters, 2025).

understandings of race and racism, the study considers how nursing education may, inadvertently, be defining the parameters for how antiracism can be imagined within the profession.

1.2 Why study conceptualisations of racism?

1.2.1 The importance of problematisations: Thought and action

A foundational premise of this research is that how we conceptualise problems matters. The thesis will demonstrate this throughout, but it warrants brief introduction here to scaffold and justify the study's focus.

Concepts enable us to confer order and predictability on the world's complexity, giving meaning to what we encounter. A key insight of concept formation theory (Somers, 1995)—and articulated clearly in Carol Bacchi's (2009) methodology, 'What's the Problem Represented to be?' (WPR)—is that social issues or 'problems' are indivisibly bound to how they are represented; they are given form through concepts. Contrary to positivist notions of a singular, objective and measurable reality, WPR understands the process of *interpretation*—our process of making meaning—as integral to how 'reality' is formed (Bacchi, 2016). From this ontological position, social problems are not exogenous 'facts' which language merely reflects, but rather, representation itself plays a constitutive role in how problems are defined (Bacchi, 2012a).

To define a problem is to draw boundaries: to determine what is in scope, and what is not. In the UK, debates about whether racism is increasing, declining, or being overstated are always implicitly undergirded by assumptions about *what racism is*: what does and doesn't count as racism. As such, the same evidence can bolster opposing opinions, depending on what is included and excluded from the criteria of racism as concept.³ A WPR approach to knowledge doesn't understand it as natural, inevitable or fixed. Rather, drawing on post-structuralist

³ Consider, for example, contrasting use of the same health inequities data in two public UK reports. While The King's Fund (Robertson et al., 2021) considers this data evidence of structural racism in healthcare, the 'Commission on Race and Ethnic Disparities' (UK Government, 2021) attributes disparate outcomes to a 'complex interplay of socio-economic, behavioural, cultural and, in some cases, genetic risk factors' between ethnic groups (p. 199). It also takes aim at the attribution of these outcomes to racism—a term described in the report as having been linguistically inflated, thereby working to deny any causal link between racism and the data presented.

epistemology, WPR views knowledge—discourse—as historically and socially situated, and formed in relation to the interpretive possibilities available at a given moment (Bacchi, 2016; Foucault, 1966/1970). Hence, WPR adopts a question-led approach to analysing social problems, seeking to uncover the assumptions and imaginaries which underlie how problems are talked about, understood and, consequently, acted upon.

This approach does not deny the existence of racism; rather, it insists that how racism is problematised demands interrogation. To invoke ‘racism’ already presupposes a conceptual frame that organises how the ‘face and challenge of racism’ is being imagined (Zalloua, 2020, p. 2). This framing influences forward: having cast the problem into certain terms of reference, our understanding of *what racism is* impinges on how significant we believe it to be, and what solutions we think appropriate to redressing it (Bacchi, 2009). Our solutions—the antiracism interventions and practices we can imagine—are determined in relation to the shape we give the problem. In response to the nursing community’s assertion that ‘something must be done to tackle racism’, the first thing one needs to know—in order to *do* anything—is *what racism is*: what, precisely, is the problem we want to act upon? The assertion implies shared meaning while telling us very little about racism itself.

Nursing research offers some indication of how racism is being problematised. Its emphasis on experience tacitly locates the problem of racism within the domain of individuals—among identifiable victims and perpetrators—yet this is confused by concurrent *naming* of racism ‘structural’, ‘institutional’ or ‘systemic’. Nevertheless, descriptive accounts often fall back into individualising, as opposed to structural, accounts. Paying close attention to how problems are represented—how they are conceptualised—is thus essential. Our problematisations make visible the underlying assumptions at play, the limits being imposed on thought and action, and the blind-spots these limits produce (Bacchi, 2012b). In the nursing literature, these problematisations frequently expose underlying conceptualisations of racism that are incoherent, contradictory or, simply, neglected.

1.2.2 Problematisations in education: Developing thought and action

The study of problematisations is especially pertinent in education given education's role in shaping knowledge, ideas, and—in vocational fields such as nursing—practice. Nursing education is a formative space in which prospective nurses are socialised into the norms, standards and expectations of the profession (World Health Organisation [WHO], 2009). In the UK, the NMC regulates pre-registration programmes, overseeing their approval and ongoing review (NMC, 2018; 2019a). To operate legally, programmes must meet pre-determined requirements in relation to programme design—4,600 learning hours distributed evenly between theory and practice—and programme content—addressing the 235 skills, procedures and proficiencies listed in the NMC's (2018/2024) 'Future nurse: Standards of proficiency for registered nurses' (from hereafter, 'Future Nurse' standards).⁴ The regulatory framework of nursing education positions its mission as being the production of nurse-registrants who meet standards of practice thought to protect the public (WHO, 2009; NMC, 2020a). Indeed, the 'Future Nurse' standards emphasise what newly qualified nurses must *know* and be able to *do* 'safely and proficiently at the start of their career' (NMC, 2018/2024, p. 6). As such, nursing education can be described as 'competency-based' education, wherein competency is developed and assessed

⁴ In the UK, nursing education has been university-based and degree-level since the 1980s (Lauder et al., 2008). Since 2001, regulation of pre-registration nursing programmes has been overseen by the Nursing and Midwifery Council (NMC), a regulatory organisation established by the Nursing and Midwifery Order 2001. The NMC plays a central role in nursing education by setting standards which determine the content and design of pre-registration nursing programmes (NMC, 2022b). Approved education institutions (AEIs) must demonstrate that the programme meets these standards, and comprises a minimum 4,600 hours, distributed equally between learning and teaching in the university (often referred to as the 'theory' content), and learning in practice placements (typically known as, 'practice') (NMC 2023, pp. 12-13).

throughout.⁵ Education plays a critical role in shaping future nurses' knowledge and behaviour by ensuring that *particular* knowledge and behaviour are taught and socialised (Collier-Sewell & Monteux, 2024).⁶

This makes nursing education fertile ground for the scrutiny of problematisations: what knowledge and behaviours are being taught (or not), and what does this socialisation do in relation to social problems like racism? And though embedded within nursing's traditions, nursing education simultaneously sits upstream of practice. Thus, it has the *potential* to intervene in the future of nursing by preparing new nurses who could engage with social challenges differently, in exploratory and interrogatory ways. By examining how race and racism are problematised in the education process, this research allows us to ask whether and how this potential is being realised: how are students being prepared to think, talk about, and act upon these issues?

The research therefore challenges commonsense assumptions that 'race' and 'racism' have shared and settled meanings—as presupposed in the assertion, 'something must be done to tackle racism'. Instead, it foregrounds their contested and contestable nature, evident in the enduring heterogeneity of contemporary race/ism theory. Education is a site in which this contestability can be productively engaged with to support students to develop knowledge, ideas and practice relevant to nursing's mission of caring for the public (NMC, n.d.).

⁵ Pre-2018, the NMC's standards for nursing practice explicitly referred to competency in the 'Standards for competence for registered nurses' (2014). While the newer 'Future Nurse' standards (2018/2024) for nursing education have moved away from this language, 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates' (2015/2018) maintains the link, stating that nurses must work within the limits of their competence at any given time, and seek to continually develop improved competence to enhance practice. In the US, nursing education is similarly standards-bound and skills and proficiencies driven. There, the language of competency-based education (CBE) is increasingly used to describe this kind of education succinctly (Lewis, et al., 2022).

⁶ This is akin to Bourdieu's concept of *habitus*: the normative and legitimised ideas, beliefs and practices of a given field (here, the professional field of nursing) into which social actors (here, nurses) are socialised, leading them to 'act and react in certain ways' (Bourdieu & Thompson, 1991, p. 12).

1.3 Why study this particular field?

The choice of field—mental health nursing education in Scotland—is a particular one. When I think and talk about nursing, I am thinking and talking about mental health nursing, this is my frame of reference. And as a mental health nurse who trained, worked, and continues to live in Scotland, my stake in the study is as a researcher and a citizen-practitioner attempting to promote discussion of racism within my sphere of influence. But if familiarity was the initial impetus for the field's selection, the relevance of studying problematisations of race and racism in MHNE in Scotland extends far beyond my personal interest.

1.3.1 Mental health nursing: Neither psych- nor nursing

In the context of mental health care, psychiatry has long examined its complicity in reproducing racialised outcomes (notable figures include UK psychiatrists, Bhui [2002] and Fernando [1988; 2017]). Mental health nurses work alongside psychiatry, and psychology, sharing clinical settings and populations. Yet, mental health nursing is neither psychiatry nor psychology. It is a distinct profession, governed by the regulatory standards of nursing. At the same time, it maintains an ambivalent relationship with nursing more broadly, thus occupying a liminal position between the psych-disciplines and a nursing identity.

Field specific textbooks reveal no singular, shared definition of mental health nursing that unifies the profession (Chambers, 2017; Clarke & Walsh, 2009). Rather, what mental health nursing is—or is perceived to be—differs between nurses, patients and other professionals, depending on the setting(s) they inhabit (McKenna Lawson, 2022).⁷ The field thus struggles to articulate a coherent identity (Bifarin et al., 2024), perhaps owing to its wide remit across the bio-psycho-social model of health (Clarke & Walsh, 2009). Mental health nurses, at

⁷ Mental health nurses in community settings, e.g., Community Mental Health Teams (CMHT), for example, often wear their own clothes and meet with patients in their homes or in community/public venues. They will be monitoring things like affect, mood and medication adherence, but they may also be supporting patients to access local social activities or working with them on structured psychosocial interventions. Inpatient settings, by contrast, often involve some level of security and mental health nurses will typically wear nursing uniforms to identify themselves. The environment, and the work, is typically more routinised, as these settings involve managing the treatment and safety of multiple individuals, all of whose mental health needs can no longer be met or managed by community-based teams.

once, engage in administering pharmacological treatment (the *bio*), understanding thought, emotion and behaviour (the *psycho*), and addressing questions of living and life situation (the *social*). Unlike psychiatrists, psychologists or social workers, mental health nurses often spend extended time with patients, some of which is incidental or unstructured, particularly in ward settings. The work is embodied and situated: there is time spent in meeting and clinic rooms, certainly, but also time spent in cars, on buses, and while walking, queuing, shopping, eating; there is time spent standing on pavements, knocking on doors, and talking in corridors, flats, hostels, houses; and sometimes there is time spent in the most intimate spaces, in bathrooms and bedrooms, attending to the body during acts of treatment, washing, dressing or physical support. It is this physicality that aligns mental health nursing more closely with nursing generally—or ‘adult’ field nursing—yet, even here, there is tension. Alongside more intelligible acts of care, mental health nurses also implement practices that remove patients’ liberty, including compulsory treatment and detainment orders, temporary holding powers⁸ and restraint.

Historically, mental health nursing has aspired to be a profession in its own right by distancing itself from psychiatry (Gadsby & McKeown, 2021), even as it remains integral to the current mental health care model. More recently, it has resisted the perceived dilution of field-specific expertise in the shift towards ‘generic’ nursing standards, such as, the ‘Future Nurse’ standards (Colwell et al., 2023; Connell et al., 2022; Warrender, 2024). For many practitioners, the field’s distinctiveness is rooted in its intersubjectivity with patients and relational ethos, and in its tensions between navigating care and control (Haslam, 2024). This distinctiveness is often deeply felt but difficult to articulate. Like others, I have experienced ambivalence about the designation, ‘nurse’—its failure to capture the specificity of the work—while also recognising that the everyday-ness of mental health nursing practice does align it with nursing rather than the psych-disciplines (Mental Health Deserves Better, 2025).

⁸ The Mental Health (Scotland) Act 2015 stipulates that nurses registered under subclass, Mental Health or Learning Disability, have powers to temporarily detain an ‘inform patient’ (i.e., a patient receiving treatment voluntarily) for up to three hours pending medical examination (section 299).

Nonetheless, and despite increasing moves towards genericism, the UK remains unusual in offering direct-entry, pre-registration nursing education by field specialism (i.e., 'adult', 'child', 'learning disability' and 'mental health'), with registration tied to the chosen specialism.⁹ As such, the distinctiveness of mental health nursing is not merely felt, but is legally, institutionally and educationally organised. It is because of this, I argue, that mental health nursing has a responsibility to examine its own relationship to racism, rather than rely on psychiatry's more developed—but not necessarily representative—discourse.

Indeed, the deaths of David 'Rocky' Bennett, during restraint in a medium secure unit in 1998, and Olaseni 'Seni' Lewis, while being treated as an informal patient in 2010, are two high-profile cases that might have prompted critical examination of racism in mental health nursing in the UK.^{10 11} While Bennett's death received some journalistic coverage at the time (see Paterson & Leadbetter, 2004), and an independent inquiry followed, the case left little impact on the profession beyond later mention in general discussions of restraint and control practices (e.g., Davis, 2004; Winship, 2006). It is these powers that make mental health settings particularly dangerous sites for racism to operate unchecked. The relative inattention to racism in mental health nursing discourse is thus deeply troubling, and this study aims to generate new knowledge about MHNE as a step towards addressing this gap.

⁹ In other Anglophone countries, such as Australia, the US and Canada, nurses must first complete general nursing training before accessing additional field-specific study and qualifications.

¹⁰ David 'Rocky' Bennett died on 30 October 1998 during admission to a medium secure mental health unit in Norwich where he was being detained and treated under the Mental Health Act 1983. His death occurred during physical restraint in which he was held face down on the floor by four mental health nurses. An independent inquiry (Blofeld, 2004) considered the part that institutional racism played in Bennett's death, in particular the insidiousness of racialised stereotyping in the environment, failure to account for varying cultural needs and an inability to respond properly to incidents of racist abuse between patients on the ward. The report made several recommendations around staff and manager training.

¹¹ Olaseni 'Seni' Lewis died on 4 October 2010 following physical restraint by up to eleven police officers whilst in the care of Bethlem Royal Hospital, Croydon, during a period of voluntary admission for mental health distress.

1.3.2 Scotland: In contradistinction to its significant other, England

Having established the rationale for focusing on MHNE, I turn to the second component of the field under study: its delimitation to Scotland, specifically. The decision to disaggregate Scotland from what might have been a wider UK study—particularly given that nursing education standards apply UK-wide—is justified on several grounds.

First, healthcare has been devolved to Scotland since the establishment of the Scottish Parliament in 1999. Scotland administers its own National Health Service (NHS) system, and health and social care policy (Penrose & Howard, 2008). It is within this devolved context that student mental health nurses' in Scotland are educated and that many will contribute post-qualifying.¹² Furthermore, the Scottish Government (2022a) maintains its own financial arrangements for nursing education, commissioning higher education institutions (HEIs) to train nurses and setting intake targets 'which account for turnover and growth' in the domestic workforce (p. 33). Tuition fees for domestic students are government-funded, and student nurses receive a non-means-tested bursary throughout their programme.¹³ This establishes a certain kind of relationship between the state, HEIs and individual student nurses, different to other parts of the UK.¹⁴

¹² Approved education institutions (AEIs) in Scotland offering pre-registration nursing programmes have formalised agreements with their local regional NHS board to provide practice learning opportunities for student nurses known as practice placements (NMC, 2019b). Moreover, the learning which takes place in the university setting is contextualised by policy and law within Scotland, as student nurses are prepared for the healthcare workforce in the Scottish context.

¹³ In Scotland, the Paramedic, Nursing and Midwifery Student Bursary is a non-means-tested and non-repayable fund to the value of £10,000 per year (years 1, 2 and 3 of a programme), reduced to £7,500 in year 4 (Student Awards Agency Scotland [SAAS], 2025). Grant funding arrangements for nursing students in England were replaced by loans following the UK Government's Spending Review in November 2015 (HM Treasury, 2015).

¹⁴ Whilst in Scotland tuition fees are covered by the state, in England nursing students can expect to pay ~£9,000 per year in tuition fees alone. To cover these costs, students can acquire a repayable loan, apply for partial bursary funding through the NHS Learning Support Fund, or apply for competitive scholarship funding (King's College London, 2025).

Secondly, the Scottish Government has used its devolved powers to frame the state's national identity in particular ways. Though equality legislation is reserved to Westminster under the Scotland Act (1998), the Scottish Government prides itself on a commitment to 'equality and human rights' in rhetoric across secondary legislation and policy, from its 'Public health priorities for Scotland' (Scottish Government, 2018, p. 3), to the aspirations of its 'Race equality framework for Scotland' (2016, p. 2). As Annesley (2019) argues, contemporary Scottish policy emphasises collaboration, equity and the creation of healthy environments for citizens, exemplified in the drive for health and social care integration (The Public Bodies (Joint Working) (Scotland) Act 2014). Recent proposals to reform drug policy (Garavelli, 2023; Scottish Government, 2022b) and for gender recognition (Brooks, 2022; Scottish Government, 2022c) lay claim to a 'progressive' national agenda that the Scottish National Party (SNP) have cultivated since the 1960s, into their ascendance to government in 2007 (Davidson & Virdee, 2018; Jackson, 2020). Attendant to this progressivism is the narrative of Scottish distinctiveness which devolution from Westminster further substantiated (Jackson, 2020).

This projection of a distinctive national character leads to the third rationale for delimiting the study's scope to Scotland: Scotland's relationship to racism. This agenda is implicitly understood relative to Scotland's 'significant Other', England, and with 'Britain' at large. It is *through* contradistinction with Westminster that Holyrood defines itself as progressive (De Lima, 2005; Penrose & Howard, 2008). This puts distance between Scottishness and the 'Greater Englishness' that Britain is seen to represent (Armstrong, 2018, p. 33), and indeed, Scottish people are more likely to identify as Scottish first and British second, if at all (McCrone, 2003).¹⁵ Everyday discourse about Scottishness is characterised by 'not being English' (McCrone, 2003; Liinpää & McBride, 2018), and everyday Scottish discourse about racism—to the extent that such discourse exists—positions racism as an 'English problem' (Penrose & Howard, 2008; Lingayah & Kelly,

¹⁵ A recent large-scale survey, the 'Evidence for Equality National Survey' (EVENS) (Centre on the Dynamics of Ethnicity [CODE], 2021), asked the question: 'how strongly do you feel a sense of belonging to British, English, Welsh society?'. In analysing the data gathered, the free to access educational e-book discusses the affiliation between English and British identities. However, similarly detailed discussion of Scottish and Welsh participants' relationship to Britishness is absent (Borkowska et al., 2023, p. 48). Overlooking this analysis could be considered an example of 'Greater Englishness' in practice (Armstrong, 2018, p. 33).

2022). The logical non-sequitur being: racism is an English problem, the Scottish are not the English, therefore, racism is not a Scottish problem. In this framing, Scottishness and racism are seen as paradoxical, something that—being at odds with Scottish progressiveness—need not be considered.

This self-image is compounded by the persistent narrative of Scotland's historic oppression by the English, which kindles an imagined affinity with marginalised groups. The SNP have cultivated messages of civic nationalism: that anyone who lives and works here becomes part of the 'people of Scotland', regardless of ethnicity or origin (Liinpää, 2018, p. 23). Yet, because immigration policy is reserved to Westminster, the compelling rhetoric that Scotland—a nation of 'welcoming, friendly people' (De Lima, 2005, p. 137)—*would* welcome immigrants and refugees, and would do things differently to 'heartless' Westminster, remains, *in reality*, largely untested (Meer, 2020; SNP, 2023).

These narrative threads of egalitarianism play into the myth that there is 'no problem [with racism] here' (Goldie, 2018; McBride, 2018). This is reinforced by the historic lack of inquiry into racism in Scotland—an absence mistaken for an absence of the problem (Miles & Muirhead, 1986). Crafting and sustaining this myth relies on a selective reading of Scotland's role in the British Empire (Davidson & Virdee, 2018; Lingayah & Kelly, 2022) and a selective rendering of contemporary life.¹⁶ Over the past fifteen years, Scotland's major anti-racist organisation, the Coalition for Racial Equality and Rights (CRER), has attempted to disrupt this silence. CRER's review of thirty-nine Scottish Government race equality documents (1999–2020) found that, although the government employs 'the right rhetoric', lack of sustained political attention on racism has resulted in limited tangible outcomes and contributed to the absence of public discourse (CRER, 2021, p. 101).

A report by the Mental Welfare Commission for Scotland (MWCS) (2021) makes it clear that racism persists in Scottish mental health services, as elsewhere in the UK. Individuals racialised as Black are more frequently perceived as a 'risk to

¹⁶ In recent months and years, this narrative is being actively challenged in civic and institutional life by, for example, the University of Edinburgh's review into its colonial, racist and eugenicist legacies (Research and Engagement Working Group (REWG), 2025), and an independent review of Edinburgh's links with slavery and colonialism commissioned by Edinburgh City Council (Palmer, 2022).

others' under the Mental Health (Scotland) Act 2015 and disproportionately detained using emergency powers (Bansal et al., 2014; MWCS, 2021). This mirrors similar patterns of disproportionality in England (Barnett et al., 2019). The potentially fatal consequences of restraint—evident in the deaths of David 'Rocky' Bennett and Seni Lewis in England—are raised in Scotland by the case of Sheku Bayoh in 2015, a trainee engineer who died after being restrained by six police officers in Kirkcaldy (BBC Scotland, 2023). A public inquiry is assessing the proportionality of the police response and examining whether their actions were 'affected by his [Sheku's] actual or perceived race' (Sheku Bayoh Inquiry, 2023a, p. 1). References within the Sheku Bayoh Inquiry (2023b) to Bayoh's 'super human strength' (3:28:15), and non-responsiveness to CS spray—a substance said to incapacitate 'a strong, fully grown man' (3:28:53)—certainly evoke racist tropes about Black male bodies (Minhas & Walsh, 2021; Wilson et al., 2017).

These events unfold in the context of a largely white society. In 2022, 93% of the Scottish population identified as 'white' (any ethnicity), with an 87.1% majority identifying as white Scottish or white British (National Records of Scotland, 2024).¹⁷ NHS Scotland reflects a similar workforce pattern, with only ~6% of staff identifying with ethnic minority categories that are not 'white' (NHS Education for Scotland, 2024) in contrast to over 26% in NHS England (NHS England, 2024). In this context, racism can be seen as a fringe matter or special interest. Nursing students in England have described 'diversity' issues as marginal where they anticipate serving a majority white population (Oozageer Gunowa et al., 2021). And in Scotland, mental health staff have displayed limited understanding of why collecting ethnicity data, or providing Black and Minority Ethnic (BME) staff networks, might be necessary (MWCS, 2021, p. 11).

Healthcare, then, mirrors the 'silence' around racism found in Scottish political and public discourse—silence misinterpreted as an 'absence' of the issue

¹⁷ Here, the population identifying as 'white' includes all ethnicities, including those designated as minority ethnic groups such as Irish, Polish, and Gypsy/Traveller. The proportion of people identifying as white (any ethnicity) in Scotland has fallen from 96% in 2011 to 93% in 2022 in Scotland. This remains higher than the comparative figures in England, which indicate that the population there is 81.7% white identifying. Across the minority ethnic groups categorised on the Scottish census form, the 'African, Scottish African or British African' category saw a significant increase between census periods, from 0.56% in 2011 to 1.08% in 2022. And the 'Other Ethnic' category had the largest growth, from 0.09% in 2011 to 0.5% in 2022.

(Davidson & Virdee, 2018, p. 9). Yet, I agree with Penrose and Howard's argument (2008) that we must challenge the belief that race and racism are irrelevant to less ethnically diverse societies. This logic is based on two faulty assumptions: (1) 'that the presence of visible minorities [is] a prerequisite to racism', and (2) 'that the degree of racism in any given society [is] directly proportional to the size of its non-white community' (Penrose & Howard, 2008, p. 95)—essentially, the misapprehension that race and racism aren't a problem where those who would be its targets aren't *seen*. By contrast, intra-Christian sectarianism is recognised by the Scottish Government as a disfiguring social antagonism because of its undeniable visibility in football derbies and annual Orange marches (Law, 2018, p. 91). My research pushes back against the complacency of logic that says race and racism don't require serious discussion in white majority societies.

To treat Scotland as a distinct field of study, then, is to take seriously the narratives it tells about itself, including those that deflect from racism. As someone who grew up in England and lived my adult life in Scotland, I recognise the pull to disaggregate the two. They are not the same, nor can one simply be considered an extension of the other. Yet to research Scotland on its own terms entails accountability. To disaggregate is also to expose: to forgo the 'cover' of a broader UK frame that too often sees the devolved nations overshadowed by a focus on England, enabling Scotland's distinctiveness, and its blind spots, to go unexamined.

1.4 The study

1.4.1 Aims and research questions

Bringing together the study's core concern (how race and racism are problematised) with its field of inquiry (mental health nursing education [MHNE] in the context of Scotland) the study's aim comes into focus: to critically examine how race and racism are conceptualised and understood by stakeholders in pre-registration MHNE in Scotland.

Guided by this aim, the study addresses two interrelated research questions:

1. How are race and racism being conceptualised and represented in pre-registration mental health nursing education (MHNE) in Scotland?
2. What knowledge and values are (re)produced in MHNE that shape how race and racism are being understood?

1.4.2 Summary of the study's design

To address these research questions, the study focuses on the analysis of discursive data as a gateway into how race and racism are being talked about and thought about in MHNE. It is particularly concerned with how different aspects of discourse relate to each other to bolster or subvert particular narratives about race and racism (Harvey, 1990). Therefore, the study collects data from differently positioned stakeholders within MHNE, to gain a picture 'in the round'. Data generated and gathered originates from three groups: (1) educators who deliver the education; (2) students who receive the education; and (3) officially sanctioned documentation, including programme documentation, curricula and professional standards.¹⁸ To build a national-level picture, interviews were conducted with educators and students from across Scotland, and documentary materials were sampled from four of the eight Scottish universities that offer pre-registration MHNE.

Rather than drawing comparisons between individuals, stakeholder groups or institutions, the dataset is analysed collectively through iterative reading to identify patterns, tensions and connections. Analysing the data in this way, enables the examination of how ideas about race and racism represented in one aspect of MHNE discourse (e.g., official programme documentation) are reflected in, or subverted by, another (e.g., 'unofficial' student or educator talk). Further, it enables the illumination of both what is present *and* what is absent in how the problems of race and racism are, collectively, being rendered and understood (Bacchi, 2009).

The study is primarily concerned with the 'theory' component of MHNE—the education delivered in university settings—rather than practice-based learning.

¹⁸ Throughout the thesis, 'the education' is used to indicate the *specific* education under study (mental health nursing education [MHNE] in Scotland).

Although students spend half their time in practice placements, and educators typically draw on practice experience, formalised curriculum delivery and NMC validation occur in the university context.¹⁹ The analysis therefore centres on teaching and learning in the classroom—i.e., university—setting.

The study adopts an abductive analytic approach, combining Bacchi's (2009) 'What's the problem represented to be?' (WPR) and Jackson and Mazzei's (2012) 'Thinking with theory'. Both treat discursive data as key to understanding how 'problems'—here, race and racism—come to be constituted and represented in particular ways. WPR provides a question-led framework for interrogating problem representations and surfacing the, often inexplicit, assumptions and ideologies that underpin them. Complementing this, 'Thinking with theory' involves opening out data by iteratively reading it together with theory, to generate interpretations that exceed either the data or theory alone—a process Jackson and Mazzei (2013) refer to as 'plugging' one text into another to produce an abductive synthesis.

This combined analytic approach bears out the commitments of the high-level methodological framework within which the study's design can be situated, critical social research (CSR). CSR, as developed by Harvey (1990), is characterised by the employment of research methods that foreground questioning and seek to unsettle taken-for-granted assumptions and surface appearances. In keeping with CSR, both WPR and 'Thinking with theory' foreground the mediating effect of the researcher's theoretical and epistemological lenses, rejecting the notion that data merely 'speaks for itself'—a tendency common in atheoretical thematic analyses in nursing research (Chui et al., 2022; Glasdam et al., 2024). Instead, they urge researchers to make explicit the micro and macro decisions, across the

¹⁹ In 2022, I submitted Freedom of Information (FOI) requests to universities across the UK who provide pre-registration nursing education programmes. Information provided by respondents identified that: (a) current nursing registration is consistently listed as 'essential' or 'required' in person specifications for nursing academic and teaching job advertisements; (b) at the point of recruitment, the vast majority of nursing academic and teaching staff possessed current nursing registration with the NMC; and (c) of those who continue as nursing academic and teaching employees, there is an expectation that nursing registration will be maintained (i.e. nursing academics and educators must revalidate). As such, those who educate nurses are themselves typically nurse registrants. This has been the cause of ongoing debates about protectionism in nursing (see responses to Algase et al. [2021]).

research process, that feed into the production of meaning and interpretation offered, i.e., the findings proposed.

In this study, the analysis draws on multiple theoretical perspectives and concepts rather than a single grand theory or framework. Again, this is in keeping with CSR's insistence on remaining alert to myopia, even within 'critical' approaches (Harvey, 1990). Across the findings chapters, concepts from contemporary race/ism theory are used to provide different perspectives on the data. Of these, the influence of Fields and Fields' (2022) seminal text 'Racecraft: The soul of inequality in American life' (hereafter, 'Racecraft' to denote the text, and *racecraft* to indicate the concept) is, however, consistent. The Fields sisters' argument that racism produces race—*not* the reverse—orients the analysis: racial difference is not the origin of racism, but rather its product, cover and justification. This inversion positions race as central to how racism plays out in everyday life, an orientation that informs the analysis throughout this thesis.

1.4.3 Who am I [the researcher] and why does it matter?

I purposefully punctuate the thesis with first-person reflections as a reminder that there is always an 'I' who permeates the research. Reflexivity has been a live practice for me (Fremlova, 2018), as has the question of my position and how it intervenes in the research. There are two aspects of what I will loosely call 'my identity' that are especially relevant: being a mental health nurse and being racialised white.

Earlier, I introduced myself as a mental health nurse. Yet, though I remain on the nursing register, my relationship to this identity has changed during the course of the study. Mental health nursing is the only practitioner role for which I've received formal education, however, over the years, I've worked in various 'human caring' roles: first, as a community support worker and, most recently, as a social work practitioner. Across these roles, my foremost concern has been human relating and 'hanging in' during times of difficulty and rupture (Garfat et al., 2018), a sensibility that inevitably underlies my approach to the research, particularly how I conducted the interviews. Yet, the longer I'm out of nursing practice, the more tenuous my relationship to being a mental health nurse becomes. It has receded into the background of my identity, affording me a degree of distance from nursing's received knowledge and values—distance that likely differs from the

study's participants for whom the identity, 'nurse', remains active and institutionally bound.

My relationship to being white has also evolved since the study's inception. From the outset, it was clear that the study would not focus on experiences of racism. Being part of the 'Nursing Narratives: Racism and the pandemic' (Nursing Narratives, n.d.) team and the 'Overdue reckoning on racism in nursing' (Nurse Manifest, n.d.) community offered insights into such experiences and undoubtably informed my starting assumption: that racist logic is foundational to the society in which the research is situated.^{20 21} At the same time, these experiences further clarified that mediating personal narratives of racism through my voice was not my contribution to make. Instead, I sought to examine the conceptual frames through which racism—including its lived experience—comes to be understood, particularly within a majority white society, such as Scotland.

The research has raced me in a way I haven't previously experienced, and, simultaneously, has made me increasingly sceptical about the category of race itself. As Lentin (2022) notes, '[r]ace work is fraught—should be fraught—with anxiety' (p. 485). And indeed, I found myself constantly self-questioning at the study's outset: who am I to do work about race and racism? Who am I to offer an analysis? Likewise, who am I to remain passive and to leave it to someone else (someone, tacitly, who isn't white) to do this work?

One must be alert to one's motivations and, reflecting honestly, white guilt was my original driver: a desire to produce research that would redeem me as the 'right kind' of white person. But immersion in contemporary race/ism literature soon surfaced and dissolved this flimsy, narcissistic motivation. I came to understand that racist logic implicates us all, and that doing research around racism requires more than naming one's racial position. Rather, it demands a

²⁰ 'Nursing Narratives: Racism and the Pandemic' (Nursing Narratives, n.d.) is an interdisciplinary research collaboration between researchers at Sheffield Hallam University and documentary film collective, Migrant Media. It brought together Black and minority ethnic nurses from across the UK to share their experiences of racism during and prior to the Covid-19 pandemic.

²¹ 'Overdue reckoning on racism in nursing' (Nurse Manifest, n.d.) was a US-based discussion forum which ran monthly meetings bringing together nurses of all racialised backgrounds to talk about racism during the Covid-19 pandemic. Emphasis was placed on creating a safe space for 'nurses of colour' to share their experiences and build solidarity, with white nurses taking the role of listening and learning.

critical orientation that challenges the very logics through which race, and one's racial position, is reproduced. This race-critical motivation has remained with me throughout, though it is uncomfortable in a different way. At a moment when identitarian perspectives are increasingly celebrated—including identity based on race (Malik, 2023)—it feels counter-zeitgeist to conduct research that pierces the presumed solidity of race and racial identity, instead examining race as the operationalisation of racist logics, of racism in action. Certainly, some with a liberal antiracism lens might argue that DiAngelo's (2018) *white fragility* thesis is right: my troubling of 'race' is yet more evidence of (the denial of) my white position—a thesis which several authors liken to a kind of Kafka-esque trap.²² My hope, however, is that this thesis will demonstrate a more curious and critical engagement with race and racism: one that recognises our raced positions while resisting their uncritical reproduction ad infinitum.

1.4.4 A note on language

Finding language to discuss race in anti-essentialist ways is, as Bell (2024) notes, both necessary and fraught. Analyses of race and racism require racialised terms and rely on existing taxonomies to describe what occurs. Yet, these same terms enact compromise by conceding to—and potentially reifying—the racial logics that essentialise difference.

Throughout this thesis, I refer to 'white' and 'Black and Brown' with deliberate binarism. As McGowan (2022) argues, racism only requires two structuring positions: the *racist subject* and the *racial other*—positions that function 'regardless of the racial identity of those occupying them' (p. 47). In this study, the white majority—both participants and myself—occupies the position of the racist subject, referred to as the *white/self*. Having taken up the position of what is 'normal', the *white/self* casts Black and Brown people into the role of the *racial other*, differentiated by what they are not—i.e. their supposed deviation from this standard.

²² This Kafka-esque trap goes something like: if a white person agrees with DiAngelo's (2018) theory of *white fragility* then this confirms that the theory is correct; equally, if a white person denies, refutes or rejects the claims being made this only serves as evidence of the theory's validity as the white person is framed as demonstrating *white fragility* in action (Sokal, 2023). This makes DiAngelo's theory seemingly irrefutable as all efforts to counter it can be absorbed into the argument itself (Lozada, 2020).

The processes at play here, I will argue, occur at the level of practice, enacted moment to moment in daily interactions (Fields & Fields, 2022). Thus, while the terms ‘white people’, ‘Black and Brown people’ may seem counterintuitive—obscuring, as they do, the underlying processes which alternative language, such as, ‘people racialised as...’ might better highlight—I use this language to foreground what British sociologist, Paul Gilroy, calls the absurdity of race (Shatz, 2020). The very reductivism of these terms—the blunt allusion to skin colour, the collapsing of heterogeneity, the flattening of experience—exposes the hollowness of racial categories. At the same time, their proximity to, but slight misalignment with, official state taxonomies creates a discursive gap, enough to signal that these categories are not natural or fixed, but open to scrutiny and contestation.

1.5 Contribution

The study’s contribution to knowledge is threefold. First, it provides a necessary baseline for understanding how race and racism are currently being conceptualised in an active area of nursing education. This addresses a key gap previously described: before nursing can act to ‘tackle racism’, it must first clarify what the problem—racism—is and how it is being constituted. While calls to address racism in the literature have intensified, they often proceed without critical interrogation of concepts. Moreover, the role of nursing education in producing particular understandings of race and racism, through the knowledge and values imparted, has been largely overlooked. By examining how race and racism are problematised in MHNE in Scotland, the study lays the foundation for collective reflection: is this the understanding of racism we want students to develop? What does it make possible and what does it foreclose? How might it inform, shape, or limit the kinds of antiracist action future nurses pursue? And although the study centres on MHNE in Scotland, the analytic approach and implications of the study have applicability beyond this field alone.

This brings us to the second contribution of the study. As Jessop (2010) argues, there is a symbiotic relationship between culturally-informed collective ‘imaginaries’ and the rationalisation of social practices, public policy-making and institutional organisation. These imaginaries render the social world intelligible by reducing complexity and uncertainty. Yet, as Žižek (2009) cautions, the

imposition of a 'world of meaning' through discourse and ideology constitutes a kind of *symbolic violence*—socialising us into accepting unequal conditions as natural, inevitable or, indeed, neutral. Institutions operating within shared sociocultural and political contexts may embed similar schemas of meaning-making—similar imaginaries—based on societal norms, yet these are also shaped by the particular values and logics of different professions. Studying how a pressing social issue, such as racism, is problematised in MHNE contributes to wider understandings of how institutions shape, constrain and enable particular forms of knowledge and social action. The methodological approach developed here could be similarly applied to other institutions, particularly those which likewise rely on regulated and standardised forms of professional education, such as social work, policing and the allied health professions.

This brings us to the third aspect of contribution: methodological innovation. The study pushes at the boundaries of approaches typically applied to the study of nursing. Based in a humanities research centre, and borrowing from social sciences, the study's interdisciplinarity, as well as its application of WPR (Bacchi, 2009) and 'Thinking with theory' (Jackson & Mazzei, 2012), represents an original contribution to existing bodies of nursing and nursing education knowledge. Stepping outside the traditional nursing school context has afforded greater freedoms of critical inquiry, whilst my position as a nurse 'insider' has enhanced my sensitivity to the nuances of the field, and my credibility with (nurse) participants and institutional gatekeepers. Working with supervisors whose primary expertise is in race and racism has enabled a depth of analysis that I have argued is often otherwise lacking in nursing research (Collier-Sewell, 2022).

1.6 Thesis outline

This chapter has introduced the aims and research questions that organise the study. It has also provided a rationale as to why studying problematisations of race and racism in MHNE in Scotland matters.

The next chapter, 'Chapter 2: Literature review', reviews the nursing literature with a focus on how the problems of race and racism are being represented. It begins with what is already known through two prior reviews (Thurman et al., 2019; Iheduru-Anderson et al., 2021), before presenting findings from my own review, organised into four themes. These themes explore conceptual

inconsistencies and underdevelopment of racism in the literature, and the dominance of Critical Race Theory (CRT) and concepts of 'whiteness' where theory is employed. Further, an over reliance on the lens of 'experience'—*lived experience*—in research is identified, as well as a tendency to talk about racism in ways that make it a problem *of* not *for* those who are subject to it. The chapter also identifies existing antiracism initiatives in nursing education—in the UK and elsewhere—and considers what more these reveal about how race and racism are understood in the nursing profession.

'Chapter 3: Methodology, theory and methods' is structured into two interconnected parts: (1) methodology and theory, and (2) methods and research procedures. 'Part I: Methodology and theory' establishes the study's methodological commitments and demonstrates how WPR (Bacchi, 2009) and 'Thinking with theory' (Jackson & Mazzei, 2012) combine to create a mode of analysis that operationalises the high-level methodology of critical social research (CSR). Given the centrality of theory to the analytic approach, *Part I* then outlines the various theoretical concepts that inform the analysis, including Fields and Fields' (2022) *racecraft*, and situates these within wider debates in contemporary race/ism scholarship. 'Part II: Methods and procedures' goes on to describe the study's practical aspects, including sampling, data collection and ethical arrangements. While the two parts are presented separately for clarity, they are conjoined within the chapter to reflect their interdependence: how the research is *done* is an extension of the study's methodological and epistemological commitments.

Chapters 4 to 8 present the study's findings, all of which hinge on a relationship to the critical theme of absence. This theme is introduced in 'Chapter 4: Prologue: Introducing the absence of race', and reverberates in the four findings chapters that follow. It is in relation to this narrative of absence—put simply, that, 'we don't know about or talk about race and racism here'—that the findings intervene. Collectively, the findings refute this narrative by showing how particular ideas about racism, and practices of race, are very much alive and present in the stories participants tell. Each of the findings chapters explores a different dimension of the ideas and practices surrounding race and racism that show up in the data, and relates these to the knowledge and values (re)produced in MHNE in Scotland.

'Chapter 5: Knowledge and practice of race' focuses on conceptualisations of race in MHNE, and identifies the knowledge and practices which illuminate how race is being conceived and deployed. Then, in 'Chapter 6: Racial positioning', I examine the roles that social actors are cast into according to their perceived racial identity, thereby showing the workings of racial (racist) logic in action. Following on, 'Chapter 7: Conceptualising racism', looks closely at how racism is conceptualised in MHNE, with the figure of 'the racist' serving as a key organising construct. Finally, having challenged the narrative of absence in the intervening chapters, I return to this theme in 'Chapter 8: The real absence: "So, antiracism...?"', to consider what is truly absent from MHNE: the concept and practice of antiracism.

Across these chapters, findings and discussion are interwoven, in keeping with the 'Thinking with theory' (Jackson & Mazzei, 2012) approach. The two are not presented separately, as if one is objectively 'found' and the other the site of interpretation; rather, they are presented together to reflect that interpretation and synthesis happen across the analytic and writing processes. To ground the arguments made, extracts from the data are drawn on throughout.

Finally, 'Chapter 9: Conclusion' concludes the thesis by drawing together key aspects of the study's findings and the implications for nursing education, considering potential parallels with other forms of professionalised higher educations. The chapter also reflects on the study's limitations and methodological challenges, and considers how future research might be strengthened through combining an ethnographic component with the analysis of discursive data.

Let us now turn to the review of the nursing literature to further situate the study and elaborate its significance.

Chapter 2: Literature review

2.1 Introduction

The introduction chapter situated the aims of the study within the nursing community's newfound urgency to address issues of race and racism. In this chapter, the nursing literature is examined to reveal what it already tells us about how these issues are being understood and acted upon.

The review examines how race and racism are conceptualised in nursing and nursing education literature, as revealed through the language, arguments, and implicit assumptions found within these texts. While connections to contemporary race/ism scholarship are drawn where relevant, the primary aim is to identify conceptualisations emerging from *within* the nursing literature itself—to understand the terms of reference into which these issues are being cast within the internal logics of the profession's own discourse.

The review begins by outlining what is already known about how nursing approaches race and racism, drawing on two previous literature reviews (Thurman et al., 2019; Iheduru-Anderson et al., 2021). I then present four original arguments, based on my critical interpretation of the nursing and nursing education literature, conducted through the review method of Critical Interpretive Synthesis (CIS) (Dixon-Woods et al., 2006). CIS enables the synthesis of diverse bodies of literature where inclusion is not bounded by methodology or research 'type' (e.g. qualitative/quantitative/mixed methods; empirical/theoretical/discursive), or traditional notions of 'quality' (e.g. knowledge hierarchies and peer review), but rather the literature's relevance to the developing argument. As such, this type of review is well-placed to examine the state of discourse across a literature base with a view to proposing, through meta-level analysis, what it tells us about the kinds of conversation being held around a particular issue or debate. Further description of this method, and the sources and selection criteria for the review, are presented in 'Appendix 1'.

The first three of the four synthesising arguments presented—'Racialised outcomes: A problem *of* not *for*' (section 2.3.1); 'Conceptual inconsistencies, underdevelopment and drift' (2.3.2); '(Over)reliance on the lens of experience' (2.3.3)—represent those published in my original review of 2022 (Collier-Sewell,

2022), with only minor revisions for clarity.²³ The fourth—'Theoretical exclusivity: Critical Race Theory (CRT) and whiteness' (2.3.4)—represents a further development, informed by the emergent literature of the intervening years. I present the review in this way—preserving the original arguments while distinguishing them, temporally, from the new addition—as the original arguments reflect the state of knowledge, and my thinking, at the time the study was designed. They informed the study's scope and design, including the research questions and interview guide, while the update captures ongoing developments in the nursing literature and is germane to justifying the theory I employ in analysing the research findings.

The review concludes by examining published international anti-racism initiatives and practices in nursing education which offer further insight into how race and racism are being understood.

Before proceeding, it is critical to note that mental health nursing literature specifically focused on racism is extremely limited. While a couple of studies explore experiences of racism among mental health nurses (Wijayaratnam et al., 2024) and students (Waddell-Henowitch et al., 2022), their approach and findings align closely with broader nursing scholarship, offering no distinctive subfield perspective. The absence of distinctiveness is notable given mental health nursing's strong emphasis on its unique professional identity—a recurring theme in specialist journals (Connell et al., 2022; Warrender et al., 2024). Despite this desire for separateness, there is little evidence of a distinctive engagement with issues of race and racism. Given the paucity of field specific literature, and its lack of distinctiveness, I found no meaningful basis for treating the extant mental health nursing (education) literature as a separate body of work and have, instead, incorporated this into the wider discussion.

²³ The originally published version upon which much of this chapter is based: 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*, 30 (2), e12522. <https://doi.org/10.1111/nin.12522>

2.2 Background

2.2.1 The beginnings of a conversation: Enter the ‘racism pandemic’

Undoubtedly, racism has been brought to the attention of nursing in recent years. The year 2020 ushered in a cascade of editorials, comment, discussion and research articles focusing substantively on racism and nursing. In 2020 - 2021 alone, the number of published editorials, comment and opinion papers ($n=34$) surpassed those published in the preceding thirty-year period ($n=28$) (see Figure 1).

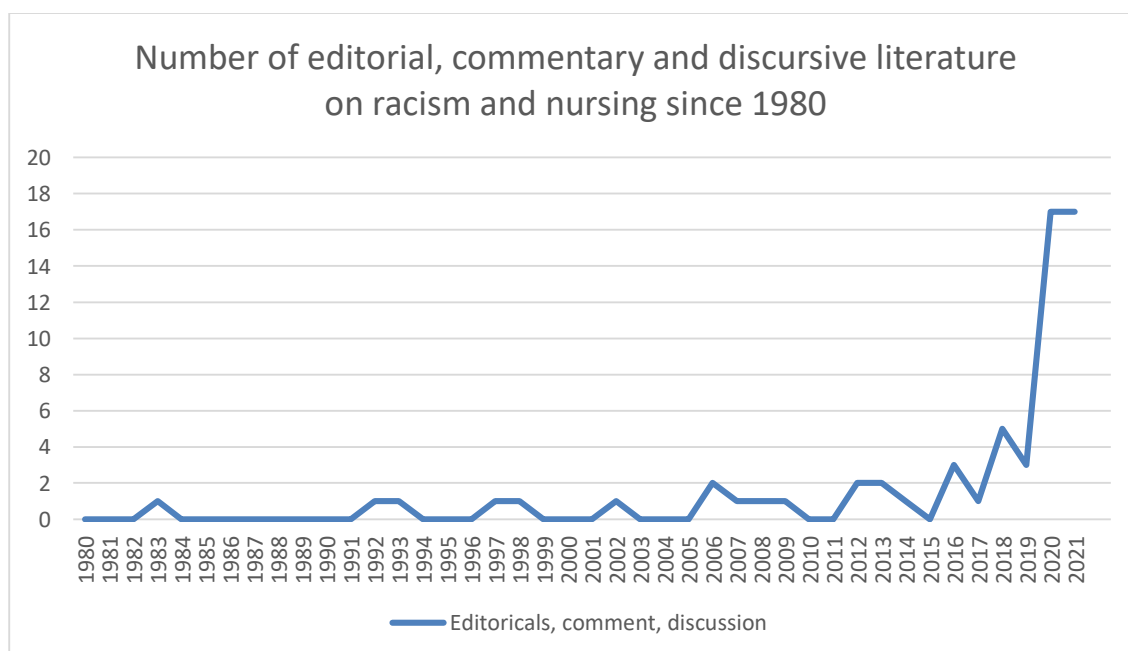


Figure 1: Editorial, commentary and discursive literature over time

Mirroring the catalysing factors of the Covid-19 pandemic and the Black Lives Matter (BLM) movement which renewed questions about racism in public life, it was the language of *disease*—‘the disease of racism’ (Emami & De Castro, 2021, p. 715); ‘the racism pandemic’ (Thorne, 2020, p. 1)—and the language of *protest*—‘come together’ (Moorley et al., 2020, p. 2452); ‘call to action’ (Waite et al., 2020, p. 2)—that framed the emergent nursing discourse. There was a strong sense that, in this historic moment, all facets of the nursing community must respond, a sentiment demonstrated by Villarruel and Broome’s (2020) editorial remarks:

We know so many of you reading this are grappling with these questions. Please send your thoughts (and actions) about

what you are doing moving forward in examining and dismantling racism so we can share with others. (p. 2)

It is notable that much of literature around this time was of an editorial, commentary and discursive nature. Such literature functions to establish a conversation where (sustained) conversation has been lacking. Further, it indicated the entrance of new voices into the conversation, many of whom were contributing for the first time. In the Anglophone world, this conversation was primarily led by North American scholars, with only four of the thirty-four 2020 - 21 publications including UK-based authors, all England-based. Understanding the nature of the conversation, and the direction it's tracking, is important in considering how similar conversations might take shape in the UK context.

Despite the newfound urgency in the literature—'urgent because every day, people become ill, get injured, and die as a consequence of racism' (Emami & De Castro, 2021, p. 714)—the problem of racism is not new. To the contrary, there has been evidence of racism in nursing for decades (Acheson, 1998), echoed in calls for academic dialogue (Barbee, 1993; Baxter, 1988; Beishon et al., 1995; Shaha, 1998). However, what the newfound urgency of 2020 onwards does suggest is a collective attempt to generate serious discussion about racism and to crack the 'shell of denial' that surrounds it (Thorne, 2022, p. 1). Even if—as I will go on to discuss—these strong calls to 'confront' racism in nursing are undermined by a demonstrable lack of clarity about *what it is* that nursing understands it needs to 'combat'.

2.2.2 What is already known: Two literature reviews

Before presenting my review of the literature, two prior reviews are instructive for understanding what is already known about how the nursing literature engages with the topics of race and racism.

2.2.2.1 Racism is a problem of individuals

The first is Thurman et al.'s (2019) review of (if and) how the nursing literature addresses questions of institutionalised racism in the context of Black Americans' experiences of racism in the healthcare system. This review reveals a relative silence on institutional racism, overshadowed by nursing's tendency to focus on

individualising and interpersonal conceptualisations of racism (Thurman et al., 2019)—an observation borne out by the empirical literature.

In the US, researchers have repeatedly found that dominant (white) groups in education and healthcare settings define racism in terms of individual morality and interpersonal discrimination (Cunningham & Scarlato, 2018; DiAngelo & Allen, 2006; Malat et al., 2010). Similarly, in Australia, Grant and Guerin (2018) found that nurses can identify individual-level racism but have limited understanding of its function at structural and ideological levels. This finding is echoed in an English context by Nairn et al. (2012) who found that nursing lecturers tend to discuss racism in terms of interpersonal relations: ‘it [racism] exists between nurses, it exists between different professionals, it exists between professional carers to service users, service users to professionals’ and so on (p. 205). References to *wrong beliefs* as a root cause of racism are replete in the nursing literature (see for example, Dywili et al., 2021; Beard et al., 2020; Mayoum et al, 2024). This positions racism as an act of ‘individual moral failure’, demonstrating a sort of wrong-headedness on the part of the perpetrator, and as a bounded or isolated incident (Iheduru-Anderson et al., 2021, p. 127).

Situating racism in the realm of person-to-person relations echoes person-centred and nurse-patient discourses as defining features of nursing theory and practice (Thurman et al., 2019). Nurses are familiar with thinking at the level of the clinical encounter, thus conceptualising racism in these terms is congruent with their training. More broadly, Hilario et al (2018) relate this (over)emphasis on the individual to the neoliberal milieu in which nursing takes place in Western countries.

2.2.2.2 The use of coded language: Not ‘race’ but...

The second review is Iheduru-Anderson et al.’s (2021) discourse analysis of nursing research which considers the use of racial concepts in the empirical nursing literature. The authors highlight how coded language is used as a means of speaking about race without doing so explicitly. *Culture* (Louise-Poon et al., 2014, p. 4), *multi-culturalism* (Hilario et al., 2018, p. 4) and *ethnicity* (Oozageer Gunowa et al., 2021, p. 4512) have all been highlighted by nursing scholars as ‘soft’ terms used to attend to racialised difference—euphemistic language

considered less socially or politically contentious, and therefore providing the speaker with greater comfort and safety.

Nursing is generally assumed to be an apolitical endeavour, thus talking about race and racism—contentious and inflammatory issues—is considered beyond what is acceptable in nursing (Hall & Fields, 2013; Hilario et al., 2018). Indeed, there may be reluctance to imagine that racism affects nursing—a moral profession and basic force for ‘good’ in society. Returning to the research on English nurse lecturers, Nairn et al (2012) demonstrate that concerns over political correctness can lead lecturers to ‘skirt around the issue’ of racism when teaching (p. 205). By way of example, this side-stepping plays out in the language used by researchers, Carter and McMillian-Bohler (2021), who refer to ‘*diverse* [read, racialised] nursing students’ in their study of racial microaggressions in clinical and classroom settings (p. 26, emphasis added).

The use of euphemistic terms has a bearing on how race is conceptualised. The conflation of race with *culture*, for example, reifies the notion that a particular *race* has a singular, homogenous cultural identity, apparently constitutive of what that race is (Scammell & Olumide, 2012). Speaking in terms of ‘cultural’, ‘diverse’, and ‘ethnic’ populations is, Bonilla-Silva (2018) argues, a discursive strategy of *new racism*—racism that maintains the racial order whilst flying under the radar by appearing colourblind. Coded language avoids explicit race talk whilst, unmistakably, referencing racialised communities and further establishing their ‘difference’ (Bonilla-Silva, 2018; Lentin, 2008).

These two reviews highlight themes within the nursing literature that, together, suggest a persistent lack of critical engagement with the concepts of race and racism. They evidence the tendency to: (1) individualise, and personalise, racism, i.e., to make it a problem of individual morality; and, (2) avoid explicit race talk in favour of other, ostensibly less politically loaded, concepts. These are important themes for understanding how race and racism are being conceptualised in the context of nursing, themes which my review builds on.

2.3 Conceptualisations in the (mental health) nursing literature: (How) are race and racism being conceptualised?

In what follows, four synthesising arguments are developed that concern how race and racism are being conceptualised within the nursing literature. The first three—'Racialised outcomes: a problem *of* not *for*' (section 2.3.1); 'Conceptual inconsistencies, underdevelopment and drift' (2.3.2); and '(Over)reliance on the lens of experience' (2.3.3)—derive from my original review (Collier-Sewell, 2022). A fourth argument—'Theoretical exclusivity: Critical Race Theory (CRT) and whiteness' (2.3.4)—brings the review up to date. Together, these arguments represent my particular authorial critique of the conceptual tendencies across the literature. They reveal how race and racism are being framed, defined, and operationalised, drawing on illustrative meta-examples to show how meaning is being constructed and reproduced.

Across these arguments, a pattern becomes clear: the nursing literature frequently purports to be doing one thing in relation to conceptualisations of race and racism but is actually found to be doing another, when the framing and deployment of these terms is examined closely. In many instances, the literature betrays underlying conceptualisations of race and racism that are not made explicit, or even that contradict the explicit claims being made. This is not simply a matter of internal inconsistency but suggests that within the institution of nursing, certain ways of understanding and approaching race and racism are active, yet go unacknowledged and unexamined.

2.3.1 Racialised outcomes: A problem *of* not *for*

In the nursing literature, racialised health inequities are the most frequently cited reason as to why nursing must urgently address racism. These disparities are established by evidence generated in population health research, a field which uses race as a demographic variable and ascribes race—not racism—as a population 'risk factor' (Chowkwanyun, 2011; Cogburn 2019; Rabelais & Walker, 2020). The essentialising of race is itself problematic, but what I will highlight here is how this use of race can end up positing racial disparities as a problem *of*, not *for*, racialised communities.

Consider, for example, a study about the ethnic disparities of compulsory psychiatric admission in the UK. Oduola et al. (2019) found higher rates of admission amongst Black African and Black Caribbean groups, and discussed this in terms of increased prevalence of psychiatric disturbance, distrust in services and lack of health literacy. What this framing does is ascribe the problem origins within this population, as categorised. Rather than being understood as those subjected to the sharp end of a racialising and racist society, the racialised community become the locus of the problem; it is *within* their supposed 'difference' that the problem occurs.

The normative practice of focusing discussions of health inequities on the communities affected exists at state level, too, infiltrating the policies and strategies that condition healthcare spaces wherein nursing takes place. The Scottish Government's 'Race Equality Framework for Scotland 2016-30' is a case in point (Scottish Government, 2016). Theme 6, 'Health and Home', like the rest of the strategic vision, focuses on 'levelling up' minority ethnic communities. It states the aim that: 'minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life' (p. 15). The strategic caveat ('as far as is achievable') aside, we might consider how the term 'appropriate to their needs' functions twofold. First, it establishes ('their') difference and makes this difference a special case—a deviation. Second, what goes unnamed is an implied (white? Scottish?) standard, which sets the parameters of normalcy, and, therefore, difference, thus feeding into conditions in which racialised outcomes occur. As Rabelais and Walker (2020) theorise in their article on health disparities research in oncology, the roles of those who enjoy the advantages of a racialising and racist system are erased in such discourse. In a government strategy purportedly designed to overcome racialised inequities, the containing discourse may, in fact, be further reproducing and entrenching the conditions in which they occur.

Framing inequities as a problem *of* the racialised other spills over into nursing scholarship. In their discussion of the disproportionate deaths of Black adults due to Covid-19, Scott et al. (2021) ask nurses to resist 'blame' narratives that locate the problem within Black communities. Yet, throughout the article, Black communities are described in terms of deficit—'gaps' and 'lack'—reinforcing the

idea that it is the communities themselves that need to be 'fixed'. Subtly and insidiously, a process of othering occurs whereby white people are the (unnamed) standard and anyone else is a deviation; marked as different and, by extension, problematic. In their concept analysis, Roberts and Schiavenato (2017) describe the effects of othering in nursing as 'profound', 'far-reaching', and, 'self-reinforcing'; the dominant social standard is continually being (re)enforced in and through its relationship to the subordinated 'other' (p. 179). The authors demonstrate how the naturalising of this dynamic also works to foreclose the conceptual space in which alternatives or a *way out* of this social ordering might be imagined.

Symptomatic of this naturalisation of difference and othering is the language used to mark out racialised difference in the context of nursing and beyond. Those with a marker of difference, 'BAME / Black / Asian / minority ethnic people' (racialised, non-white) are contrasted with 'people' (non-racialised, universal) implicitly understood—though not named—as white. This way of expressing difference not only contrasts racialised communities against an invisibilised standard, but, by making 'people' white, those with a marker of difference before their humanity become something other than simply human.

The othering of racialised communities within nursing is coupled with an ongoing failure of white nurses to implicate themselves within the mechanisms of racism (Bell, 2020). Holland's (2015) critical qualitative study of white nursing educators demonstrates their tendency to view themselves as non-racial beings—race being something which 'others', by their difference, possess, and which for 'them' (not 'us'), is problematic. Likewise, Malat et al. (2010) found that while white healthcare workers make attempts to name white advantage, ('...I think that white people are more likely to demand referrals to specialists. And have, um, even have a sense of entitlement to that' [respondent]), they simultaneously avoid implicating themselves and their actions (i.e. the granting of those referrals) into narratives about how racial order is maintained (p. 1439). An individualising conceptualisation of racism predisposes such distancing moves. When perpetrators are identified only through acts of overt racism, bystanders or onlookers—the rest of us—can assume positions of neutrality and non-accountability. This is summarised in Allan's (2022) candid reflection upon her career as a nurse-researcher, 'I found the racism I heard about in the IEN's

[internationally educated nurses] accounts disturbing but I did not yet recognise my own part in the white supremacy which underpinned the systemic racism I was told about' (p. 5). The creation of distance enables white nurses to position racism as a 'BAME / Black / Asian / minority ethnic nurses' issue.

There are pockets of the nursing literature where this positioning is disrupted. By discussing racism in terms of oppressor rather than oppressed, Schroeder and DiAngelo (2010) reframe the problem of racism as a problem of what they term 'whiteness': '... racism as a multilayered, multidimensional, ongoing, and adaptive process that functions to maintain, reinforce, reproduce, normalize, and render invisible white power and privilege' (p. 244). This creates a strikingly different starting point for their research. Rather than framing racism as a problem belonging to 'them' not 'us', the authors urge us to understand racism not only as a reality experienced by racialised communities, but as a problem rooted in and produced by the structures and norms of societal whiteness.²⁴ By reframing who or what needs fixing, white nurses are implicated and their position on the sidelines made untenable.

2.3.2 Conceptual inconsistencies, underdevelopment and drift

Despite differences in how nursing practice, education and regulation operate across English speaking countries, the rhetoric of the emergent English language literature on racism and nursing has a similar flavour regardless of origin. There is a general tendency for nursing scholars to reference other nursing scholars, almost exclusively, rather than engage with, or cross-pollinate, insights from other disciplines, particularly those outside the 'health sciences'. The widespread requirement for nursing academics and educators to be registered nurses themselves is further evidence of disciplinary boundary-policing—nurses educate nurses, who educate nurses, and so on (for a lively debate about interdisciplinarity in nursing see responses to Algase et al. [2021]). This kind of disciplinary insularity is particularly dubious when it comes to theorising the

²⁴ Returning to the original review from which this text originates (Collier-Sewell, 2022), I was struck by my uncritical use of the term 'whiteness' here. This reflected what I was seeing in the nursing literature—common language with which to think and talk about these issues. In the newly added fourth synthesising argument (section 2.3.2.4), I return to discuss whiteness and consider it as part of the prevailing concepts and theoretical frames that have structured a particular kind of conversation about racism in nursing.

interaction of wider social and political concepts, such as race, racism, and antiracism within nursing. Superficially, nursing scholarship sends the ‘right’ message—racism is a problem; nursing must address it—but the substance behind this message is lacking and frequently betrays conceptual contradictions, inconsistencies or theoretical underdevelopment that speak to disciplinary isolationism.

Race is less frequently defined than racism within the literature base. Where race is defined, this is commonly from a social constructivist perspective, i.e., race as a socially or culturally constructed means of categorising human beings (see for example, Hall & Fields [2013]; Loyd & Murray [2021]). It is not inconsistent then for the literature to use race in ways that are categorical—this accords with a categorising view. However, the *social* aspect of the constructivist perspective—that which sets it apart from biological constructions of race—seems lost. As Zalloua (2020) puts it, ‘we know that race is a social construct, but nonetheless we act as if it were a biological given’ (p. 12). Social categorisations are not uncontested or incontestable, yet this is how they appear in the nursing literature. For example, in their research into clinical decision making, Sellers et al (2016) state that, ‘...patient race along with other information can help guide diagnostic and treatment decisions in some circumstances...’ (p. 578). This categorising view of race is similarly inherent in language used by Dywili et al. (2021), ‘...the absence of participants from other races deprived the study of their experiences’ (p. 20), as well as by Beard and Julion (2016), ‘... analysis of the data leads to the conclusion that race is indeed a factor that hinders the nursing profession from achieving its diversity goals’ (p. 578). This lack of nuance makes it possible for the reader to confuse a constructivist authorial perspective on race with a biological one. If the contestability of race is not indicated or attended to, the effect is that the linguistic use of ‘race’, as category, functions the same way: it *fixes* race as a concrete and essentialised marker of identity.

An alternative approach developed in contemporary race discourse by Bonilla-Silva (2021), attends to the process of attributing race to social actors, a process termed *racialisation*. The term appears in the nursing literature (see, for example, Grant & Guerin, 2018; Hilario et al., 2018; Lamberson et al., 2021), however, it often slips into discourse that treats race as a fixed object rather than a dynamic and relational process. In describing themselves, for example, the authors

Lamberson et al. (2021) objectify their identities as ‘a mixed-race Black woman’, ‘a Black woman nurse’, ‘a Black cisgender woman nurse’ and ‘a white cisgender woman nurse’ respectively. Perhaps this is unsurprising, given the congruence with gathering (or, more accurately, assigning) patient demographics in nursing practice—it is the marker not the process that remains. Rarer still, is engagement with any race/ism scholarship that shatters an identity-driven view of race (whether biologically or socially assigned), such as Gilroy’s texts on race as absurdity (Gilroy, 2000) and Coleman’s theorisation of race as technology (Coleman, 2009).

The reliance on individualising conceptualisations of racism in the nursing literature has been discussed elsewhere (see earlier discussion of Thurman et al.’s [2019] literature review in section 2.2.2.1). What has not been discussed are the ways in which limited conceptualisations of racism, quietly and pervasively, play out in the literature itself. Structural racism is sometimes named in the literature, but frequently the discussion that follows returns, over and again, to speaking in terms of the individual or interpersonal relations. This dissonance between what is claimed (a structural approach) and what is expressed (an individualising approach) is summed up in a commentary entitled, ‘Not just one bad apple: Calling out racism among nurses’ (Morone, 2021). The author elaborates a narrative about a well-respected nurse colleague who ‘although he was an experienced nurse, he had one major *flaw*. He was openly racist’ (p. 536, emphasis added). Being racist is framed as an error of individual character. Furthermore, the addition of ‘openly’ is curious, suggesting that it is the publicness, as much as the racism itself, that is problematic. In concluding, the author further inflates the role of lone actors, ‘my colleague is not the only one with racist ideas and behaviours. Unfortunately, despite nursing being one of the most trusted professions in the nation, *one bad apple can poison a system*’ (p. 538, emphasis added).

Where articles do invoke a broader range of terminology—usually to highlight a multi-layered conceptualisation of racism (i.e., as individual, interpersonal, institutional, structural and ideological)—terminology is often undefined. When these terms are then used interchangeably, or drift from the anchor of their (supposedly self-evident) meanings, the authorial message becomes confused. This is exemplified when authors call for the ‘dismantling’ of structural racism but

go on to discuss the dismantling mechanisms as: developing communication skills ('tackling someone who makes an offensive comment requires skills in assertive communication' [Stone & Ajayi, 2013, p. 408]); reflecting upon the nurse-patient interaction ('The most accessible locus at which we might have an impact on racial health disparities from a nursing perspective is to examine the care encounter for evidence of racial microaggression' [Hall & Fields, 2012, p. 36]); or, white nurses, privately, reckoning with their privilege ('my thoughts have been predominated by and worried about the need to carry out an initial self-assessment of my implicit racism' [Wolf, 2021, p. 1]). In these solutions, individual-level change is presented as disruptive of the structure. There is, I contend, a naivety to this position that represents an inherent underdevelopment of the ideas being presented.

This is to be read as a warning to be thoughtful about the promise we invest in the solutions we offer. Further, it speaks to the need to critically engage with the concepts of race and racism as a prerequisite for developing properly-attuned antiracist action. I contend that Louie-Poon and colleagues (2022) have it right when they say:

While the urgency to seek and implement antiracist solutions demands the attention of nurses [...] analysis of the mechanisms that continue to perpetuate racism within nursing's theoretical foundation is required first. (p. 1)

Their ideas find affinity in the writings of contemporary race scholar-activists, Shafi and Nagdee (2022), who link the shape and form of antiracist action with the conceptualisations of race and racism that underpin it:

... exactly how ideas of race, and thus racism, are conceptualised and mobilised in popular discourse today determines the priorities of antiracist organising, the forms that organising takes and the basis of solidarities that form as part of it. (p. 9)

If, for example, 'lack of diversity' is important to our conceptualisation of racism, and how it operates within healthcare and other social structures, then we might reasonably conceive of 'increasing diversity' as an antiracist action. And indeed, this is an oft-cited goal in the nursing literature (see, for example, Bonini & Matias's [2021] succinct argument on why diversity is an important aim). If,

however, we consider the social structures themselves to be fundamentally racist (i.e. historically organised around racialising and racist ideology), then the target of our antiracist action necessarily shifts—change *within* the system no longer goes far enough (Lentin, 2008; Shafi and Nagdee, 2022). This is the difference between racism being synonymous with what happens within the system and racism being synonymous with the system itself. Depending on our point of view, *what counts* as antiracist action might look dramatically different, requiring system change or system abolition. This speaks to the need to look outside the discipline—to break with disciplinary isolationism in nursing—to develop arguments about racism and nursing that demonstrate conceptual clarity and greater internal coherency.

2.3.3 (Over)reliance on the lens of experience

The single major theme of the empirical nursing literature that addresses racism is the researching of *experiences* of racism within nursing contexts. In the US, barriers in nursing leadership and the academy have taken centre stage (Beard & Julion, 2016; Loyd & Murray, 2021; Robinson, 2014). In the UK, discrimination in nursing practice, and barriers to career progression, have been widely researched (Brathwaite, 2018; Da-Cocodia, 1984; Isaac, 2020; Johnson et al., 2021; Kalra et al., 2009; Tuffour, 2021). These experiences are also well-documented in relation to international nurses joining the domestic workforce (Alexis, 2015; Alexis & Vydelingum, 2005; Stuart, 2012). And, in addition to research examining the experiences of racialised workers, research also reports on patients' experiences of racism in healthcare settings (Robertson et al., 2021; Kapadia et al., 2022). Together, these interlocking bodies of experience-based knowledge build a picture of *all* racialised stakeholders, regardless of their position, being subject to racism within the healthcare system.

Experience is researched with a view to providing 'critical insights' into how racialised nurses, nursing academics and patients navigate healthcare spaces, and the barriers they face (Beard & Julion, 2016, p. 584). This type of research acts as testimony to the problem, evidencing where and how it manifests, and informs discussions about how these spaces could become more equitable.

In this sense, the evidence of experience has twin purposes: to inform and to persuade. Alongside this, the evidence of experience provides validation in a

system which otherwise invalidates racialised experiences. In their implementation of an online nursing community, 'Overdue Reckoning on Racism in Nursing', Canty et al. (2022) reflect on the deep connection and solidarity created when experience is shared in dialogue. As one participant describes, '[w]hen the nurses of color began to disclose their experiences of racism, I felt overwhelmed with grief and then awash with relief when I realized their stories resonated with me' (p. 32). However, the sharing of experience within community and the reporting of experience in literature are altogether different platforms for how experience is voiced and received. A singular focus on experience, without the inclusion of theory, may be inadequate to find a *way out* of the status quo.

Researching experience keeps us circling around the evidencing of the problem (racism) as if it is something yet to be substantiated (Allen & Cloyes, 2005). Nursing research, in keeping with health sciences generally, leans heavily on a positivist scientific tradition leading even qualitative studies (the majority) to frame racism in such a way as to seemingly hypothesise it: *do* nurses experience racism in [x clinical / y employment setting, etc], and, *if so*, in what ways and how much? The implicit doubt or scepticism within this starting point is indicative of a white-centric worldview, where racism, because it is not part of the white experience, is something still to be proven. A recent headline from the Royal College of Nursing (RCN) (a prominent UK nursing union and professional body) reads, 'Black and Asian nurses overlooked for promotion due to structural racism, RCN research reveals' (RCN, 2022). While it is positive that the RCN engages with this work, the choice of the word 'reveals' is itself revealing—at this point, after all the experiential research, one might reasonably ask: what is new or unexpected about such a finding? It will be progress when we move beyond speaking about racism as if it is something only newly discovered.

In looking at what exists across the nursing literature on racism, a common practice emerges: that of 'making the case' for racism in the introductory and background passages of articles. Typically, these passages (re)state the evidence, using variations on similar arguments. 'Racism is important to nursing because...' of the health inequities that mar society; of nursing's obligation to social justice; of the barriers faced by racialised students, nurses and faculty; of recent antiracist uprisings, and so on. These rationales are not up for dispute here, instead, it is the very practice of having to offer such justifications that is at

issue. The fact of racism, already evidenced time and again, should lead us to question whether qualifications beyond 'Racism is important' are necessary at all, and to consider what we do by making these qualifications.²⁵ Repeatedly (re)starting from a position in which we justify the conversation concedes to the idea that there remains any doubt about the conversation's rightful place in the nursing literature. In grappling with this, we might reasonably ask what the utility of the literature is intended to be: is its purpose to win minds (and how successful is it at doing this), or is its purpose to move the conversation forward?

Evidence continues to grow and be presented, but the majority of (white) nurses and nursing leaders still see racism as something which happens 'over there'. By returning to Allan's (2022) reflection, 'I found the racism I heard about in the IEN's [internationally educated nurses] accounts disturbing but I did not yet recognise my own part in the white supremacy which underpinned the systemic racism I was told about', we can see how this speaks to the potential overinvestment we make in the evidence of experience to impact the hearts and minds of white people—those for whom racism is not a lived reality—and to disrupt the status quo (p. 5). A recent large-scale survey in the US found that white nurses do not understand the severity of the problem, with 72% of Black respondents stating there is 'a lot' of racism in nursing compared to 29% white respondents (Tobbell & D'Antonio, 2022). This is *despite* the evidence over time and the recent catalysing factors of the Covid-19 pandemic and the mainstreaming of Black Lives Matter (BLM) activism in 2020.

There appears to be reliance upon an implicit theory of change in nursing research and literature that goes something like this: demonstrate strongly enough that something is wrong, that a problem exists, and this will catalyse action. Conversely, researching experience alone risks camps becoming more polarised and alienated. On one hand, those who experience racism and their 'allies' who engage with activism and research, and, on the other, the rest of the population—generally white—who do not engage with, nor see themselves reflected in, this problem and this work. As Frankenburg (1993) writes in her seminal text, 'White women, race matters: The social construction of whiteness', there exists a 'gulf of experience and meaning between individuals differentially

²⁵ It is not without irony that I note having done this myself, in the introduction to this thesis, however 'light touch' I have attempted to make this.

positioned in relation to systems of domination' (p. 4). The question is whether presenting experience alone enables us to overcome this gulf.

Nursing researchers have remarked upon the one-sidedness of the conversation (Iheduru-Anderson et al., 2021). Racialised nurses carry the conversation whilst their white counterparts remain largely silent (Hall & Fields, 2013). A double burden is thus placed on racialised nurses and nursing academics—they are subject to living through the experience of racism *and* to evidencing and explaining that experience. Yet a trap of inaction awaits when this evidence is received by institutional powers, as captured in Philip Darbyshire's (2022) tongue-in-cheek commentary:

In an evidence-based era, it is vital that large amounts of the best possible evidence are gathered and assessed before making any changes that could lead to actual change [...] This cannot occur overnight and may take several executive group lifetimes to be finalised. (p. 1)

Research on experience is crucial for understanding where and how racism manifests and its oppressive effects. The experiences of racialised people need to be platformed, heard and understood, but I wonder how effective the nursing literature is, or has been, in erecting this platform. Moorley et al. (2020) point out that we have enough evidence to know there is a problem, the challenge now is to act. To progress antiracism work in nursing, we must move beyond the trap of gathering evidence ad nauseum and diversify our approach to the problem, recognising that racialised experiences are the effects and *not* the root cause.

2.3.4 Theoretical exclusivity: Critical race theory (CRT) and whiteness

To these three original arguments (published in 2022) I add a fourth, based on continued engagement with the literature in the intervening years. Rather than a novel development, this argument traces a continuation—the seeds of which were already present in the original arguments and have since come fully to fruition. It concerns the theoretical grounding—to the extent that any is offered—that typifies the nursing literature's engagement with race and racism.

The original review was written immediately in the wake of an upsurge in nursing scholarship on racism where, previously, there was relative silence. At the time, it exposed a generalised lack of explicit theoretical bases for these emergent

discussions, as well as inconsistent and confused renderings of key concepts. I argued that nursing research and scholarship thus needed to attend to race/ism theory—reaching beyond its disciplinary confines—as a critical basis for advancing antiracism in the field. Indeed, Glasdam et al. (2024) identify a troubling tendency in qualitative nursing research to present findings as purely representational; that is, as if they merely provide a ‘true’ account of participants’ experiences. This atheoretical approach is born out in several papers already reviewed here. Methods sections frequently outline an analytic method—typically Braun and Clark’s (2006) thematic analysis—but make little or no reference to the theoretical lens or knowledge applied during interpretation (see, for example, Caffrey et al. [2023] and Miller & Nambiar-Greenwood’s [2022] studies on nursing students’ lived experiences of racism). The result is to suggest that researchers—those responsible for shaping what is ‘found’ in the data—conduct their analysis free of preconceived ideas about the nature of reality (Chiu et al., 2022); something which none of us, reasonably, escape.

What I began to notice in my original review, and what has become clearer in the past three years, is that when theoretical framing *is* provided, it almost exclusively draws on Critical Race Theory (CRT).²⁶ As a more sustained conversation on racism and nursing has developed, it has done so in near singular reference to this theoretical framework when one is provided.

This is evident in the continued expansion of empirical research on (student) nurses’ *experiences* of racism, a body of research which has continued to grow. While some earlier studies (for example, Beard & Julion [2016] and Loyd & Murray’s [2021] studies on the experiences of African-American nursing academics) noted the influence of CRT in what was presented, its use has become more commonplace. Since 2022, several studies have explored the experiences of racialised nurses in practice (for example, Prendergast et al., 2024; Woodward et al., 2024), including in mental health settings (Wijayarathnam et al., 2024), and racialised nursing students in clinical and university settings,

²⁶ CRT was originally developed by American legal scholars in the 1980s, born of their disillusionment with mainstream and critical legal studies’ failures to adequately address race and racism in American society (Bhopal & Pitkin, 2020; Carbado, 2011). It has since proliferated across disciplines, regions and political movements. In the UK, early adopters of CRT tended to be scholars of education and educational policy, specifically in relation to schooling in England (Chakrabarty et al., 2012).

with several deriving from UK (more specifically, English) contexts (Caffrey et al., 2023; Miller & Nambiar-Greenwood, 2022; Pryce-Miller et al., 2023; Ramamurthy et al., 2023; Williams et al., 2023). While some of these still adopt an atheoretical stance, many position CRT as the central theoretical lens. The emphasis on ‘story-telling and counter-narratives’ in CRT (Prendergast et al., 2024, p. 4), and the potential of stories to disrupt the status quo (Ramamurthy et al., 2023), frequently feature as rationale for researching the *lived experience* of racism in qualitative ways.

Beyond foregrounding individual narratives, CRT provides a means of linking these narratives to an examination of racism at the structural level. Nursing scholars have increasingly emphasised structural racism as a critical concern (Robinson-Lane & Patel, 2022), and CRT facilitates this shift by centring systemic inequities and power relations. As Ugiagbe et al. (2022) observe, ‘CRT is used increasingly in nursing to explore ideological, structural and institutional racism’ (p.2). Framed this way, personal narratives are not only representational but provide insight into the wider social and institutional forces in nursing and healthcare—what they are doing and how they operate (Hankins, 2024; Iheduru-Anderson & Alexander, 2022). CRT thus allows researchers to move beyond describing *what* (student) nurses experience to critically analysing *why* these experiences occur, offering theoretical interpretations rather than merely documenting lived realities (Costa et al., 2024).

In introducing CRT, nursing scholars typically define CRT similarly. Most include: (1) a brief reference to the origins of CRT in critical legal studies; (2) an emphasis on the centrality of structural racism in CRT analyses (i.e., getting to ‘the root causes of racism’ [Freborg & Chalmers, 2024, p. 231]); and, (3) reference to seminal CRT texts by scholars such as Delgado and Stefanic (2017). There can be little doubt that nursing scholars based in North America, or the UK, are unaware of the media attention and political controversy CRT has attracted post-2020 (Gillborn, 2024). Rather, the deliberate use of CRT appears, in part, to be motivated by its capacity to embolden more direct, uncompromising discussions of racism—discussions that explicitly name ‘racist ideologies’ (Ugiagbe et al, 2022, p. 6) and power dynamics between ‘dominant and marginalized’ groups (Iheduru-Anderson & Alexander, 2022, p. 178). The discourse of CRT, now more mainstream, serves as an antidote to the historically coded, euphemistic

language that has dominated nursing's engagement with race (Iheduru-Anderson et al., 2021). By applying CRT concepts and analyses to the study of nursing, scholars both enable a more robust conversation about structural racism while, simultaneously, rhetorically signalling something of their own ideological or political commitment to challenging entrenched power structures within the discipline.

Within the literature, a concept is often positioned adjacent to CRT-informed discussions of racism and nursing, that of 'whiteness'. Whiteness is frequently named, and, yet, it is often deployed without definition, as though its meaning is self-evident. Caffrey et al. (2023), for example, write that nursing students move 'in environments infused with Whiteness...' (p. 4), while Miller and Nambiar-Greenwood (2022) note whiteness to be the profession's 'norm' (p. 2). The presumption of shared understanding is something I too was guilty of in my original review. Indeed, in preparing this thesis, I questioned my own phrasing from 2022, when I wrote, '[w]hiteness has all manner of tools to insulate itself from listening and some of these are seated deeply within the research foundations this literature relies on' (Collier-Sewell, 2022, p. 7). What precisely did I mean? That whiteness 'listens' suggests personhood, but concepts and theories are not, after all, capable of hearing.

This slippage—between whiteness as concept and whiteness as people—is similarly identified in the literature. While definitions are rare (exceptions being Puzan (2003) and Allan (2006) to whom I will return), contextual clues offer insight into what is meant. In Hamzavi and Brown's (2023) study of racialised nursing students, whiteness appears forty-four times, sometimes to denote prevailing ideas and disciplinary norms and, at other times, referencing the predominance of white bodies. Here, whiteness is, in essence, synonymised with 'white-dominated spaces' (Freborg & Chalmers, 2024, p. 232), the dominance of white bodies being connected to a 'toxic culture of whiteness' wherein 'whiteness is the most prized state of being' (Iheduru-Anderson et al., 2024, p. 5). This oscillation between whiteness as discourse or ideology and whiteness as embodied identity has a lineage in Puzan's (2003) 'The unbearable whiteness of being (in nursing)' and Allan's (2006), 'Whiteness and difference in nursing', both of which discuss whiteness as a non-raced racial identity that white people inhabit, as well as the (racist) beliefs, norms and values that that identity enfolds.

The central position of whiteness in the literature, a concept associated with Critical Whiteness Studies (CWS), was further solidified by Robin DiAngelo's (best known for her 2018 international bestseller, 'White Fragility') explicit linking of CWS with nursing research on racism. Schroeder and DiAngelo's (2010) work focused on institutional whiteness as a central mechanism by which racism manifests in nursing education. This coupling of whiteness and racism has persisted, primarily in North American scholarship, with the adjacent terms 'white privilege' (Cooper Braithwaite et al., 2023; Wiapo et al., 2024; Williams et al., 2023), 'white advantage' (Iheduru-Anderson et al., 2024), 'white fragility' (Freborg & Chalmers, 2024), 'white innocence' (Hantke et al., 2022) and 'white supremacy' (Costa et al., 2024; Hamzavi & Brown, 2023; Ugiagbe et al., 2023) also featuring; albeit the latter having a much longer political history. Malik's (2023) observation that 'with little public debate or push back, debates about racism have become framed largely through discussions of whiteness and white privilege' finds no more fitting application than in the emerging discourse on nursing and racism (p. 251).

The predominance of CRT and the concept of whiteness are shaping how racism is theorised in nursing. Notably, CRT is rarely introduced as one possible framework among many; rather, it assumes a singular authority in structuring conversations on race. While this has facilitated more direct and serious engagement with racism in nursing—wherein the conceptual underpinnings, previously lacking, are more consistent and developed—it also risks narrowing theoretical inquiry by foreclosing alternative approaches that could offer different, yet valuable, insights. As CRT continues to shape the field with such exclusivity, it is questionable whether, as well as fostering a more critical discourse, its prominence may also be casting the discussion, and thereby constraining it, into particular terms of reference. The literature's emphasis on experience and storytelling, for example, typically takes for granted—essentialises—the racial identities of those whose stories are gathered. This fixity of race within CRT informed, race-conscious analyses marks a key limitation of the framework—in rendering racial identity as *a priori* fact, race too often escapes interrogation and fails to be seen as part of the problem of racism, a discussion to which I return when outlining my own theoretical position in the next chapter (section 3.2.1).

2.4 Anti-racism in nursing education: (How) are race and racism being addressed in pedagogy and practice?

Having examined how race and racism are being conceptualised in the nursing and nursing education literature through an analysis of discourse, we now turn to what—if any—anti-racism initiatives or practices have been implemented in nursing education, both in the UK and internationally. Such initiatives offer further insight into how race and racism are being understood, as proposals about how to address the issue inevitably reflect underlying assumptions. These initiatives also function to indicate whether growing scholarly attention to race and racism is being translated into tangible action within nursing education.

2.4.1 The scope of the initiatives: Few and far between

Systematic database searching was used to find English language empirical literature on anti-racism initiatives or interventions implemented in nursing education ($n=4$). Additional papers ($n=5$) were identified through reference list searching of the broader nursing and nursing education literature. Though the wider body of literature examining nursing and racism is itself limited and emergent, the number of papers on specific antiracism initiatives in nursing education is smaller still (total, $n=9$). Moreover, there is a lack of rigour in the reporting—papers generally detail the form of an intervention, but findings and evaluation are less consistently documented making it difficult to measure their utility or success.

A summary of each reported initiative is provided in 'Appendix 2'. Notably, none are UK-based. Elsewhere, there are papers that speculate on how nursing education in the UK might address racism (Cortis and Law, 2005; Playfair et al., 2023; Tilki et al., 2007) but no literature reporting on concrete interventions currently active or post-implementation. Though, from this, we cannot conclude that antiracism initiatives are not being implemented in UK nursing education programmes, it is fair to say that, if they are being implemented, this is not reflected in the literature. Most documented initiatives originate in the US ($n=5$), with the remainder in Canada ($n=3$) and Australia ($n=1$). The earliest dates from 1993 (Baldwin & Nelms, 1993), the most recent emerge post-2020 (Dancis & Coleman, 2021; Garland & Batty, 2021; Mayoum et al., 2024).

The initiatives vary widely in methodological approach and content. Teaching strategies range from traditional formats of lectures (Allen et al., 2013; Bennett et al., 2019), seminars (Drevdahl, 2001), class discussions and debate (Allen et al., 2013; Baldwin & Nelms, 1993) to more experimental and participatory formats including theatre (Van Bower et al., 2021), workshops (Schroeder & DiAngelo, 2010) and online map building (Dancis & Coleman, 2021). Some introduce the subject of racism through discussion of history (Bennett et al., 2019; Dancis & Coleman, 2021), some through text and film (Baldwin & Nelms, 1993; Drevdahl, 1998; Schroeder & DiAngelo, 2010), and others through case studies and performance (Allen et al., 2013; Van Bower et al., 2021).

Given the paucity of examples, it's perhaps unsurprising that no singular, agreed upon approach prevails. However, the most recent initiatives tend towards less didactic, more participatory, methods wherein participants are not so much the recipients of knowledge about race and racism but involved in its cocreation. Collaboration is a central feature of the initiative described by Mayoum et al. (2024), in which third-year psychiatric nursing students and staff—the only identified initiative within the context of mental health nursing education specifically—worked jointly to develop an 'antiracist action plan' for the school (p. 461). However, notably, the article doesn't elaborate on the content or scope of the plan, focusing instead on the perceived enablers of, and key insights gained from, the collaborative process. While most initiatives tend towards a generalised treatment of addressing racism, those from Canada and Australia also include a specific focus on racism and injustice relating to Indigenous populations, reflecting the particular legacies of settler colonialism in these countries.

2.4.2 The shape of the initiatives: Boundaried and time-limited

With the exception of Schroeder and DiAngelo's (2010) US study, the initiatives identified primarily target self-transformation of attendees or participants. Their 'Sociopolitical Climate Project' is broader in scope, encompassing individual- *and* institutional- level change through its multipart design. But common to all the initiatives is their boundaried nature—they exist as discrete entities within curricula, and do not speak to wholesale change of programmes to filter antiracism content or pedagogy throughout. The widespread focus on individual-level transformation (echoing earlier discussion in 2.2.2.1), and the siloed nature of the initiatives, puts them at odds with antiracist pedagogy, even as defined in

the nursing literature: ‘a framework that is intended to *transform systems* that uphold the mechanisms of racial oppression’ (Diffey & Mignone, 2017, p. 7, emphasis added). Rather, the initiatives appear to tacitly endorse a view of antiracist work as something that happens in a bounded way, while the rest of the educational programme continues as was.

It is striking that this limitation is rarely raised in the initiative literature. However, remembering the individualising perspective of the broader nursing and nursing education literature—its tendency to conceptualise racism in individualising and interpersonal terms—*not* seeing this limitation might be entirely consistent. If the problem (racism) is a problem of individuals, then the intervention is designed to transform individual thinking and behaviour, anything beyond that is outwith the scope of the problem as it has been understood. Schroeder and DiAngelo’s (2010) acknowledgment that ‘it would be disingenuous from an antiracist perspective to claim that racism has been seriously disrupted throughout the program’ reflects a different conceptualisation of the problem (p. 254)—one that foregrounds the role of structures and systems, and their pervasive influence at individual and collective levels. Thus, we see how conceptualisation of the problem matters, and is fundamental to, the design of antiracist interventions or practices (Collier-Sewell, 2022). The fact that the initiatives, listed in ‘Appendix 2’, typically acknowledge an understanding of structural or systemic racism—most often in the background literature—but fail to deliver the same, serves as a reminder of the theoretical inconsistencies that persist across the literature base.

Further to being bounded, the time limited nature of the interventions is also notable, with most lasting a few weeks (Allen et al., 2013; Baldwin & Nelms, 1993; Drevdahl, 2001) or a semester (Dancis & Coleman, 2021; Garland & Batty), and the shortest being a single class (Bennett et al., 2019). This is critiqued by Thurman et al. (2019) who query the ability of ‘brief, 1-time efforts such as day long workshops’ to effectively address the scope and complexity of racism (p. 104). However, by creating contrast, the initiatives do highlight that, in nursing programmes and the institutions that house them, having antiracism on the agenda is the exception not the rule. Antiracism (of any kind) simply does not feature in the mainstream offer of nursing education.

In recent months, the literature has responded to this absence of an integrated, widespread approach to antiracism in nursing education by shifting away from

discussion of discrete and individualised initiatives. Instead, the most recent literature considers if and how nursing education is engaging with race and racism—finding that typically it does not—and on that basis, poses recommendations for how nursing education *could become* antiracist in wholesale ways. While these articles are speculative, not evidentiary, they recommend what authors consider would be ‘best practice’. As such, they are informative for us here—providing insight into current thinking in the field.

Typically, the recommendations for how to integrate antiracism in nursing education are undergirded by a CRT-informed framing of the issues (Davis et al., 2024; Hantke et al., 2022; Mayoum et al., 2024), with whiteness and Eurocentrism being named as key targets for disrupting racism in nursing practice, education and the discipline as a whole (Bell, 2024; Boakye et al., 2024; Iheduru-Anderson et al., 2024; Playfair et al., 2023). Lack of institutional buy-in, indeed institutional resistance, is identified as an ongoing barrier to realising movement towards this goal (Bell, 2024). This has culminated in calls for antiracist activism to be positioned as a moral imperative for nursing education (Boakye et al., 2024; Sumpter et al., 2023). The shape of this activism—again, rooted in a CRT reading of the issues (echoing section 2.3.2.4)—would ideally become not only something nursing educators and students *do*, but the very ‘lens through which we view the world’, including how we view our institutions (Sumpter et al., 2023, p. 277). In its upstream position, nursing education is seen as a vehicle for developing future generations of practitioners who are not only nurses but nurse-activists (Mundie & Donnelle, 2022). This signals a more radically oriented and transgressive shift in how social issues are approached within the nursing literature, though such literature remains limited, and, in discussions of racial injustice, continues to position CRT almost exclusively as the primary theoretical and ideological reference point.

2.5 Conclusion

The review presented in this chapter responds to a key contention in the contemporary racism literature: that in the pursuit of antiracism, our conceptualisations of race and racism matter. How we define these problems—the terms into which they are cast—begins to determine the shape and scope of how we imagine antiracism *should*, and must, take form.

Surveying the literature has revealed inadequate theorisation of race and racism in nursing scholarship and research, alongside a lack of critical engagement with how these concepts are constructed. Race is routinely presented as a given—a neutral demographic variable that, despite being acknowledged as socially constructed, is treated as if biologically essential. The result is a formulation of antiracism that removes race itself from interrogation. Meanwhile, conceptualisations of racism are inconsistent, slipping between systemic, structural, and individual registers without theoretical grounding. The review also demonstrates the subtle yet material ways that language locates the problem within the racialised ‘other’ by positioning their perceived difference against an unnamed (white) norm. Here, Zalloua’s (2020) point that ‘how we perceive or conceptualize the problem of racism may in fact be part of the problem’ succinctly captures what is going on (p. 9).

Building on existing critiques of the tendency in nursing to centre individualising problematisations of racism, the arguments I’ve presented have illustrated how this tendency persists in the literature, even when structural analyses are named. Reviewing the small number of antiracism initiatives in nursing education further demonstrates the emphasis given to personal self-reflection and the correction of individual biases, prioritised over structural transformation of nursing as an institution.

While the increasing prominence of CRT and whiteness in the literature has sharpened the focus on structural racism, it has also established a singular interpretive lens through which these issues are now being approached. As the next chapter will show, there are multiple ways to understand race and racism—no one way of approaching these issues, including CRT, has been determined as the right and only way. Yet, the literature’s failure to contextualise CRT as one among many possible approaches confers it with a kind of authority, foreclosing alternative ways of knowing the problem that could generate different, potentially vital, insights into unsettled matters.

How we frame discussions of race and racism is fundamentally important. The literature’s ongoing focus on researching experiences of racism reflects not only efforts to understand its effects, but also an implicit imperative to prove the existence of racism. I have argued that this preoccupation risks becoming unending—after all, how much experience is ‘enough’ experience to satisfy, and

to satisfy whom? By continually (re)starting from a position in which we always performatively legitimise the conversation ('Racism is important to nursing because...'), we unwittingly betray this very foundation by suggesting its legitimacy is not already well established.

What this chapter has also highlighted is the striking absence of direct engagement with race and racism in the mental health nursing and nursing education literature, specifically. Even as broader nursing scholarship, however theoretically incoherent, has increasingly taken up these issues, they remain largely unexamined within MHNE, both nationally and internationally. It is into this space or *lack* that that the present study intervenes. By centring questions of race, racism, and MHNE—issues previously unexamined and under-theorised—it addresses a critical research gap in Scotland and the UK. It puts these questions firmly on the agenda, opening space for dialogue among MHNE stakeholders across academic and practice settings. With this in mind, let us turn now to the methodology, theory and methods employed in the study.

Chapter 3: Methodology, theory and methods

3.1 Introduction

The study pursues an in-depth understanding of how race and racism are conceptualised and understood in mental health nursing education (MHNE) in Scotland. It does not examine experiences of racism but explores how students and educators make sense of these issues—or how these issues are *made sense of for them*—through the conduit of nursing education. The research questions centre on conceptualisations as the primary study object:

1. How are race and racism being conceptualised and represented in pre-registration mental health nursing education (MHNE) in Scotland?
2. What knowledge and values are (re)produced in MHNE that shape how race and racism are being understood?

This chapter explores my methodological approach to the study of these questions, the theory which informs the analysis, and the research processes (methods) adopted. Together, these cornerstones—methodology, theory and methods—frame the research. Choices made in relation to each represent my positionality in action; it is through these decisions, and in my voice, that the study takes shape. Thus, rather than present reflexivity as a discrete or separate exercise, I embrace the first-person authorial voice throughout to remind readers that an ‘I’ permeates the research.²⁷ In addition, I speak of being *informed*, *influenced* and *inspired* in recognition that the research is not a perfect

²⁷ The decision to incorporate reflexivity throughout this chapter—rather than presenting a separate ‘reflexivity’ subsection—reflects both the methodological orientation of the research and my positionality. Critical Social Research (CSR) emphasises the non-neutrality of research inquiry and knowledge production: both are tied to the decision-making and worldview of the researcher(s) *behind* these endeavours (Harvey, 1990). Making the ‘I’ visible is thus a deliberate means of demonstrating reflexivity and showing the influence of my presence in the research (Fremlova, 2018). Reflexivity, for me, is not a discrete moment but an ongoing dialogue, an ever-present question about how my position interacts with the research. This way of conceiving reflexivity is, itself, shaped by my positionality as a health and social care practitioner in which reflexivity is integral to everyday practice. Given the integration of reflexivity into my processes, I have thus chosen to integrate reflexivity into the writing of this chapter. To separate it out would introduce an artificial pause, unrepresentative of reflexivity as I experience it.

embodiment of a particular methodological approach or study design. The reality is messier: complicated by, and contingent on, multiple micro- and macro-level decisions made across the study's lifespan. Dropping claims to purity and neutrality, or a universal position, begins to align my approach with critical methodologies (Muncie, 2006). Unlike positivist traditions that aim to reduce bias, critical approaches emphasise that *all* studies are values-bound and all knowledge constructed (Chilisa & Kawulich, 2012; Morgan, 2017). The ethical imperative, then, is for researchers to account honestly for their decision-making.

The chapter proceeds in two parts. Part I explores the study's methodological foundations. Methodology refers to how we approach and make sense of the world, recognising that our presuppositions about reality inform how we interpret and explain phenomena (G & Bellamy, 2012). As such, methodology impinges on every aspect of research, from the research questions we formulate, to analyses we offer in answering these (Alasuutari et al., 2008).

This study is situated within the high-level methodological framework of Critical Social Research (CSR) and proposes an abductive analytic approach that operationalises this orientation. Drawing on Bacchi's (2009) 'What's the problem represented to be?' (WPR) and Jackson and Mazzei's (2012) 'Thinking with theory', the analysis proceeds through reading data alongside theory to examine how race and racism are problematised in MHNE. The closing section of Part I explores the various theoretical concepts that inform the analysis, opening with Fields and Fields' (2022) thesis in 'Racecraft', to which my understanding of racism is indebted.

For research to produce findings meaningful to its object of inquiry, the study design must align with what the research aims to *do*, i.e., what it seeks to discover and understand (Bowling, 2014). Part II, therefore, considers the study design and research procedures, and justifies the gathering and generation of discursive data in addressing the research questions. It also details the methods of data collection, sampling, and recruitment, contextualising these within the study's aims and analytic approach. Conducting the research was not always straightforward. Once the research went 'live', challenges emerged, particularly around student recruitment, that required me to re-strategise and problem-solve in real time. These challenges, and adjustments made, are reflected on throughout Part II.

3.2 Part I: Methodology and theory

3.2.1 Methodological approach

3.2.1.1 Critical social research (CSR)

Overall, the study aligns with critical social research (CSR), a methodological approach to social inquiry characterised by questioning, criticality and the pursuit of transformation towards a more equitable and just society (Farias et al., 2019; Harvey, 1990; Harvey, 2022). In his comprehensive account, Lee Harvey (1990) describes CSR as comprising seven ‘building blocks’: *abstraction, totality, essence, praxis, ideology, structure, history, and deconstruction and reconstruction*. These core concepts direct attention to how social phenomena—social issues—come to be constituted and understood. Contrary to conventional research paradigms, CSR holds these building blocks as lightly held basic propositions rather than fixed foundations (Potter, 1970), encouraging research inquiry that interrogates social phenomena from multiple angles.

Rather than offering a totalising perspective that explains the world, the building blocks function as lines of critical questioning that unsettle singular perspectives. They are concepts to *keep in mind* when orienting research practice toward the nuanced reading of complex social phenomena. Harvey’s (1990) discussion of ‘history’, for instance, does not demand allegiance to a particular account of the past, but insists on recognising the past’s lineage in the present, and how contemporary retellings shape our understanding of history (see p. 26). Similarly, his discussion of ‘ideology’ does not advance a specific ideological standpoint but invites exploration of where and how ideology intervenes in social relations, phenomena, *and* in research itself. Harvey (1990) resists a singular definition of ideology, instead modelling commitment to debate and revision by presenting the various ways ideology has been understood over time. As a methodological approach, CSR offers far more about *how to think* than *what to think*. At the same time, by prioritising questioning and naming certain building blocks, CSR does establish an orientation for studying social issues. While the approach builds in flexibility and resists singular perspectives, it nevertheless implies—at least partially—a ‘right way’ to approach research inquiry; a tension which, in the spirit of criticality, cannot be left inexplicit.

CSR invites us to dig beneath surface appearances and consider that dominant social structures and processes are not natural or inevitable, nor 'good' and 'correct', simply because they prevail (Harvey, 1990). As Fields and Fields (2022) write in 'Racecraft':

All human societies, whether tacitly or overtly, assume that nature has ordained their social arrangements. Or, to put it another way, part of what human beings understand by the word "nature" is the sense of inevitability that gradually becomes attached to a predictable, repetitive social routine. (p. 128)

Nursing and nursing education epitomise social institutions that present precisely in this naturalised, apolitical way. Both are heavily regulated, bound by standards, and informed by traditions that establish, seemingly categorically, what is 'right' and 'proper' in that context. A CSR orientation reopens space for inquiry that the containing structures and normative practices of nursing appear to shut down. By introducing doubt and complexity where regulation and manualisation have imposed (false) certainty (Collier-Sewell & Monteux, 2024), CSR punctures the façade of naturalness surrounding nursing.²⁸ And by excavating concepts and questioning their deployment, this study counters the foreclosure of inquiry into apparently 'settled' matters in nursing education.

Confronting taken-for-granted assumptions through questioning is central to CSR practice (Harvey 1990; Muncie, 2006). Where the knowledge and values of nursing appear settled, a critical orientation challenges the slippery interplay between descriptive and normative claims (Putnam, 2002). When the regulator states, for example, 'you [the nurse] put the interests of people using or needing nursing or midwifery services first', it claims not only what nurses *do*, but what they *should do* (NMC, 2015/2018, p. 6). CSR enables scrutiny of such assertions

²⁸ In Collier-Sewell and Monteux (2024), we examine the purpose of nursing education, arguing that, in its current iteration, nursing education is characterised by the approach of manualisation. In the face of complexity and high-profile health scandals, efforts are made to increase standardisation of conduct, decision-making and outcome through intensification of regulation and associated competency checklists and protocols. Education is a vehicle through which prospective nurses (nursing students) are socialised into this schema of 'right' and 'proper' professionalism as dictated in regulatory standards.

and how they come to be representative, and (re)producing, of the social order. This scrutiny is equally relevant for examining how ‘race’ and ‘racism’ are naturalised in contemporary discourse. Racial categorisations are often presented as *a priori* in today’s (anti)racism discourse (Gilroy, 2004), their apparent ‘common sense’ inevitability obscuring how this functions to enact ideological closure. CSR, by contrast, makes room to imagine that things could be—perhaps already are—otherwise, by pointing out that the status quo is just that: it is the current situation, not destiny (Zalloua, 2020).

CSR is not wedded to a single theoretical perspective. Indeed, CSR as a *practice* must be differentiated from the *perspectives* of critical theory (Harvey, 1990). CSR analyses are flexible to the theories and conceptual positions that researchers choose to employ; what matters is *how* these theories are deployed (flexibly, critically, dynamically) and *to what end* (opening up rather than closing lines of inquiry). Accordingly, the study incorporates a generative component, bringing the discourse of nursing education into dialogue with contemporary race/ism theory to illuminate alternative understandings of what is going on. The reasoning is abductive: interpretative explanations are ‘puzzled out’ through iterative reading of the data and theory together to create something which exceeds the sum of both parts (Depoy & Gitlin, 2016; Schwartz-Shea & Yanow, 2012). This dialectical mode of analysis is not concerned with replacing one fixed version of reality with another; rather, it mobilises theory to interrogate and deconstruct empirical material, reconstructing an interpretation that is contingent on particular conditions converging—one of which is the theoretical lens itself, discussed later in Part I of this chapter.

3.2.1.2 ‘What’s the problem represented to be’ (WPR): Operationalising critical social research

To bridge from CSR’s high-level methodological framework to its operationalisation in practice, I propose an adapted version of Bacchi’s (2009) ‘What’s the problem represented to be?’ (WPR) approach, as a guide for applying a CSR orientation to the analysis of discursive data. Although WPR did not emerge from Harvey’s (1990) CSR framework, both share a commitment to critical questioning and similar ontological and epistemological foundations, as outlined below.

Originally developed as a critical approach to policy research, WPR challenges the dominant ‘problem-solving’ narrative that policies simply respond to pre-existing ‘problems’ (issues). Instead, Bacchi (2016) argues that policies are themselves *productive*, ‘constituting (making come into existence) “problems” as particular sorts of problems’ (p. 8). This ‘problem-challenging’ stance positions policies and the social issues they address as inextricably linked (Tawell & McCluskey, 2022). Now widely applied across disciplines, WPR draws on Foucauldian poststructuralism and sociological concept formation theory, both of which concern troubling concepts, categories and language to understand ‘why we seem obliged to think in certain ways’ (Somers, 1995, p. 113).²⁹

3.2.1.2.1 Central premises

A key distinction in WPR is between *problem* and *problematization*. Traditional accounts assume problems exist independently of their naming, with language merely describing an objective, exogenous reality (Bacchi, 2009; 2016). *Problematization*, by contrast, holds that problems are, at least partly, constituted through their representation (Somers, 1995); that is, representation plays an active role in shaping the social conditions described (Bacchi, 2009). The constructivist roots of *problematization* are summarised by Rossi et al. (2004): ‘Social problems are not themselves objective phenomena. Rather, they are social constructions involving assertions that certain conditions constitute problems that require public attention and ameliorative action’ (, p. 107). Viewed this way, problems become contestable representations that intervene in public life (Bletsas, 2012). The shift from *problem* to *problematization* enables inquiry into ‘race’ and ‘racism’ that considers their representation part of what constitutes them as problems.

WPR posits that how we represent social issues matters because representation imposes limits on what can be thought, said and done in response. It is not that problems don’t exist, rather that discourse shapes problems in particular ways. It establishes them as particular kinds of ‘problems’ from which particular ‘solutions’ ensue (Bacchi, 2012a). Once a problem is represented, terms of reference begin to delimit what is thinkable or sayable (Arribas-Ayllon & Walkerdine, 2017; Hall,

²⁹ The varied application of WPR across disciplines is demonstrated in the WPR Network and associated international conference (Karlstads Universitet, 2023).

1997), thereby blocking or precluding other ways of knowing the 'problem', and other ways of thinking, saying and acting. This has ethical implications for what will, and will not, be done, and how lives are lived (Bacchi, 2007). In the act of representing a problem, we chart the course of its (and our) future. When we speak about race and racism in particular ways, we intervene in how these problems can be understood. Our problematisation, as Zalloua (2020) observes, therefore 'run the risk of limiting how we imagine the face and challenge of racism' (p. 2).

Bacchi (2009) argues that problem representations thus play a crucial role in maintaining social order, as policies and professional knowledge legitimise certain understandings of social issues. Problem representations are inherently political interventions precisely because they impose something of the proposer's worldview (Archibald, 2020). This recalls political philosopher, Hannah Arendt's, idea of speech as a revelatory act—a way in which we 'insert ourselves into the world' (Arendt, 1958/1998, p. 176). Through institutional sanction, the Nursing and Midwifery Council (NMC) authorises particular discourses about 'nursing' and 'the nurse', asserting value-laden statements that govern nursing subjects through professional socialisation. What WPR offers is a way to challenge the 'assumptions and deep-seated conceptual logics' that sit behind such discourse, enabling an examination of the values and knowledge of nursing that otherwise proliferate as apparently uncontentious (neutral) and unexamined (Bacchi, 2012a, p. 23).

3.2.1.2.2 Adapted guide

WPR critically examines how 'problems' are represented, and the discursive, subjectification and lived effects that follow (Bacchi, 2012b). A WPR analysis does not seek to determine whether particular representations are right or wrong per se, but rather, to examine (a) 'the terms of reference within which an issue is cast', and (b) the implications of these representations (Bacchi, 2009; Bacchi, 2012b, p. 1; Bletsas 2012). It is these implications that one takes up a position in relation to—a position informed by one's theoretical and political standpoint.

According to Bacchi (2009), understanding how a problem is represented can also be surfaced through examining proposed solutions. Such proposals are found in discursive materials—in the speech and writing of social interaction

broadly defined—even when problem representations themselves are not explicit. For example, initiatives to expand psychological treatments for depression and anxiety (NHS England, 2019; Scottish Government, 2017) implicitly constructs these as problems of individual psychology, remediable at individual-level. Such framing erases social context, rendering invisible the structural conditions that shape how individual lives are lived.

A WPR analysis involves identifying *practical texts* (Bacchi, 2009)—discursive materials to be analysed—and critically engaging these through questioning. The approach does not prescribe data collection methods—how researchers select, gather and generate practical texts—but concerns how the data is approached and analysed. Practical texts can include wide-ranging discursive materials, including pre-existing texts *gathered* for the purposes of research (e.g., Whiteside and Dunn’s [2022] analysis of print media representations of the Australian ‘drug problem’) and texts *generated* via talk at research interview (e.g., Bastian and Coveney’s [2014] examination of policymakers’ representations of ‘food security’). Recognising this wider application (beyond policy) my adaptation of the framework replaces the term ‘policy’ with ‘discourse’ (see Table 1 below)—discourse referring to the symbolic order of social meaning-making constructed and communicated through language (Macdonell, 1986; Žižek, 2009).

Table 1: Originally adapted WPR Framework, from Bacchi (2007; 2009; 2012a)

Originally adapted WPR guide	
Question 1	Clarify the problem representation(s): <i>What is the ‘problem’ (i.e., ‘race’, racism, antiracism) represented to be in a specific discourse or discourses?</i>
Question 2	Identify the conceptual premises and logics underpinning the problem representation(s): <i>What deep-seated assumptions underlie this representation of the ‘problem’? What is taken-for-granted?</i>
Question 3	Reflect on the context and genealogy of the problem representation(s): <i>How has this representation of the ‘problem’ come about?</i>

Question 4	Consider the gaps in and limitations of the problem representation(s): <i>What is left unproblematic in this representation of the 'problem'? What are the silences or erasures? What are the tensions and contradictions?</i>
Question 5	Assess how the problem representation(s) limits what can be talked about, shapes people's understandings of themselves and the issues, and materially impacts people's lives: <i>What effects (discursive, subjectification, lived) are produced by this representation of the 'problem'?</i>
Question 6	Consider the contestation surrounding the problem representation(s) and consider alternatives: <i>Where and how has this representation of the 'problem' been produced, disseminated and defended? How has it (or could it be) questioned, disrupted or replaced? Can the 'problem' be thought about differently? What discursive resources are available for re-problematisation?</i>
Step 7	Scrutinise one's own problem representation(s) by applying the above questions to your own problematisations (and re-problematisations) throughout the analytic process (be reflexive)

Conceiving the framework as a *guide* rather than a rigid protocol is crucial. The guide facilitates a critical mode of thinking throughout the research process, prompting the research into 'following the "problem" around' (to adapt a phrase from Sara Ahmed's [2012, p. 12] work on the concept of 'diversity' in institutional life). WPR's question-led approach distinguishes it from canonical forms of critical discourse analysis (CDA) that emphasise more structured procedures. Scholars highlight that applying WPR is non-linear, and that, depending on the research aims, not all questions are equally relevant or require equal attention (Archibald, 2020; Tawell & McCluskey, 2022). And although the questions are numbered, this should be understood as shorthand for identifying question areas, rather than denoting linearity. The seventh step of reflexivity, for example, is integral throughout. In examining the data, the researcher is always drawing on, and imposing, something of their own position and understanding. When I explore problem representations I identify (and these are identified not 'found', as if discovered fully formed), I impose something of my own representation(s) onto

them, onto the 'problem' (Jackson & Mazzei, 2013). As the researcher, I am within the analysis not outside it.

3.2.1.2.3 The ontological and epistemological bases of WPR: Realities as multiple; Knowledge(s) as contingent

Having elaborated what WPR is, and provided an adapted guide, I turn now to consolidate the ontological and epistemological bases of WPR that have been implicit throughout. Ontology, in research, concerns the study of 'being' and 'reality' (Jacquette, 2002; Mol, 1998). Subverting the positivist belief in a singular, objective and measurable reality, the poststructuralist perspective informing WPR proposes that the world is always in flux: in a state of 'becoming' rather than 'being', particularly in the realm of social life (Bletsas, 2012; Mol, 1999). In relation to social conditions, *interpretation itself* is an act of continual formation, of producing both 'subjects' and 'reality' in the present moment (Bacchi, 2016). Mol's (1999) argument to speak of *ontologies* in the plural reflects this multiplicity: 'if reality is done, if it is historically, culturally and materially located, then it is also multiple' (p. 75).

The emphasis on mutability in this position carries methodological and ethical implications. If 'problems' (indeed, 'reality' itself) are constantly in formation, then they are open to reinterpretation, and the possibility of generating alternative ways of understanding 'problems' and, thus, alternative 'solutions'. Bletsas (2012) argues that a central contribution of WPR is that it 'creates a space, an intellectual terrain, wherein it becomes possible to pause and critically reflect on the taken-for-granted nature of problem-solving' (p. 38). By expanding the parameters of what can be thought, said and done, WPR opens the possibility of imagining otherwise. It is thus a hopeful endeavour. While contemporary public and political life often places faith in problem-solving, WPR highlights the potential to intervene far earlier, in the act of *problem definition*. Reaching beyond the present conventions and expectations that constrain our thinking is particularly vital in studying race and racism. The kind of reality we imagine race, in particular, to have directly impinges on how we understand the scope and parameters of racism and antiracism—a discussion I return when reviewing key debates in the contemporary race/ism literature below (section 3.1.2) An ontology that views reality/ies as mutable and always *becoming* provides a route to question and re-

examine apparently settled assumptions about the nature of reality (Gilman, 1982).

This ontological stance, in turn, influences how knowledge—epistemology—is approached in WPR. Like CSR, WPR considers knowledge(s) as socially produced, contingent and multiple, not fixed or absolute. Our interests, experiences, and interpretative resources influence how we represent phenomena or ‘problems’. This aligns with theorists, such as Foucault and Pecheux, who focus on genealogical analysis of discourse demonstrate their fluidity or, as Mills (1997) writes, their ‘strangeness’ despite their apparent familiarity (p. 26). Seeing knowledge as multiple and contingent pierces the apparent ‘naturalness’ of discourse—as socially produced knowledges (Macdonell, 1986)—exposing the constraints it imposes on what is sayable/unsayable, thinkable/unthinkable, and actionable/unactionable.

Knowledge then, is immanent to what people *do*, to practice (Bacchi, 2007). To examine how ‘race’ is constituted as a phenomenon or problem, WPR directs our attention to the collective actions, gestures, and words that *make* ‘race’ meaningful (Bacchi, 2012b). It also attends to the gaps and uncertainties we cover over to sustain a coherent or believable account of ‘race’ as reality (Harcourt, 2007). And in the act of our *doing*, WPR argues that we interact with these understandings—knowledge(s)—and engage in their ongoing formation, in ways deeply rooted to social and historical context or what Foucault terms the *episteme* (Bacchi, 2016; Foucault, 1966/1970). This departure from the search for general laws or principles, transcendent of the episteme, is what distinguishes poststructuralism from the structuralist theory that preceded it (Harcourt, 2007). Poststructuralist analyses instead focus on the moves we make, and the uncertainties we deny, in order to accept certain knowledge(s) as truth. As Harcourt (2007) asks:

How is it that we come to believe the meaning we impose in order to hide the gaps and ambiguities? [...] How does the process of making a discourse “true” shape the way we, as subjects, judge, think, categorize, desire the other? (p. 18)

These are the questions at issue in a WPR analysis.

3.2.1.2.4 Reframing Race: A WPR-type approach to the study of race/ism discourse

To date, WPR has not been applied to the study of nursing related topics. However, a WPR-type approach has been applied to the study of contemporary discourses of race/ism in the research programme, 'Reframing Race' (n.d.). Led by Runnymede and Voice4Change England, this large-scale qualitative research in England and Scotland explores how people conceptualise race, racism and racial justice, focusing on how the public make sense of these issues and reach the conclusions they do. Like Bacchi (2009), the researchers start from the premise that what we say about race, racism, and anti-racism reveals something of how we understand these issues and position them within our worldview (Lingayah et al., 2020; Lingayah & Kelly, 2022). The researchers aim to uncover what discourses exist, and to understand their role in reproducing the status quo or building anti-racist alliances.

Building on this understanding, the study tests different campaign communications designed to 'expand public thinking' and 'build public commitment' to antiracism (Lingayah et al., 2020, p. 10). By intervening at the level of discourse—altering representations of race and racism—they seek to influence public perceptions and mobilise anti-racist engagement. This explicitly antiracist mission makes visible the non-neutrality of the research; something Bacchi considers implicit in all research activities, whether acknowledged by researchers or not (Adelaide Graduate Centre, 2019; Bletsas, 2012). As a methodological precedent, 'Reframing Race' (n.d.) is instructive for the present study, illustrating discourse as a meaningful and legitimate site for antiracist scholarship. I return to 'Reframing Race' below when taking up justification of the research methods (section 3.3.2.1).

3.2.2 Theoretical influences

WPR guides the analytic process by offering prompts to interrogate the data, but this process also requires theory—the analysis cannot proceed in an atheoretical vacuum. Consider, for example, question areas 4 ('What is left unproblematic [in this 'problem' representation]? What is silenced? What are the tensions and contradictions?') and 6 ('How can the 'problem' be disrupted? Thought about differently? Reproblematised?') (see Table 1, section 3.2.1.2.2). Without recourse to knowledge and ideas, these questions can't readily be approached,

nor interpretations formed. Points of reference are needed to make sense of problem representations and imagine alternatives. While WPR speaks to the *process* of analysis, theory then—together with the research data—constitutes the *content* of that analysis. In this study, selected race/ism theory helps to ‘construct, work and transform data using different angles and perspectives’ (Chiu et al, 2022, p. 4039), deconstructing and reconstructing discursive problematisations of race and racism in MHNE in Scotland.

Recent calls from Chui et al (2022) and Glasdam et al (2024) urge nursing researchers to make transparent their use of theory in analysing data and constructing conclusions, warning that ‘generic approaches’ to thematic analysis often hide theoretical underpinnings, implying a false universalism to the interpretations offered (p. 2). By contrast, the reflexivity in Step 7 of WPR demands transparency about theoretical choices, recognising that myriad choices *could* be made—all of which would yield different analyses and conclusions—and that, in the act of choosing, other interpretations are precluded.

3.2.2.1 ‘Thinking with theory’: Reading data and theory together

Before discussing the theory and concepts employed, the process of relating data and theory in the analysis bears elaboration. Here, Jackson and Mazzei’s (2012; 2013) work is instructive. Dissatisfied with reductionist methods of codifying and distilling data in qualitative analysis—mimicking the ‘rigour’ of quantitative analyses—they developed the analytic approach, ‘Thinking with theory’. This involves opening out and proliferating data by iteratively reading data and theory together—‘plugging’ one into another—to generate an interpretation greater than the sum of both parts. Rather than applying grand theories, this approach advocates using specific concepts or philosophical elements of a theorist’s work that engender depth of analysis and the re-imagining of conventional ways of understanding phenomena or problems. The concept of a ‘threshold’ signifies the point at which the data is ‘transformed and exceeded’ through the abductive process of moving back and forth to ‘puzzle out’ an interpretation (Jackson & Mazzei, 2013, p. 264).

I employed ‘Thinking with theory’ in complement to WPR during the analysis. In practice, this involved reading and rereading the data and theory together, approaching them ‘*through, with, and in relation to each other*’ (Mazzei, 2014, p.

744). Initially, I trialled Nvivo to approach this task using data from the pilot interview, however, I quickly found that Nvivo's interface and functionality hindered what I was trying to achieve. While ideal for sorting and organising around themes, the software is less productive for an abductive approach where the aim is not to codify the data but to open it up through drawing connections with theory (Chiu et al, 2022). I decided, instead, to work with printed copies of data collected for the study (interview transcripts; documentary evidence) alongside printed theory materials (books; journal articles; notes), formatting enlarged margins in the interview transcripts for ease of note-making (see 'Appendix 3').

Working with physical texts enabled creativity, with ideas and notes being further refined and synthesised when typed into electronic documents. Which leads me to a salient point about the analysis as I experienced it: writing, like (re)reading was an integral part of the analytic process. The analysis was not completed *before* drafting the findings chapters; rather, writing, revising, and revising again were part of the analytic process. While major findings were established early, the writing process illuminated further connections and nuance. It was through (re)reading and (re)writing that theory came to be integral to the analyses offered.

3.2.2.2 Theory and concepts that inform the analysis

Aligned with the principles of 'Thinking with theory' (Jackson & Mazzei, 2012), my analysis draws on multiple concepts and elements of theoretical work—rather than a single grand theory or theoretical framework—that offer different angles to approach the data across the findings chapters. Shifting towards a more pluralistic use of theory is in-keeping with the ethos of CSR and marks a significant departure from the study's earliest iteration, wherein Critical Race Theory (CRT) was proposed as *the sole* theoretical perspective with(in) which the study would be framed.³⁰

³⁰ CRT has become a structuring component of discourse about racism and nursing (see 'Chapter 2 – Literature review', section 2.3.4). In early proposals for the study, developed between 2019 and 2020, CRT was proposed as the theoretical perspective within which the present study would be framed and analysed. Retrospectively, I relate this to the emergent position of CRT within nursing and wider public discourse around this time, and the influence this had on my own theoretical leanings.

Certainly, CRT is articulated variously by international scholars and activists, but some core commitments unify it as a distinct theoretical lens with specific terms of reference. These include the understanding that racism is endemic in western societies and, far from extraordinary, is the ordinary basis on which these societies operate (Bell, 1992; Delgado & Stefancic, 2013). As socio-political contexts change, CRT emphasises that racism adapts but does not diminish, always hiding in the power relations that organise society (Bonilla-Silva, 2018). Consequently, proponents of CRT are sceptical about the potential of institutional and legislative reform, arguing that the predominant narrative of ‘racial progress’ is a convenient myth (Gillborn, 2005). In its unflinching commitment to exposing the pervasiveness of structural racism and the saturation of racialised processes in society, CRT has reshaped conversations about race and racism in academic, public and political discourse (Lawrence & Hylton, 2022; Trilling, 2020; Swerling, 2022). And in keeping with this analysis, the present study starts, *a priori*, with the contention that racism is a normative condition in society (in nursing and nursing education as elsewhere) and that this must be taken seriously—an explicitly non-neutral stance that (anti)racism scholarship demands (Joseph-Salisbury & Connolly, 2021).

However, there are limits to CRT—limits built into the theory itself—that curtail its utility as an antiracist project. While it offers a thorough critique of *what is*, and positions itself firmly against this situation, it fails to provide a way out (Zalloua, 2020)—a clear articulation of what it is *for* (Gilroy, 2019a). CRT explains how racism penetrates contemporary social reality but does little to offer hope that things could be otherwise. Indeed, to accept racism as endemic implies tacit acceptance that ‘the battle against racialism, as a facticity [...] has long been lost’ (Harris, 1998, p. 229). What is left, then, is to ameliorate the symptoms of an intractable disease—to fight against something that, simultaneously, cannot be overcome. Furthermore, by often holding fast to the categories of race in race-conscious analyses, CRT ‘always risks reproducing the presuppositions of the racist system’ that it claims to be arguing against (Zalloua, 2020, p. 123). This is a critical blind spot. Influential figures like English sociologist, Paul Gilroy, and US scholars, the Fields’ sisters, provide an entirely different account of the antiracist project, wherein liberation from the observance of race (as a way that racial logic plays out), becomes both a goal of antiracism and part of how we get there. By

the very nature of its commitments, CRT forecloses this goal. While the starting point is the same—racism exists; it is morally abhorrent; something should be done—CRT’s definitiveness, and its apparent certainty, disallows that things could be otherwise and resists, also, the questioning of its own premises.

A truly critical approach encourages questioning, particularly of commitments that present as certain. It urges alertness to any and all perspectives (whether the status quo or the critical perspective of the day) that risk calcifying the conversation by ‘locking it in’ to a particular worldview and terms of reference (Harvey, 1990). It was becoming aware of these blindspots that led me to read more widely. This felt crucial, particularly given that CRT is the only named theory via which race and racism are examined in the nursing literature (see section 2.3.4), raising concerns that a singular kind of conversation may be being structured that lacks counterpoint or debate. Actively engaging with diverse perspectives and counter-narratives on race and antiracism gradually shifted my somewhat fixed ideas—largely rooted in CRT—towards a genuinely curious and critical stance. This process of unmooring was disorienting but vital. Encountering contesting theorisations of race challenged my thinking, so too did coming to realise that our conceptualisations of race and racism are always, and already, demarcating our antiracist priorities (Shafi & Nagdee, 2022).

It is in relation to key debates in contemporary race/ism literature that I present the following discussion of theories and concepts that inform my analysis of the data. While plural, these ideas share common commitments to interrogating ‘race’ and its ideological function, enabling a criticality that extends beyond what CRT offers. To begin, I introduce Fields and Fields’ (2022) concept of *racecraft* around which my thinking is largely organised. Next, I situate *racecraft* within key debates in the literature, drawing on other interlocutors to highlight the tensions that characterise contemporary race/ism discourse and to further elaborate my own position (such as, Gilroy [2000; 2004], Zizek [2009] and McGowan [2020; 2022]). I finish with a brief discussion of antiracism typologies, examining how our understanding of racism shapes the antiracism we propose. This discussion doesn’t offer a comprehensive history of race scholarship, nor a full accounting of all the ideas I have grappled with; rather, it is organised around a series of questions to signal that these are unsettled, contested matters. The purpose is to make transparent the assumptions and commitments that underpin my analysis,

recognising—as critical scholarship requires—that this interpretation is one among many possibilities.

3.2.2.2.1 Introducing the Fields' Racecraft

'Racecraft' (2022) is a collection authored by US sociologist, Karen Fields, and historian, Barbara Fields. Combining previously published essays (1988-2003), with new material, the volume advances an analysis of contemporary racism in which race is repositioned as a core mechanism by which racism operates. Reading 'Racecraft' was a profoundly disrupting experience for me. It is a book I can't unread, a watershed moment, that created a 'before' and 'after' in my thinking.

Central to Fields and Fields' (2022) argument is the concept of *racecraft*—a term they use to describe the everyday social practices by which racism is repackaged and disguised as race. Their thesis inverts the conventional formulation: race does not precede racism, rather, racism produces race. Racial logic demands that supposed racial differences be drawn, and that we learn to (mis)read imposed racial categories as real. *Racecraft* thus refers to the ritual acts of perception that generate the appearance of race as a natural fact, obscuring the racism that sits behind the idea of inherited or innate racial difference, whether biologically or socially justified.

Fields and Fields' allusion to witchcraft is deliberate. Just as witchcraft draws its credibility from the apparent evidence of its effects—misfortune, illness, failure—so *racecraft* draws its authority from the manifest differences between so-called 'racial' groups, whether in visual markers (like physical features) or material inequalities (like socio-economic status). In both cases, collective beliefs inform action and material outcomes, which are *read back* as further evidence for the belief. Racial (which is to say, racist) logic, deployed via *racecraft*, becomes a social fact: 'both an idea and a reality' that is constantly remade and instantiated in everyday life (Fields & Fields, 2022, p. 25).

Thus, practicing *racecraft* is not the preserve of 'racists' in the traditional sense. It is performed by everyone, often automatically. In childhood, we learn to sort, classify and relate to others according to the racial worldview embedded within our cultural context. As such, *racecraft* comes to inhabit perception itself—a lens through which we perceive and evaluate each other during interactions. This lens,

Fields and Fields' (2022) argue, is internalised through socialisation and continually re-enacted in ordinary settings, amongst peers, in schools and in the workplace. As knowledge produced through practice, *racecraft* is a kind of a social epistemology that relies on context and habit. Its apparent truth is reinforced by the ease with which we 'race' others and ourselves—an ease that becomes supporting evidence for continued belief in, and observance of, *race*. This individual conviction is further stabilised by the signals in collective life, where events and outcomes are tabulated 'by race' in the media, in academia and by institutions. Such practices not only reproduce racial logic but naturalise it, embedding racial ideology so deeply in our collective perception that it becomes difficult to identify and interrogate.

Fields and Fields' (2022) intervention is to show how racial ideology has taken on the appearance of 'uncontroversial everyday reality', and the metaphor of witchcraft is a provocation to think differently about the apparent ordinariness of racial difference (p. 111). 'Racecraft' (Fields & Fields, 2022) exposes the slights of hand by which the discriminating effects of racism are transformed into the seeming self-evidence of race. In recentring the role of race in perpetuating racism, the Fields' work utterly recalibrated the conceptual basis of my thinking—race cannot be treated as a benign explanatory variable but must be understood as the continuance of the racial (racist) logic it relies on. In this way, 'Racecraft' not only starts to map out an approach to the study of race/ism but also takes up ontological and epistemological positions in relation to what race/ism is. To explore this further, I situate *racecraft* within key debates in contemporary race/ism literature, and draw on Fields and Fields' (2022) work, and others, in order to articulate the theoretical commitments that inform my analysis of the data.

3.2.2.2.2 What is race? And why it is racism

Historically and contemporaneously, race is thought about and talked about in many ways. Yet, when I use the term, I easily assume that you, the reader, know what I mean. As Garner (2009) observes, there is something unspoken amongst those sharing a geographic and cultural location: 'we know, obviously, who is in what "race", even though we may try very consciously not to attach any further importance to it' (p. 1). Despite this shared understanding, our use of race may be shaped by markedly different underlying rationales, even if these remain

obscured beneath the surface of what is said. Surveying the key debates about what race *is* allows us to map this contested terrain and expose deep tensions—sometimes irreconcilable schisms—in how race is understood (Glasgow, 2009). These fault lines include what kind of reality race is, how race relates to identity, what meaning and utility race has as a material concept, and whether race should be conserved or abandoned.

3.2.2.2.1 Key debates

Debates about the ontological status of race pivot on whether race is thought to name an independent reality or a socially contingent construct (Bulmer & Solomos, 2004; Glasgow, 2019). Scholars broadly adopt two positions: (1) *biological racial realism*; and (2) *racial social constructionism* (Griffith, 2023). The first treats race as a natural kind, grounded in biology. Although many consider this view obsolete—given its roots in eugenics (Morning, 2007)—some scholars continue to assert genetic foundations for racial categories (Spencer, 2019). More significantly, the coupling of race and biology endures in our folk imaginings, anchored via visible phenotypic difference (Fields & Fields, 2022). In contrast, social constructionists define race as a social kind of fact—nonetheless real in its effects, despite having no biological basis. This constructivist view has become dominant in both public and academic discourse (Golash-Boza, 2015; Morning, 2007), and, most recently, owes much to the work of US-based sociologist Eduardo Bonilla-Silva (2018).

Yet, while these positions differ on the nature of race, both risk reifying race and reproducing its essentialisation in viewing race as a stable descriptor. As Appiah (2018) notes, once people are classified into a social identity, even absent biological basis, they are assumed to share ‘some inner something—an essence—that explains why they all have so much in common’ (p. 28). Indeed, our institutional language, such as, the designation of race as a ‘protected characteristic’ in law and policy (on the basis of the Equality Act 2010), entrenches this reification, presenting race as something one *has*—an inherent possession rather than an imposed classification. While the very question, *what kind of reality is race?*, presupposes the reality of race, a third position aligned with the Fields’ argument in ‘Racecraft’ (2022), posits *racial antirealism*: that is, race is *not* real, but rather, an illusion *made to look real* through the operations of racism. This stance rejects race as a ‘guiltless’ or ‘neutral’ descriptor and

challenges any notion of race as essential or immutable (Fields & Fields, 2022, p. 95). For Fields and Fields' (2022), race is best understood as ideology inseparable from the racist logic that produced and sustains it.

Another core debate surrounds tensions between self-identification and ascription—what Brubaker (2016) terms the idioms of chosenness and givenness: is race something one self-defines or something imposed by the perception of others? Roth (2018) notes a recent shift towards conceiving of race as 'constructed, fluid, or chosen' (p. 1093), reflecting wider societal emphasis on individual agency alongside increased recognition of identities and the role one's identity plays in politics (Malik, 2023). However, Roth (2018) also questions whether what she terms *racial appraisals*—elsewhere *racial ascriptions* (Hoyt, 2016)—have kept apace. For example, an individual may claim a racial identity, but the way we are perceived and categorised by others may not match. This disjuncture between claimed and ascribed identity is consequential, as others' perceptions structure opportunities, exclusions and treatment. Roth (2018) thus calls for greater sociological attention to be paid to racial appraisals alongside identity claims. Similarly, 'Racecraft' (Fields & Fields, 2022) centres this moment of ascription as the foundational act of racism: racial classification, imposed through perception, carries symbolic meaning and judgment even if 'overt' acts of discrimination or violence do not ensue. As Fields and Fields' (2022) argue, the act of *seeing* difference is a way in which racism has been naturalised. As automatically as judgement is cast, it simultaneously disappears, leaving only the apparent fact of the visible or physical differences that are its justification.

The reclamation of race as a source of identity and pride emerges from this history of imposed difference and oppression. Black feminist theory, for instance, frames self-naming and self-definition within a context of resistance and liberation (Hill Collins, 2000). For those whose humanity has been denied for so long, identity claims can serve both to oppose erasure and forge solidarity (Trujillo, 2018). Yet, for others, including the Fields', race can never be salvaged from the racial (racist) logic it's tethered to. Scholars, such as Hoyt (2016) and Gilroy (2000; 2004), argue that, however positively or progressively mobilised, race retains within the oppressive kernel of its origins. As such, Gilroy's (2000) vision of a 'post-race' future does not seek equality within the racial system—what he critiques as a 'corrective or compensatory' inclusion of separate identities—but

calls for the abolition of the racial system altogether; the twinning of ‘race’ and ‘equality’ being an oxymoronic proposition (p. 335). For Gilroy, liberation lies not in asserting racial identity but in dismantling the very logic—what he terms *raciology*—that underpins racial division.

These debates about race’s meaning, utility and future converge in the normative question, should race be conserved or abandoned? Views range along a continuum from eliminativism to conservationism, often in reference to undergirding beliefs about the ontological reality of race (Glasgow, 2009). Like Gilroy (2004), one might adopt an antirealist eliminativist stance, seeing race as illusory and harmful, and, thus, requiring abolition. Alternatively, constructivists might argue that, while race lacks biological foundation, it remains politically or culturally useful. Others still may defend race as biologically real and advocate for its preservation as a matter of fact, or for its abandonment on the basis of social harms. This debate is particularly fraught in the context of antiracism where, today, ideas frequently move along the conservationist axis, affirming racial identity as central to political struggle (a point I return to shortly). But ultimately, the positions taken up in relation to this question typically hinge on whether race is itself seen as problematic, as an unavoidable social reality, or as an oppressive collective fiction to be overcome (Loveman, 1999).

3.2.2.2.2 Deepening *racecraft*: The practice of race as racism in action

Fields and Fields’ (2022) ‘Racecraft’ leaves no ambiguity: race is a mechanism by which racism is enacted in even the most basic interactions of everyday life. This understanding shapes my own stance, which broadly aligns with a racial antirealist stance, informed by the inextricability of race from the racist logic that produced it. Like the Fields’, I understand race as a discriminatory system of classification that sorts people according to the normative racial schemas embedded in specific cultural contexts. As such, like Gilroy (2004), I find little to redeem in race, even where mobilised for progressive or well-meaning ends, or as a source of certainty—conferring identity or tribe—in uncertain times.

My analysis therefore adopts an anti-essentialist lens that foregrounds the (re)production of race through practice. Loveman (1999) captures this when he warns against naturalising the move we make from ascribing and imposing racial categories, to conjuring the existence of concrete racial groups. By focusing on

race as practice, rather than essence or identity, I aim to disentangle classification from identity and groupness, and to scrutinise the mechanisms by which differential outcomes are produced. While related to racialisation—the process of racial categorisation—I deliberately use the language of ‘race as practice’ to keep race, specifically, in the picture; treating it as a verb not a noun.

Leaning towards a racial antirealist stance does not deny that race is socially constructed—clearly, it is. The problem is that knowing race is a social construction, and teaching and saying so, doesn’t seem to have disturbed the essentialisation of race. As my review of the nursing literature in the previous chapter demonstrated, the mantra of race-as-social-construct often serves as rhetorical gesture but leaves intact the pervasive assumption of race’s reality. As Gilroy (1998) writes, we observe the ‘pious ritual in which we all agree that race is invented but are then required to defer to its embeddedness in the world’ (p. 842). Even race consciousness—the call to be aware of racial positioning—can easily reify race as possession rather than process. While the need to document and measure racism’s effects is undeniable, this imperative sits in tension with the danger of conferring credence to racial categories. Attention, then, must be paid to the framing of the use of race in statistics. Certainly, such statistics evidence the presence and effects of racism, but this mustn’t cover over the foundational act of racism that occurs at the very moment of ascription that allows such statistics to have meaning. My concern is thus not with the principle of race consciousness but with the quality of its application—specifically, whether, in how race is presented, racial essentialism is unsettled or reinforced. It is not enough to repeat the mantra of race-as-social-construct while treating race as a static and stable identity marker, the fictions of race must be upended, the hollowness of fixed identities and ethnic absolutism exposed (Gilroy, 2004).

3.2.2.2.3 What is racism? And how it is also race

The preceding discussion underscored the inseparability of race and racism, showing how the practice of racial classification—how we race ourselves and others—constitutes a foundational mechanism through which racism is enacted. This framing casts racism as more pervasive and insidious than is often acknowledged, such that, as McGowan (2022) observes:

The radical and difficult lesson of 'Racecraft' is that whenever we see race we must recognise the racist act that produces race as a visible category. The racist gesture makes the racial other that it targets. (p. 51)

In this sense, no one escapes the dynamics of racism, given the deep embedding of racial ideology in collective social life. This position on race—indebted to Fields and Fields (2022) and Gilroy (2000; 2004)—already begins to sketch an understanding of racism that departs in important ways from the dominant axes along which racism is typically debated in contemporary public and scholarly discourse. Before elaborating my position in greater depth—and showing how Žižek's (2009) theory of violence sharpens this stance—I first touch on the debates that continue to structure prevailing understandings of racism.

3.2.2.2.3.1 Key debates

As with race, the question *what is racism?* elicits differing, sometimes conflicting, perspectives (Appiah, 1990). There is no singular, settled definition; rather, meanings of racism are shaped by specific social, cultural, legal, and institutional contexts (Bulmer & Solomos, 2004).³¹ What cuts across these contexts, however, is a central antagonism: the question of what counts, and what doesn't count, as racism. My literature review began to parse the different 'levels' at which racism is said to operate, as well as the slippages that occur between them (see section 2.3). On one hand, racism is framed as individual and interpersonal, detectable in the attitudes and actions of identifiable agents (Shiao & Woody, 2021); on the other, it is conceptualised as structural, embedded in the policies and practices of institutions that produce unequal outcomes between 'different racial groups' (Advance HE, 2021). In the UK context, Back and Solomos (2004) argue that racism is heavily networked with ideas about nationhood and culture—

³¹ As an aside, I was recently advisor to a service evaluation in an NHS trust in north-west England exploring the frequency, nature, and management of incidents of racism reported within acute and secure mental health wards. While the Trust has a 'zero-tolerance' policy towards racism, the evaluation team were unable to find any definition of racism within this, or other, policy documentation in the Trust. Nor did the policy reference a definition provided elsewhere (e.g., from wider NHS England bodies). This lack or omission is a finding of interest in itself; one might reasonably ask, then, what exactly is it that the Trust has 'zero tolerance' towards, and who is the arbiter of what is (and isn't) a racist incident?

establishing and policing the boundaries of who belongs and who is cast as incompatible with ‘British’ values (Bulmer & Solomos, 2004; Shankley & Rhodes, 2020). In Scotland, this is complicated by Scotland’s relationship to England, with racism being considered an ‘English problem’ (Penrose & Howard, 2008; Lingayah & Kelly, 2022) entirely at odds with the progressive and distinctive character of the Scottish national (self-)identity, the cultivation of which grew from the 1960s onwards with the rise of the Scottish National Party (SNP) (Jackson, 2020).

While these levels are not mutually exclusive—connected as they are by culture and social relations (Shiao & Woody, 2021)—debates often turn on which is seen as the more ‘real’ or pressing concern: interpersonal prejudice or structural injustice. Among academics and activists, structural analyses have grown increasingly robust since the publication of the ‘The Stephen Lawrence Inquiry’ (Macpherson, 1999)—with the naming of *institutional racism*—meanwhile public accounts still tend to focus on ‘personal animosity’ expressed in ‘name-calling and physical attacks’ carried out by individuals with intent (Lingayah et al., 2020, p. 12). This disjuncture between public and academic perspectives is significant, yet easy to overlook. Unlike debates about race, however, the normative question is rarely whether racism should be conserved or eradicated—on this point, there is broad public consensus. Even right-wing populist movements, while tapping into racist hostilities and constructing the migrant ‘other’, simultaneously denounce racism in public (Ekman, 2019).³² Instead, the more typical axis of debate concerns whether racism is on the decline or on the rise.

Here, again, undergirding ideas about *what racism is*—what counts and what does not—shape conclusions, with the same evidence used to argue opposing claims. Consider the controversy surrounding the UK Government’s ‘Commission on Race and Ethnic Disparities’ report of 2021 (otherwise known as the ‘Sewell Report’). The report took aim at what it called the ‘linguistic inflation’ of racism, criticising the ‘repeated use and misapplication of the term’ to explain all observed disparities (UK Government, 2021, p. 34). As such, the same health inequities cited by The King’s Fund as evidence of structural racism (Robertson et al., 2021) are, in the ‘Sewell Report’ (UK Government, 2021), attributed to a complex

³² As Younge (2018) observes, the far-right’s conundrum is how to ‘simultaneously attract racists and xenophobes... while denouncing racism and xenophobia’.

interplay of socio-economic, behavioural, cultural and, in some cases, genetic risk factors' (p. 199) as well as 'differences in attitudes' to healthcare between ethnic groups (p. 219). This contrast highlights how political and interpretative frames shape what is recognised—or denied—as racism.

Crucially, much contemporary discourse on racism takes for granted the *prima facie* reality of differently raced bodies: race is a characteristic one possesses—'everyone has a race' (Royal College of Nursing (RCN), 2018, p. 15)—and no one should be discriminated against *because of* their race (Equality and Human Rights Commission [EHRC], 2020). Here, Fields and Fields' (2022) 'Racecraft' offers a very different understanding—one that shapes my own analytic stance. For Fields and Fields' (2022), it is not only what happens *after* racial groups have been established that constitutes racism, as many sociologists maintain (Shiao & Woody, 2021); rather, the formation of racial groups *is itself* a principal act of racism. Racism relies on the presumed reality of race—the attribution of human difference—which it has itself manufactured as a retroactive justification (Brooklyn Museum, 2012). Thus, my analysis treats racism and race as inseparable and interdependent, but in a way distinct from accounts that presuppose race and racial difference as pre-existing, independent realities (Goldberg, 1990). A commitment to seeing race as an artefact *of* racism characterises my approach. Here, McGowan's (2022) formulation is illuminating:

The fundamental lure of a racist society is race. One creates racists by convincing people that there is such a thing as race. Once one accepts this starting point, *one has already succumbed to racist thinking.* (p. 51, emphasis added)

This last phrase is key. One need not think a bad thought or utter a slur to be racist—as accounts centred on 'personal animosity' and intentional individual acts conceive (Lingayah et al., 2020, p. 12)—instead, in the very act of perceiving, attributing and classifying based on race, one is already enacting racial (racist) logic and reproducing the racial worldview on which racism depends. Žižek's (2009) theory of violence deepens this analysis by directing attention to the systemic and symbolic structures that sustain racism, contrasting these with the spectacle of individual racist acts.

3.2.2.2.3.2 Žižek's violence: The naturalisation of racism in the symbolic

Žižek distinguishes between *subjective violence*—those visible acts by identifiable agents—and *objective violence*, which operates as the background conditions that organise social life. Disguised in the very foundations of what we assume 'normal' about how the world operates, objective violence renders the violence of these background conditions invisible through two mutually sustaining components. The first, *systemic violence*, refers to the smooth functioning, and general acceptance, of the economic and political order *as it is*, indeed, where the 'relations of domination and exploitation' are set (Žižek, 2009, p. 8). The second, *symbolic violence*, refers to the language, culture and ideologies with which we can make sense of the world, and via which systemic violence comes to be both rationalised and made seemingly natural.³³

While contemporary debates about racism have expanded to include a systemic element and to consider structural dimensions, these accounts often remain at the level of observable policies and institutional practices, focusing on patterns of unequal outcomes as their main evidentiary source. What tends to elide such analyses is the capitalist backdrop—the *systemic violence*—that frames practice, policy and institutions and, crucially, the ways in which language and classificatory schemes—*symbolic violence*—silently impose and police a 'universe of meaning' that renders race both intelligible and operational (Žižek, 2009, p. 1). It is Žižek's emphasis on symbolic violence which sharpens my own position: racism is not simply layered across individual and structural domains but is embedded in the very language through which we apprehend and make sense of reality. It is here that race functions as an ordinary, taken-for-granted reality, so ubiquitous that the racism which produced it disappears from view.

Žižek's theory of violence builds on a lineage of thinkers who have conceptualised violence beyond the realm of physical force, into the structuring socio-cultural and political conditions in which lives are lived day-to-day (even when physical force is absent). In particular, Žižek's *symbolic violence* links to the work of French

³³ Here, we are returned to Fields and Fields' (2022) prior mentioned insight that '[a]ll human societies, whether tacitly or overtly, assume that nature has ordained their social arrangements. Or, to put it another way, part of what human beings understand by the word "nature" is the sense of inevitability that gradually becomes attached to a predictable, repetitive social routine' (p.128).

sociologist, Pierre Bourdieu, whose earlier coining of the term centred on ways in which patterns of domination and subordination are manifested, legitimised and reproduced through social practices, including the legitimisation (or not) of certain speech, ideas and beliefs (Bourdieu & Thompson, 1991). What distinguishes Žižek's *symbolic violence* with his predecessor is what is emphasised. This is illustrated in Boiko's (2016) definition of symbolic violence as: 'practices of imposition of meanings and symbols making them look legitimate, with the final aim of establishing and maintaining power relations' (p. 60). While, together, this definition resonates with both Žižek and Bourdieu's conceptualisations, it is the former component, the 'imposition of meaning' which Žižek's (2009) definition centres, whilst the latter, 'the final aim of establishing and maintaining power relations' tends to be emphasised in Bourdieu's account (Bourdieu & Thompson, 1991).

Žižek's emphasis on the imposition of meaning—how the symbolic plays a mediating role in our very experience of reality and in making reality cohere—resonates with Bacchi's (2009) methodological approach to problematisations outlined earlier.³⁴ Indeed, both refuse to treat language as a neutral vehicle for merely describing reality. Instead, they see the symbolic order as playing a central role in what is available to us for apprehending social reality and making sense of problems and solutions. Accordingly, both enable a reading of racism not only as an individual or structural problem, but as one naturalised into the symbolic foundations that organise what can be seen, known and acted upon. Antagonising the *symbolic* component of *objective violence* enables us to lift the veil on the *systemic* component. Disrupting what has been rationalised and made natural through language and culture, leads us back towards confronting the otherwise invisibilised violence of the system itself. By distinguishing the different registers at which violence operates in a single thesis, Žižek's (2009) intervention offers an approach to the study of racism that deliberately decentres the

³⁴ Here, Žižek's (2009) work relates to Heideggerian notions of language as 'our house of being', through which the world, as we experience it, is mediated; given form and meaning (p. 1).

spectacle of individual violence, a spectacle which contemporary forms of antiracism too often fall prey to, as I will show.³⁵

3.2.2.2.4 Antiracisms: Where conceptualisations of the problem and the solution interact

By now, something of my position on antiracism will be clear. Given their inseparability, antiracism must, in targeting racism, also take aim at race. For me, the long view of antiracism includes what Goldberg (1990) terms ‘antiracialism’: opposing the practice of race and seeking the abolition of the racial worldview. This formulation requires a less ambivalent, less benign reading of race. After all, as Gilroy (2000) warns, ‘if dedicated antiracist and antifascist activists remain wedded to the most basic mythologies and morphologies of racial difference, what chance do the rest of us have to escape its allure?’ (p. 51). This does not mean wishing race away through colourblindness but requires a *both-and* approach: recognising the present utility of race for measuring racism while seeing how race’s reproduction—however well-meaning—feeds into the same harmful conditions being measured. In answer to Paradies’ (2016) critical question, ‘can or should races persist without racism?’, my position—that *race* is racism too—informs my response (p. 5). We are quick to speak out about racism but reluctant to give up the concept of race; yet, trying to eliminate racism without taking aim at race is, as the Fields sisters remind us, like trying to uproot the thing that we’re standing on (Denvir, 2017).

3.2.2.2.4.1 The heterogeneity of antiracisms

Envisioning antiracism in this way follows the logic of my position: if race is a product of racism, and antiracism targets racism, then antiracism must target all

³⁵ It is worth reiterating that Žižek’s (2009) theory of violence has several precursors, including Bourdieu as noted, and that theorisations of different forms of socio-political ‘violence’ are well rehearsed in twentieth-century theory. What distinguishes Žižek’s work, for me, is his clear articulation of the different registers of violence in a single, accessible thesis. And, further, the way in which Žižek’s (2009) thesis demonstrates how the allure of ‘spectacles’ of (racist) violence create a sense of urgency that ‘we have to act now’, all the while drawing us away from theorising what is going on below the surface to enable these spectacles to occur (p. 6). This immediately resonated with what I was seeing in the nursing literature: calls to ‘confront’ and ‘combat’ racism but without a clear problematisation of *what racism is*, beyond incidents registering between individuals through, for example, the use of physical force, racist behaviours and utterances.

racism, including racism disguised as race. And this is a key point with regards to how antiracism formulations function more generally. Our understanding of racism—how we imagine the shape, scope and limits of the problem—informs the solutions (the antiracism) we propose. Similarly, our solutions, as Bacchi (2009) observes, provide further insight into the problem as we conceive it. The co-constituted relationship between how we conceptualise the problem (racism), and how we conceptualise the solution (antiracism), is thus critical (Paradies, 2016). What we understand racism to be will always already be determining the priorities of the antiracism we envision (Shafi & Nagdee, 2022). And while this may seem obvious, I raise it here because it often appears overlooked. Antiracism is mobilised in the nursing discourse, for example, *as if* a settled and shared understanding of racism underpins it; something which the plurality of views on racism clearly disputes and which the themes I have previously identified in the nursing literature exposes.³⁶

Antiracism is a heterogeneous field precisely because its forms rely on differing interpretations of racism. Indeed, those who share ‘an avowed commitment to antiracism’ can be committed to very different projects (Lentin, 2008, p. 318). Paradies (2016) brilliantly parses some of the key tensions between antiracisms, showing how these are not only incompatible, but sometimes irreconcilable in their bases and aims. For the purposes of the analysis to come, a key typology to introduce is what critics term ‘liberal antiracism’—an approach to antiracism which broadly aligns with individualising accounts of racism, and anchors antiracism in the recognition and affirmation of racial identities (Shafi & Nagdee, 2022).

3.2.2.2.4.2 Particularist versus universalist antiracisms

Liberal antiracism presupposes that individuals belong to particular racial groups while also effacing the historical construction of these groups. It identifies racism in acts between differently raced subjects (Žižek’s [2009] *subjective violence*) and in the failure to recognise one’s own racial positioning and its attendant privileges, particularly for white people (Zalloua, 2020). Against this rendering of racism,

³⁶ This insight draws on the published version of my literature version (Collier-Sewell, 2022). There, I explore how rhetorical calls for antiracism in the nursing literature are eroded by inconsistent, contradictory, sometimes wholly neglected conceptualisations of racism.

antiracism becomes a project of acknowledgment, recognition and redistributing attention where it was historically denied (Kundnani, 2023). To achieve these aims, liberal antiracism emphasises training, typically mobilised in the language of equality, diversity and inclusion (EDI), leading to the commodification of antiracism as a service workplaces and institutions buy in. Such training assumes that individuals can be educated out of racism—their private prejudices—and made more aware of their racial positioning, an essential component of being a ‘good’ antiracist subject. Frozen in our racial identities, liberal antiracism becomes about creating more positive, harmonious and fair race relations (Lentin, 2008). It also adopts the posture that the harms of racism can, in part, be ameliorated simply by being heard. This gets enacted by what Táíwò (2022b) calls the ‘politics of deference’, characteristic of contemporary progressive antiracism. Here, legitimacy to speak about racism is tied to one’s racial positioning and authentic racial identity. Good white liberals perform their antiracist credentials by decentring themselves and listening to the most affected (Táíwò, 2022b), while, simultaneously, drawing attention (back) to themselves—as individuals—through public confessions of privilege and self-conscious acts of listening.

These gestures have become central to liberal antiracist practice—reinforced by EDI training—and yet their material impact is questionable. As Fraser (1998) reminds us, the recognition of identity is not the same as, nor does it necessarily lead to, the material redistribution of resources. Indeed, in many liberal and progressive renderings of antiracism, the violence of the system (Žižek’s *objective violence*) gets missed; the capitalist system is imagined, even without being spoken, as a basic fact of the conditions in which lives *will be* lived.³⁷ In effect, antiracism, while aiming to change the system, often ends up reinforcing it—legitimising the very structures that shape societal conditions (Kapoor, 2024)—rather than disrupting them in any meaningful way.

Further, in taking for granted racial identities, liberal antiracism risks reifying the very logic it should be contesting—the racist logic that underpins racial categorisation itself (Kapoor & Cavanagh, 2024). By making identity the basis of

³⁷ Unnamed within this imagining are the patterns of racialised exploitation and extraction that the capitalist system relies on. The extraction of value from racialised people and nations, and the accumulation of value by white societies, Robinson (1983) argues, is inherent to the operations of capitalism and should, as such, be understood as *racial capitalism*.

one's role in antiracist efforts, it enables white people to limit ourselves to performing allyship—a fragile form of coalition in which we are never fully constituted as subjects of antiracist politics. This speaks to deeper, ongoing debates between particularist (identitarian) and universalist antiracisms (Paradies, 2016). While the former mobilises solidarity based on shared group identity, the latter seeks solidarity across difference based on shared values and ideals (Malik, 2023). In this sense, the universalist position is arguably more antagonistic to the racial order, disrupting the logic of racial ideology that otherwise keeps us divided.

Here, McGowan's (2020) work influences my thinking. McGowan (2020) argues for a return to universalism grounded in our shared non-belonging—the idea that 'no one fully belongs' or realises their identity, rather, everyone experiences disjuncture between one's selfhood and the identities one occupies or has imposed (p. 67). It is within this kernel of disjuncture and non-belonging that our shared universality emerges. A politics of recognition, which seeks inclusion for each and every particular identity, can never achieve true universality as it always implies further addition: 'no inclusion can ever be universal enough. There will always be at least one more particular to add in order to arrive at the universal' (McGowan, 2020, p. 48). Thus, predicating antiracism on the recognition of particular identities offers no real 'way out' of the status quo. It will always lead to failure and exclusion, as inclusion always requires its opposite. Like McGowan, Gilroy (2000; 2004) urges us to refuse the fixedness of identity categories, seeing in the hollowness of race—the more one looks for substance, the more illusory it becomes—an opening towards freedom. He calls for an antiracism that pays attention to what antiracism is *for* as well as what it is *against*; and for him the ultimate goal must be liberation from raciology as part of the violence of racism (Gilroy, 2004; Gilroy, 2019). Though criticised as utopian (Koshy, 2021), Gilroy's insistence on discrediting race, similarly to Fields and Fields' (2022) work in 'Racecraft', offers a vital provocation. He invites us to step back and examine where our struggles with racism and antiracism are headed. It is in his work that I find constant reminders to remain critically oriented and to keep questioning, even when questioning appears unfashionable or out of step with prevailing views.

In closing Part I, I will reiterate that my purpose here has been to establish ideas about race, racism and antiracism that the analysis relies on, and to introduce key thinkers whose insights have informed my perspective. Clearly, these are far from settled matters. Ideas about race and racism are contested—with certain fault lines creating irreconcilable schisms between positions—and the question of antiracism is inextricably interwoven with how they are understood. My position starts with a political commitment to take racism seriously. What this has come to mean is also a commitment to examining and exposing the insidious ways in which racial logic imbues our worldview, filtering through the way we make sense of social life. I used to think racism was discrimination based on race. I took race as self-evident and disregarded it as a site for scrutiny. But absorbing Fields and Fields' (2022) 'Racecraft', in particular, shifted my view: racism is not the hijacking of race for abhorrent ends; rather, racism produced race as its cover. When we ascribe and categorise by race, we are always conceding to the logic of racism, and this creates a fundamental tension in how we talk about racism without reifying race. To keep this tension visible if not resolved, my analysis foregrounds the practice of race, the process by which we 'race' each other and are 'raced' ourselves. Having elaborated the theory that is key to the analysis, now I turn, in Part II, to focus more closely on what the theory engages, i.e., the research data.

3.3 Part II: Methods and procedures

3.3.1 Study design

Both Bacchi's (2009) WPR and Jackson and Mazzei's (2012) 'Thinking with theory' consider discursive data key to exploring how particular 'problems' come to be problematised and represented in the way that they are. Thus, the research questions, and methodological approach, required a study design that would gather and generate discursive material—the *practical texts* (Bacchi, 2009)—for analysis: *gather* in the sense of collecting pre-existing text, in the form of official discourse and documentation; and, *generate* in the sense of eliciting talk that reveals how these topics are being thought, talked and taught about, unofficially, by social actors in the field. While critical social research (CSR) does not prescribe specific data collection methods (Harvey, 1990), semi-structured and longform qualitative methods were used for their ability to capture rich, in-depth discursive data. Synchronous data collection with participants enabled

opportunities for real-time clarification, reflection and elaboration, probing that generated more textured accounts than asynchronous methods, such as questionnaires and surveys.

In keeping with critical methodology, the study is interested in how different aspects of discourse relate to each other (Harvey, 1990). Thus, early in planning, it was clear that triangulating perspectives from differently positioned MHNE stakeholders would be vital for understanding how conceptualisations of race and racism are (re)produced within the education. Data collection would therefore involve three stakeholder groups to gain a picture 'in the round': (1) the educators who deliver the education; (2) the students who receive the education; and (3) officially sanctioned documentation including programme documentation, curricula, and professional standards. To build a national-level picture, the study would sample from multiple institutions and participants across Scotland. And, rather than compare individual participants or institutions, data would be analysed collectively to surface connections across and between the dataset, considering if and how discourse in one aspect of MHNE (e.g., official programme documentation), related to another (e.g., 'unofficial' student or educator perceptions).

3.3.2 The research procedures in detail

3.3.2.1 Data collection methods

Data gathered for the study comprises two components: (1) discursive data generated from interviews with mental health nursing educators and students; and (2) discursive data collected from official programme documents relating to MHNE in Scotland.

3.3.2.1.1 Interviews with educators and students: Generating discursive data

To explore how educators and students conceptualise race and racism, semi-structured, longform individual interviews were conducted with educators ($n=15$) and students ($n=10$) over a six-month period in 2023. Participants could choose between an in-person interview held at their university campus, or an online interview via Microsoft Teams or Zoom. All participants (total $n=25$) opted for online interviews using Teams, perhaps owing to the flexibility of online participation and increased technological confidence post-Covid-19 pandemic.

Interviews were scheduled for 60 minutes; many did approximate this timing, however, some were shorter (the shortest lasting 35 minutes) and others longer (the longest, 90 minutes). Where interviews exceeded 60 minutes, this was agreed with participants during the interview, and participants were made aware that they were under no obligation to continue.

The rationale for choosing individual interviews finds methodological precedent in the research programme, 'Reframing Race' (n.d.), previously discussed (see section 3.2.1.2.4). However, originally, the study was designed differently. I had planned to conduct individual interviews with educators and focus groups with students, the rationale for which is discussed in 'Appendix 4'. However, when this original plan went 'live', challenges around student recruitment made it necessary to revert to my contingency plan of individual interviews for *all* participants. This enabled the study to be responsive to the small number of students who did come forward, capturing their participation as soon as they expressed interest. To ask student volunteers to wait until the study had sufficient numbers for a focus group would have risked losing their participation altogether, jeopardising the inclusion of student voices in the study.

In hindsight, the decision to revert to individual interviews across both participating groups was appropriate to the study remit. I had not adequately anticipated the level of fear participants collectively expressed in relation to discussing race and racism (as will be discussed at length in 'Chapter 7: Conceptualising racism'), nor their unfamiliarity with or ambiguity about these topics, and thus the challenges that they were confronted with in discussing them. Individual interviews provided participants with a confidential space to 'think aloud' and explore these ambiguities without fear of peers' or colleagues' judgements. This was beneficial to the research—individual interviews generated honest and raw accounts of participants' thinking that might otherwise have been stifled by the pressure to conform in a group setting.

The study's central aim was to generate, collect and analyse discursive data, including accounts of what educators and students say about race and racism. Peoples' choice of language, as well as their silences, provide insight into their thinking, and, in turn, into the ideas, values and beliefs that inform that thinking. What is said (and what is unspoken) can also surface tensions—tensions between what one wants to express, what one does express, and what one thinks

ought to be expressed in a given social context. Participants' speech functions as a window into what is thinkable and sayable in the field of MHNE.

To access peoples' thinking about race and racism, 'Reframing Race' (n.d.) used long, semi-structured individual interviews that invite explorative discussion and avoid pre-set responses (in the way that questionnaires or surveys might) (Lingayah et al., 2020). Inspired by this, I opted for the same approach, allowing time for exploration and the surfacing of ambiguities (Lingayah et al., 2020), and, pairing predetermined questions with the flexibility to respond to emerging themes (Barrett & Twycross, 2018; Bryman, 2016). I developed an interview guide (see 'Appendix 5') informed by the research questions and the literature review. The questions were formulated as broad prompts to minimise over-directing participant responses. Frankenburg's (1993) dialogical approach to interviewing, which emphasises curiosity and openness, further influenced my approach to data collection in practice. This reframes the interview as a site of mutual learning and acknowledges that both the researcher and participant's subjectivities impinge on how the conversation proceeds (and thus the data collected) (Morgan, 2017).

This touches on limitations of interviewing as method. As a data generating interaction, it is contrived rather than spontaneous and, further, generates speech that is contextualised (Nairn et al., 2012)—what one says in a research interview might, realistically, look different to what one says amongst friends, at home, in the workplace, or in one's internal dialogue. To mitigate the formality of the interview context, I drew on the rapport-building skills I've developed as a practitioner, including as a mental health nurse and social work professional. In these spaces, conversations are a vehicle for discovery in which communication hinges on listening and probing for deeper understanding (e.g. 'Tell me more about...'). Though the remit of the researcher is distinct, the strengths and values of my practitioner experience guided my approach to communication, starting from a basis of mutual respect, compassion and authentic interest.

To test the interview guide, I conducted a pilot interview with a nursing educator from my home university, from which two points of learning emerged. First, as hoped, the open-ended questions prompted the participant to speak at length and to self-initiate further elaboration and clarification in real time. I was encouraged by how many of the follow-up prompts the participant covered without requiring

my provocation. Secondly, insightful contradictions and tensions emerged between the participant's responses to direct questions about their understanding of race and racism, as social phenomena, and their understanding of these topics when approached through questions about nursing education. This suggested that a mix of questions would prove fruitful. Overall, the pilot interview successfully demonstrated that the method and interview guide would generate data relevant to the research questions. Conducting the pilot interview online also provided an opportunity to develop guidance for online participation (see 'Appendix 6') and generated electronic files with which I could practice secure handling and storage of data.

Evidence suggests that nurses, as a professional group, can be reluctant to participate in research and may not recognise the value of participating. Roxburgh (2006) identifies structural barriers—including time, staff shortages and inflexible shift patterns—as well as a lack of research culture as barriers to participation. And although nursing students are largely positive about participating in and utilising research, Ryan (2016) found that practice settings often fail to provide support for such opportunities, implying that research activity is outside of 'core business' and not what student nurses should be doing. Moreover, I was acutely aware that student nurses already provide significant unpaid labour to the NHS during their 2,300 clinical hours (Swift et al., 2020). It therefore felt ethically important to model to students that their contribution is valued by providing them with a £20 shopping voucher, post-interview, as a gesture of thanks.³⁸ A voucher was not provided to educators who could participate during paid working hours. All participants were provided with debriefing information post-interview, thanking them for their participation and providing information about confidential support services (see 'Appendix 7').

At the conclusion of each interview, Microsoft Teams automatically generated a transcript which was then manually cleaned, checked and amended for accuracy, before becoming a *practical text* for the analysis (Bacchi, 2009). Notably, where participants had strong regional accents, the cleaning process took longer owing

³⁸ Originally, the amount offered was a £10 shopping voucher. However, this was increased to £20 (with ethics approval) when data collection with students shifted from focus groups to interviews, acknowledging that this potentially asked more of individuals that agreed to take part.

to frequent errors in the Teams-generated transcript. Nonetheless, this manual cleaning process was ultimately beneficial: immersing myself in the data marked the start of the analysis process.

3.3.2.1.2 Documentary evidence: Gathering existing data

The second component of data collection involved identifying and gathering key documents relating to the requirements and implementation of MHNE in Scotland. This included publicly available and institutionally held documentary materials.

Publicly available documents included those from the regulator, the NMC, that set national standards for nursing education and professional conduct. The 'Future Nurse' standards (NMC, 2018/2024) is a critical agenda-setting document for pre-registration nursing programmes. It outlines the proficiencies that all nurses must demonstrate, regardless of field specialism, to enter the professional register. Similarly, 'The Code' (NMC, 2015/2018) is central in establishing standards for registered nursing practice that, throughout their education, nursing students are socialised into. In addition, I examined content on the NMC's website relating to their role in regulating and quality assuring nursing education, as background for understanding the parameters of nursing education in the UK, as described in 'Chapter 1: Introduction' (section 1.2.2).

Institutionally held documents comprised of programme and curricula materials from live pre-registration mental health nursing programmes in Scottish universities. These materials included: detailed programme outlines, individual module descriptors (containing learning objectives and indicative content), and student handbooks. Together, these *practical texts* outline what is actually being delivered—the course content sanctioned by the institution and, by extension, approved through the NMC's mandatory approval processes (NMC, 2024b). Such materials were gathered from four of the eight universities that offer pre-registration mental health nursing programmes in Scotland.³⁹ Participating institutions were asked to highlight and provide any other documentary materials

³⁹ The eight institutions which offer pre-registration mental health nursing programmes in Scotland are: Abertay University; University of Dundee; Edinburgh Napier University; Glasgow Caledonian University; University of the Highlands and Islands; Robert Gordon University; University of Stirling; and, University of the West of Scotland.

that might be within scope of the study (e.g., an equality and diversity statement, a session on culturally diverse care etc.). No additional information was flagged for inclusion by representatives from the participating institutions.

3.3.2.2 Sampling and access

To generate and gather data for the study, a sampling and access strategy was developed in relation to: (1) sampling of pre-registration mental health nursing programmes in Scotland to obtain current programme and curricula materials; and (2) sampling relevant populations of mental health nursing educators and students.

Initially, a fully institution-based approach to sampling and access was initiated: sampling of educators and students, like documentary materials, would be drawn solely from participating (sampled) higher education institutions (HEIs). However, when no student participants responded to recruitment calls via institutional channels, I reverted to community-based recruitment for student participants to stimulate participation. This is discussed in detail below.

3.3.2.2.1 Sampling HEIs across Scotland: Agreeing participation and access

Programme and curricula documents required for the study were not publicly available. Thus, early on, I had to consider what kind of approach I would make to HEIs to gather these materials. This provoked wider considerations: what kind of relationship would I foster between institutions and the research? Bearing in mind that institutions would also be well positioned to facilitate access to educator and student populations. Rather than using Freedom of Information (FOI)—which may or may not have successfully obtained the programme documentation, but would have alerted institutions to the study—I opted for a more relational approach. This involved building relationships with key contacts and gatekeepers in relevant schools and departments to foster the institutional buy-in needed for facilitating *all* data collection activities, including the gathering of documentary evidence, and the recruitment of study participants.

Institution-based sampling and recruitment introduced gatekeeping issues into the study, most notably, the need to obtain ethics approval from each participating HEI in addition to my home institution (discussed further in section 3.3.3 on ethics approval below). Nevertheless, this approach was considered strategic: by giving

HEIs a stake in the research, the ambition was to make it directly relevant and consequential to them. Moreover, I postulated that institutional endorsement might encourage relevant populations to participate, as well as ensuring the necessary access to documentary materials required for the study.

The first phase of the study, then, focused on relationship-building with gatekeepers to secure institutional participation and ethics approval. I began by consulting with mental health nursing educators I already knew across Scottish HEIs, and these pre-existing relationships proved crucial, helping me to identify who to approach and how best to do so. Using a tailored email, I then made initial contact with senior gatekeepers, typically followed by a brief online meeting. In each interaction, I worked to satisfy the gatekeeper of the study's methodological rigour, addressing key concerns around HEI anonymity and ethical arrangements for participant recruitment.

To understand if and what official content is being taught about race and racism in mental health nursing programmes nationally, my target was to sample documentary evidence from half of all relevant programmes in Scotland. To secure this sample, I approached five of the eight universities that offer pre-registration mental health nursing programmes in Scotland. These five were purposefully chosen to represent diverse geographic locations, being careful to include more remote and rurally located universities away from the central belt. Of the five universities approached, four agreed to participate, meeting the study's target sample. Notably, efforts to engage the fifth institution, where no prior relationship existed, were unsuccessful despite repeated follow-ups. This demonstrates the importance of trusted relationships in leveraging access, particularly where institutions may consider the study's subject matter contentious, sensitive or 'risky'.

While the study does not intend to criticise participating HEIs, there are undoubtably moral sensitivities attached to race and racism. To pre-empt any concerns about how institutions would be represented, I emphasised that all data would be anonymised, and analysed and reported collectively. While it was important that the HEI sample include geographic variety, beyond this, the actual locations and identities of the HEIs are irrelevant—the study is not concerned with drawing comparisons, but with examining commonalities in the treatment of race and racism in mental health nursing education nationally. Robust measures

were put in place to ensure HEI anonymity across data collection, storage, analysis and reporting; measures set out in my ethics application and accompanying data management strategy. As such, the names of participating HEIs remain undisclosed in this thesis. These assurances helped mitigate potential defensiveness that might otherwise have hindered data collection.

Once a HEI's participation was secured, I collaborated with a designated contact, typically a senior member of the mental health nursing team, to obtain relevant programme and curricula materials. Where institutions offer both Bachelors and Masters pre-registration mental health nursing programmes, documentation from both were included in the sample.

3.3.2.2.2 Sampling voluntary participants: Navigating challenges

The second aspect of sampling concerned recruitment of voluntary educator and student participants to generate in-depth discursive data. Eligibility criteria was devised in reference to the study's aims. Educators would be eligible to participate if: (a) mental health nursing is their principle academic field; and (b) if they hold a full time, part time or Hourly Paid Lecturer (HPL) contract at one of the study's four participating HEIs. The contract type was purposefully left open as evidence shows that racialised workers are more often subject to insecure contract types and I did not want to impose any barriers to participation (Myers, 2022). Student participants would be eligible to take part if: (a) they are aged 18 years or older; and (b) they are in their final year of a pre-registration mental health nursing programme (Bachelors or Masters) at one of the four participating HEIs. Final year students were chosen as those nearest to completion of their MHNE experience and reaching point of entry into the nursing workforce. The sampling strategy was purposive: recruitment targeted specific populations (and student cohorts), from which eligible participants would be self-selecting (Bryman, 2016). Rather like Morning's (2007) research which, through in-depth interviewing, examined how science academics understand race, I did not constrain the eligibility criteria to those with any 'special expertise or engagement vis-à-vis race', though, reasonably, participants who did participate could be assumed to have some interest in the subject matter (p. 442). Rather, I wanted to speak with participants who could share insights into the ordinary, everyday treatment of race and racism in MHNE.

Determining an *a priori* sample size for participants is inherently difficult and the subject of persistent debate among those engaged in qualitative research (Blaikie, 2018). There exists no definitive number of interviews that *must* be conducted (Sim et al., 2018), instead, varied, often evolving, methodological and practical considerations often influence the number of participants a study engages. For this study, it was considered more important, methodologically, to have fewer individuals speak at length—providing depth and richness of discursive data—than to have more individuals speak only at a superficial level (Cleary et al., 2014; Johnson & Rowlands, 2012). Abductive analysis required interview data that reached into the concepts, meanings and motives of social actors in the MHNE environment (Blaikie, 2018; Harvey, 1990). Numbers also needed to take account of the high specificity of the sample sought and the relatively small size of mental health nursing departments and student cohorts in Scottish HEIs.

Across the four participating HEIs, the eligible population of mental health nursing educators totalled 30 individuals. From this, I provisionally aimed to sample between 2-4 educators at each institution, with a target sample of 12-16 educators overall. When recruitment started, the response rate and participation from educators was high: of the 30 educators approached, 15 participated in longform interviews, meeting the higher end of the provisional target.

The population size of eligible students across the four participating HEIs can be understood through information gathered through FOI requests. These requests were sent to *all* HEIs across Scotland that offer pre-registration mental health nursing programmes (this information is collated in 'Appendix 8'). Using the average eligible student population size at each institution ($n=82.5$) and multiplying this by the number of participating HEIs ($n=4$) indicated that the eligible population from which the study would sample was approximately 330 students.⁴⁰ The original plan was to conduct one focus group at each participating HEI with 5-8 students per group, and a minimum of four required for the group to run. In recognition of pre-existing racialised trauma, and to minimise perpetuating undue harm, I would also offer racialised students the option to attend an online focus group for racialised students only, which would include students from

⁴⁰ Average population size used to avoid presenting the actual figures which could risk identifying individual institutions.

across participating HEIs. If demand for student participation was high, I planned to use a short form gathering basic demographic information from potential student participants with a view to selecting a diverse range of participants.

However, despite utilising all the recruitment methods sanctioned by participating HEIs (further recruitment details provided in section 3.3.2.3 below), and in contrast to the high response rate from educators, efforts to recruit students via an institution-based approach were unsuccessful. No students responded to recruitment calls facilitated by the institution, either to express interest or participate in the study. Given the importance of including student experiences of MHNE, I quickly had to adapt my sampling, recruitment and data collection strategy for this participant population, including reverting to my contingency plan of interviews for all participants.

Having amended my ethics application, I took the following measures to stimulate student participation: I increased the population pool by moving from institution-based to community-based recruitment and, simultaneously, widened the eligibility criteria for students. Instead of attaching eligibility to the four participating HEIs, students would now be eligible if: (a) they are aged 18 years or older; and (b) they are already in, or are about to enter, their final year of a mental health nursing Bachelors or Masters level programme at a Scottish university, *or* are a newly qualified mental health nurse (NQN) who graduated from a Scottish university within the past 12 months. The indicative numbers gathered via FOI allow us to approximate that these changes increased the eligible population fourfold.⁴¹ Any students/NQN who came forward were offered an interview at their earliest convenience to capture their participation whilst their interest was fresh.

These efforts did stimulate some student interest and participation. Within two weeks of recruitment calls being posted on social media, two students responded and completed longform interviews. Capitalising on their interest, the study began

⁴¹ Rather than restrict the eligible population to approximately 330 students across the four participating HEIs, changing the eligibility criteria and shifting to community-based recruitment broadened the population significantly. The eligible population of final year students would total approximately 660 students (based on doubling the student figures, having doubled the HEI pool), plus another 660 newly qualified nurses (estimating a similar number of graduates from all HEIs in the previous year) across Scotland. This would increase the population pool fourfold, to approximately 1,320.

to rely on snowball sampling: student participants sharing the research call with their peers via private social media networks and group chats. Of the subsequent participants that came forward, most did so because of peer-to-peer recommendation, again, signalling the importance of trust and relationships in generating participation. Yet despite peer-to-peer recommendation and continued efforts across a range of social media channels, recruitment of student participants remained slow and low in numbers. In total, 14 eligible students expressed interest in participating across the six-month period, of which ten completed longform interviews (including 9 students and 1 NQN). The remaining four either stopped corresponding or actively decided not to participate once further study information was provided.

When the study reverted to longform interviewing of all participants, my aim was to achieve a comparable sample size for students and educators to balance the educator and student voices in the dataset. Recruitment of student participants fell short of this target, meaning that the dataset, overall, contains more educator perspectives ($n=15$) than student perspectives ($n=10$). However, even in this small sample size of student voices, there was clear similarity across students' accounts. Student interviews did not provide ten disparate accounts of how race and racism are treated and conceptualised in the education, rather, with each new interview, common themes, stories and ideas were retold. Moreover, once the *practical texts* of student interview transcripts were analysed alongside educator transcripts and the documentary materials, these commonalities reached what Hennick et al. (2016) term *meaning saturation*: not only were the same themes, stories and ideas repeated but, cumulatively, these built to a point where a rich and textured analysis was possible.

Across both populations, participation was open to people of all ethnicities and nationalities. However, given my white racialisation, I was aware that, in the context of racism, my identity could be a barrier to individuals racialised Black and Brown participating. At the same time, I was aware it might embolden individuals who, like me, experience a kind of non-racialised experience of life afforded only to white people (Frankenberg, 1993). To counteract these effects and establish trust and safety with potential Black and Brown student/NQN participants, I took proactive measures to engage with student groups and networks in Scottish HEIs that had a special interest in nursing, international and

ethnic minority students. I also approached professional BME/BAME forums, groups and networks in regional NHS boards and other professional organisations (for a list of contacts, see 'Appendix 9'). Leaders of networks in the NHS, many of whom occupied strategic Equality, Diversity and Inclusion (EDI) roles, circulated targeted recruitment calls to members via mailing lists. In addition, NHS Lothian BME Staff Network kindly allowed me to share flyers with a QR code (see 'Appendix 10') at an event for network members. Though these targeted recruitment efforts did not generate any additional student/NQN participation, it did raise the profile of the research, creating possible platforms and opportunities for later dissemination activities.

3.3.2.3 Recruitment methods

Success of any study relies on collecting sufficient data for analysis (Broyles et al., 2011). Whilst gathering documentary evidence was a matter of accessing publicly available and institutionally held materials, generating the everyday discourse of educator and student participants relied on being able to recruit willing and freely consenting individuals to take part in interviews. Here, I discuss in greater details the actual mechanics of recruiting educators and students to the study. The methods were tailored to each population, recognising that different audiences have different communication needs (Negrin et al., 2022).

3.3.2.3.1 Recruitment of educators

To recruit educators, I took a two-step approach. First, my key contact at each participating HEI distributed an initial recruitment call to relevant staff, introducing the study and notifying them that I would be in touch. Leveraging the support of this trusted gatekeeper was a strategic move to enhance credibility and encourage participation, recognising that people are more likely to engage with requests from familiar sources (Broyles et al., 2011; Negrin et al., 2022). I then sent personalised emails directly to individual educators, using email addresses sourced from publicly available HEI directories and cross-referenced with my key contact for accuracy. These emails included a poster, designed in bold colours to be eye-catching, accompanied by brief text articulating the study's purpose and the specific 'ask' being made of individuals (see 'Appendix 11'). Recognising that the tone and framing of a request influences engagement (Sledzieski et al., 2023), I intentionally framed the recruitment call as an invitation, appealing to

educators' professional expertise and highlighting the meaningful contribution their participation would make. The direct email format ensured ease of response, participants could simply reply to the email to express their interest in participating. Upon expressing interest, participants were promptly provided with the study's information sheet, responses to any queries, and a consent form for completion prior to scheduling the interview. Overall, this recruitment strategy proved effective with educators. There was a strong response rate across participating HEIs and no additional measures were needed to achieve the educator sample.

3.3.2.3.2 Recruitment of students

The process of student recruitment proved less straightforward. Originally, I devised an institution-based approach, which meant liaising with participating HEIs to agree permissible recruitment methods. My ethics application purposefully built in flexibility, suggesting a range of possible options including announcements, short presentations to relevant cohorts, and emails. This multi-modal strategy drew on examples from prior studies engaging nursing student in the UK (Nightingale et al., 2022; Williams et al., 2023). However, discussions with HEI gatekeepers, in every location, ultimately led to recruitment being limited to a single method: announcements posted in the institution's virtual learning environment (VLE). These communications, posted by members of the institution, featured materials I provided, including a poster and accompanying text (see 'Appendix 12'), and a TikTok style video as an alternative means of capturing students' attention. These materials, like those targeted at educators, were designed to be visually arresting and to provide a direct route for expressing interest in the study.

Despite these efforts, the VLE-based approach generated no responses within the first few weeks of going live. Without access to the VLE, I could not ascertain if and how many students were engaging with the announcements (I could not, for example, access number of views), nor did I know where and how precisely the materials had been positioned and framed on the VLE. What was clear, however, was that the VLE announcements were not proving effective in generating interest. Therefore, in consultation with my supervisory team, I amended my ethics application and obtained approval to shift to community-

based recruitment methods that afforded me greater control over how I recruited student participants.

In practice, this revised approach (in tandem with expanding the eligibility criteria, as described above) meant utilising social media and networking websites to share an updated version of the student/NQN recruitment poster (see 'Appendix 13'). I posted targeted advertisements on Twitter/X, LinkedIn, and on national mental health nursing groups hosted on Facebook. Adopting a multi-platform strategy was deliberate in ensuring the recruitment call would reach as many people in the target audience as possible (Leighton et al., 2021). Posts included #tags and @tags to connect with popular nursing networks such as '@WeStudentNurse', specific BME nursing networks such as '@NursesofColour', and relevant HEIs, student unions and NHS Boards in Scotland (see sample social media post in 'Appendix 14'). I also tagged prominent nurse academics in Scotland and encouraged them to amplify the recruitment calls via re-tweets/posts, using direct messages to secure their support in advance.

In parallel, I reached out to the Council of Deans of Health (n.d.[a]) which represents UK universities involved in nursing education and research. Through contact with their Policy and Research team, I secured time to present about the study to the Scottish members' forum in June 2023. This forum, comprising senior nursing education leaders from Scottish HEIs, provided a platform to boost institutional support and encourage further uplift and dissemination of the recruitment calls being made on social media. At the same time, I also implemented targeted recruitment for students/NQNs racialised as Black and Brown through the actions previously described (section 3.3.2.2.2).

These combined and concurrent efforts significantly increased the study's visibility and credibility within target communities (Yuan et al., 2014). There was good engagement on social media reflecting research findings that show students are increasingly engaging with social media over traditional platforms like VLEs (Mpungose, 2020). Whilst many of the student participants did so as a result of peer-to-peer recommendation, the rest came forward via social media.

3.3.3 Ethics and making the study ethical-by-design

Following in-depth discussion with my supervisory team, I completed the Sheffield Hallam University (SHU) ethics approval form for higher risk research with human participants. This was with a view to anticipating, and addressing, as many conceivable queries or concerns that participating HEIs might raise, recognising that the study's focus on race and racism might automatically trigger sensitivities for gatekeepers. Once ethical approval was obtained from SHU (ER45112138), this documentation was submitted to each participating HEI for their review. Aware that gatekeepers' time is pressured, I devised an ethics 'pack' that highlighted key areas of the ethics documentation (see 'Appendix 15')—particularly those that offered reassurances around critical practices such as informed consent—and a flow chart visually outlining the data collection process ('Appendix 16'). These were attached to a covering email ('Appendix 17'). Time taken to strategise my approach, and to build relationships in advance of this formal process, was well spent. One institution approved progression to data collection on the same day and others followed soon after. There were few questions or requests for additional information. The amendment to shift from institution-based to community-based recruitment was requested via my original ethics application with SHU, and because it moved the study away from original institution-based recruitment, did not require additional scrutiny by participating HEIs.

The ethics documentation sets out, in full, arrangements for ensuring that the research procedures were ethical-by-design. Key to this was the principle that any and all participants be enabled to give free and informed consent. In line with 'SHU Research Ethics Policy and Procedures' (SHU, 2020), the information sheet (tailored to students ['Appendix 18'] and educators ['Appendix 19']) detailed the study's purpose, methods, benefits and potential hazards associated with participating, so that individuals could make an informed choice about whether to volunteer. The information sheet also articulated the limits of consent—data would only be used for the purposes for which it was collected—and participants' right of withdrawal and the arrangements for this. Consent was obtained in writing prior to interviews taking place (see 'Appendix 20'), and only the most basic participant information was gathered, sufficient to establish consent.

Participants were also made aware of arrangements for confidentiality and anonymity—another guiding principle in ensuring the research was ethical-by-design. Participant contributions were anonymised through a robust and interlinking set of measures. All participants were given a code name, e.g. 'EDU [x]', 'STU [y]', and no differentiation was made in terms of seniority of academic role, or between student and newly qualified nurse status. Given that women are overrepresented in nursing and nursing education, participants' genders are withheld. Similarly, no other demographic or identifying data, for example, age, ethnicity, employment status, has been linked to individual participant codes. Where participants referenced something local (e.g., the name of a module or a particular site) these names were omitted. I also remained alert to instances of language that could, conceivably, be recognised as belonging to a particular individual. In addition to these measures, HEIs were similarly anonymised through code names, e.g. 'HEI [x]', to disguise the institution's identity. At no point are participant codes and HEI codes linked to avoid any connection between specific participants and universities. Collectively, these measures aimed to anonymise and depersonalise the data as much as possible. These arrangements were reiterated at the start of the interviews to put participants at ease and to offer space for any outstanding queries or concerns to be addressed.

Ethical guidelines rightly emphasise non-coerce practice, particularly in relation to populations like students, where underlying power dynamics could afford institutions and researchers undue influence. However, reflecting on the process of student recruitment, a critical tension emerged between the avoidance of coercion and the need to ensure that people are properly informed of the opportunity to participate, should it be of interest. My experience of recruiting students via institutional means—restricted to announcements on the VLE—was that the institution's hyper-focus on avoiding coercion actually made denial of opportunity a more present risk. This, in and of itself, arguably strays into a form of institutional paternalism (a matter I return to in section 9.4.2 in concluding the thesis). By dictating how and where the study was visible to students (or not), the institution exerted controls that potentially limited students' agency to participate in research concerning their experience. Reverting to community-based recruitment on social media, by contrast, removed the influence of gatekeepers and had a flattening effect on power dynamics. The public nature of social media,

and the way tags can capture specific audiences, enabled recruitment to become a process of networking outwards to build engagement. It placed trust in the individual student that—provided all the necessary information to make an informed choice was available—they could determine independently whether participating was right for them.

3.3.4 The participants

In total, 15 educators took part in the study. Educators from all four participating HEIs were represented in this sample, providing experiences relating to five different mental health nursing programmes from four different locations in Scotland.⁴² The educators' length of teaching experience in higher education (HE) ranged from less than one year to over 35 years; all had worked in clinical practice prior to joining HE. Of the ten student/NQN participants that took part, nine identified themselves as current mental health nursing students at Scottish universities, and one as a newly qualified mental health nurse who completed their studies in Scotland. Many could be described as 'mature students', having completed prior studies or employment in other fields before undertaking their mental health nursing degree. The student/NQNs sample represented experiences from four university programmes, one of which was not a participating HEI but was based in Scotland. Thus, in sum, the data represents insights from participants with experience relating to five of the eight HEIs in Scotland that offer mental health nursing programmes.

For both educator and student/NQN populations, participation was open to individuals of all ethnicities and nationalities. I wanted participants to be self-selecting, as this too was of interest: who would come forward and what identities would they occupy? As such, I purposefully asked participants an open question towards the end of the interview: 'How do self-identify in terms of ethnicity and or race, if these terms are meaningful to you?'. Answering this question provided further insights into participants' thinking about and understandings of race (data drawn on in the findings chapters that follow). Leaving this question open—and including the caveat that these aspects of identity also *may not* be meaningful to the individual's sense of self-identity—recognises that people can, and do, make

⁴² Four undergraduate and one postgraduate pre-registration mental health nursing programme.

sense of themselves in ways that differ from the expectations or perceptions of others; furthermore, that an individual's sense of self-identity may fluctuate and change over time (Lam et al., 2023).

Most participants chose to answer this question by self-identifying with a nationality, and 'Scottish' was the most common nationality provided. In terms of ethnicity or racial identity, almost all the participants, across both groups, either self-identified or could be identified as white. While many participants did self-identify in racial terms: 'So, I mean, I would describe myself as white and Scottish...' (educator); 'Em... I guess like, if I was asked, I would say I was a Scottish white person' (student), some declined to do so, stating that it was not a meaningful part of their subjective identity (Lam et al., 2023). However, given that judgements about ethnicity and racial identity are always already being made for us by the people around us—the participants are no exception to this—I offer my interpretation that the overwhelming majority of participants would be identified as white, from an onlooker's perspective, *even if* they themselves do not find this meaningful. Indeed, this tension between self-perception and the perception of others did arise in participant responses. The question could surface ambivalence, as these quotes from one participant indicate: on the one hand, 'I don't identify through race' and, on the other, 'I'm Irish, and white'. Perhaps this reflects some tacit knowledge about what is typically expected in response to such questions, particularly when asked for administrative purposes: 'Well. I think I- on those boxes, I always tick "white Scottish"' (educator). In all likelihood, participants will have already been asked by their institution to state their ethnicity, and the institution will not be looking for free-text answers but a 'clean' form of categorical data (Lam et al., 2023).

Such institutional data does provide useful context for understanding the ethnicity or racial identities represented in the samples. At the time of sampling and data collection, FOI information indicated that 91% of final year mental health nursing students across Scottish programmes were officially recorded as 'white' (of 'any nationality') by their institution, and approximately 9% recorded as 'any other

ethnicity' or 'undisclosed' combined.⁴³ This broadly reflects the overall demography of Scotland, with the latest 2022 census data indicating that 92.9% population in Scotland identify as 'white' (Scotland Census, 2024). The student/NQN sample ($n=10$) reflects these demographics, with nine of the ten participating students/NQNs self-identifying, or having the appearance of being, white (again, two participants declined self-identification), and one student/NQN participant self-identifying as 'Brown' during their interview. Though it was not possible to officially confirm via FOI request, the population of educators approached ($n=30$) would, based on their appearance in online profiles/photographs, be almost exclusively racialised as white.⁴⁴ And indeed, it was my impression at interview that everyone in the educator sample ($n=15$) would be identified as white, with thirteen stating this as an explicit self-identity and two declining to identify themselves in racial or ethnic terms.

3.4 Conclusion

This chapter has situated the study within the methodological framework of critical social research (CSR), an approach that emphasises the interrogation of normative assumptions and dominant ways of understanding the world (Harvey, 1990). While CSR provides the overarching orientation for the study, its practical application—particularly with regards analysis—requires further elaboration. The WPR approach (Bacchi, 2009) and 'Thinking with theory' (Jackson & Mazzei, 2012) offer complimentary guidance on how to approach analysis. Together, they supply language and referents with which to articulate an analytic approach that aligns with the aims and objectives, and the methodology, of the study.

In designing the study, I initially struggled to find terminology that properly described the research focus: the interstitial space between the experience of

⁴³ The FOI request was simplified to an aggregated binary of 'white (any nationality)' and 'other ethnicity (any nationality)' for the purposes of the request, taking into consideration that: (a) small, disaggregated numbers would more likely be subject to information being withheld based on Section 38(1)(b) of FOISA; and (b) that 'ethnicity' was likely to be familiar language used by institutions in their recording of demographic data. For full details see 'Appendix 8'.

⁴⁴ Due to small numbers of educator (staff) populations at each institution, many institutions advised that ethnicity information would not be shared based on Section 38(1)(b) of FOISA exemption.

racism and action(s) to address it. In my literature review (Collier-Sewell, 2022), I used the language of conceptualisation, arguing that:

How we conceptualise a problem matters. It shapes our understanding of what the problem is... [and] in turn, frames our response to the problem – what could or might be done about it and how significant, or otherwise, it is. (p. 2)

This perspective found immediate synergy with Bacchi's (2007) assertion that, 'problem representations matter for what is done and not done, and for how people live their lives' (p. 13). Consequently, the language of *conceptualisation*, (problem) *representation* and *problematization* feature in the analysis.

By focusing on problem representations, this study pushes against an identified tendency in the nursing literature to *not* define terms, or to assume shared knowledge. This tendency keeps things which are absent, inconsistent or contradictory unnamed and unexamined. Bacchi's (2009) WPR framework—more accurately an *approach* than a prescriptive method—provides flexibility to critically engage with the data by examining both what is articulated and what remains unsaid. This approach is deepened by—indeed, contingent on—reading data and theory together to make sense of what is going on. The assemblage of theory and concepts introduced in this chapter, including Fields and Fields' (2022) *racecraft* and insights from Žižek, Gilroy and others, represent those used to transform and exceed the data in the analysis (Jackson & Mazzei, 2013). It is only *through* theory that it becomes possible to interpret how race and racism are being problematised in the nursing education studied, and how this education continues to the (re)production of these problematisations.

The analysis focuses on identifying connections across and between data from differently positioned and located stakeholders. Data collected for the study is primarily discursive and comprises the following elements: publicly available agenda-setting documents from the nursing regulator; institutionally-held programme and curricula documents from four participating HEIs in Scotland; interviews with 15 mental health nursing educators working at these institutions; and interviews with ten students or newly qualified nurses who study(/ied) mental health nursing at Scottish universities. Together, this body of discursive material represent the 'practical texts' analysed in the findings chapters. While participation was open to people of all ethnicities, almost all of the participants

either self-identified, or could be identified as, white. This is important to be clear about upfront as it contextualises the analysis that follows.

Designing and operationalising the study was a thoughtful and reflexive process. Prior to implementing the formal stages of the research procedures, I invested significant time in relationship-building with gatekeepers, and strategising around access. This contributed to the study's success, creating a strong foundation for implementing the study design, particularly where institutional permissions were required. However, while this approach enabled access to institutionally-held documentary evidence and the successful recruitment of an educator sample, failure to recruit student participants saw this aspect of data collection change over the course of the study. Problems with sampling and recruitment of students via the institutions, meant shifting to community-based recruitment. This challenge was overcome by taking a flexible approach to the research process, an approach built into the foundations of CSR methodology.

Having elaborated on the three cornerstones of the research—methodology, theory and methods—we now turn to the study's findings chapters, introduced first through 'Chapter 4: Prologue'.

Chapter 4: Prologue: Introducing the absence of race

4.1 Introduction

Before we explore the findings, I first want to establish an idea with you—one critical for framing and setting the scene for what follows. At its core, this idea proposes that, collectively, participants claim there is ‘nothing’ about race and racism in the mental health nursing education (MHNE) they are engaged with. Race and racism, they insist, are entirely absent from this education: there’s nothing, or, as one participant noted, ‘yeah not- nothing at all’ (EDU 12). This claim is made emphatically and in absolute terms. *And yet*—shifting from claim to idea—participants’ stories about MHNE, during interviews, directly contradict this assertion. Far from race and racism being absent, participants’ accounts reveal how race is practiced, and ideas about racism promulgated, in and through the education.

This tension between the *claim* of a totalised absence and the *evidence* of its contradiction is central to this prologue. It is this claim of absence that the proceeding findings chapters implicitly challenge through their exploration of the data. Across these chapters, absence remains a critical reference point, presenting evidence not only of its refutation but also of the conceptual and material ways in which race and racism permeate the education that participants experience and contribute to. Together, these findings develop the argument that race and racism are not, in fact, absent, but are deeply embedded and persistently active within the education under study. While participants often fail to recognise this presence (perhaps with good reason, as I will consider), it is, nonetheless, this presence on which the analyses in proceeding chapters comment.

To convey this absence, the prologue begins with a literal reading of the data, focusing on what participants, and the documentary evidence, directly reveal in their own terms. The first pages are heavily descriptive, intentionally so, to represent the decisiveness with which participants claim the absence of race and racism in MHNE, and how this apparently reflects a corresponding absence in programme and curricula documents. Examining what is voiced explicitly provides us with one account of the data: an account which, in foregrounding

participants' speech, attempts to faithfully represent their remarks, ideas and interpretations, put forward at interview.

However, restricting the analysis solely to this register—to letting participants 'speak for themselves' (Mazzei & Jackson, 2012, p. 745)—tells only part of the story. A surface-level reading of what is said gets us so far, but an over reliance on participants' speech, and their interpretative claims, generates an artificially thin analysis... participants say there is an absence of race and racism in the education, the documentary evidence appears to corroborate this, thus, there is, quite literally, 'nothing' more to analyse. But this, as the data will quite clearly reveal, simply is not the case.

Embedded within participants' accounts are the seeds of contradiction—stories and moments that paint a different picture. These fragments reveal how race and racism, far from being absent, are conceptually and materially active in the educational offering and environment. It is towards this deeper narrative that the final section of this prologue turns. There, I introduce the concept of an *absent presence*—a form of presence masked by apparent absence—as an accurate lens for understanding the relationship between race, racism, and what happens in the education. Recognising race and racism as an (absent) presence is crucial for moving beyond a superficial analysis and revealing the critical insights explored in the findings chapters that follow.

4.2 The perceived absence: There is nothing, 'yeah, not- nothing at all'

Let us begin, then, with the absence of race and racism as participants perceive it. Regarding race and racism, a common refrain amongst participants is that there is 'nothing' in MHNE; no content that touches, reflects on or engages with race and racism in the curricula. Both educators and students are near unanimous on this point: race and racism simply do not feature in MHNE. There is nothing, 'yeah, none, literally none. Yeah, not- nothing at all' (EDU 12) one educator states, with a shrug and shake of the head. Their repetition of 'none' forces the point; when it comes to race and racism, educational engagement is, unequivocally, equal to 'nothing', 'none', a resounding zero. They expand further, describing how the non-address of race and racism tracks across their tenure as a nursing educator in the same institution:

[pause] Yeah. Um... It's a good question I... Like when, em... I'd, I heard about your research first, um, I remember, I think [colleague] and I, we were talking about something else, but I think we both kind of said "actually, like, where does that sit in our curriculum?" and neither of us were aware of it being obvious anywhere in the curriculum. And er, you know like, yeah, in the past 10 years I'm not aware of us addressing race and racism. Erm, not like, not even like, in a small way, or a tokenistic way or like- it's just completely absent, as far as I'm aware. (EDU 12)

Here, 'completely absent', like 'none', describes a situation in which there is *nothing* as opposed to something—anything—that the educator can point to. Furthermore, 'us' ('I'm not aware of us addressing race and racism...') implicates not only their individual practice, but the wider staff team and institution. This is similarly reflected in the comments of an educator from another institution: 'I think we- I don't think we do, really, take the time to explore, explore that [race and racism]' (EDU 7). In both these educators' comments, 'us'/'we' infers that non-address—'nothing', 'none', zero—is the common, collective practice in the education, a claim underscored by the authority of the educators' lengths of service (for both EDU 12 and EDU 7 over ten years each). Another educator, after initially searching out loud for an answer, 'Em... I think... Umm. The topics of race and racism?' (EDU 15), goes on to make a direct claim of absence that is, again, categorical in flavour: 'I think I'm aware of there being a big absence' (EDU 15); the addition of 'big' indicating the educator's opinion about the absence's significance.

The identification of an absence is similarly reflected by student participants. Asked whether the topics of race and racism feature in their mental health nursing programme, students typically respond in the negative, with an emphatic 'no': 'No. I don't think so, em... [pause] No. I don't think it was' (STU 1); and,

No [pause] I, I don't think I can think of having a conversation and I think I would be- I would have been quite actively talking about things like that, and I don't remember... and I was always attending the lectures. I don't remember having an open discussion or like, "Today, we're gonna talk about...". (STU 10)

The first student emphasises their 'no'—nothing—by stating it twice. The second underscores their 'no' by explaining their rationale for claiming it. Taken together, these quotes show how 'no' generalises the students' claims of absence across the entirety of the programme offering.

The claims of 'nothing'—of absence—continue when approached via direct questions about teaching and learning. Asked about their experiences of teaching and learning around race and racism in the education, participants say things like:

I don't think we teach anything around racism in a direct and explicit manner, you know. (EDU 8)

I've never taught on anything that explicitly talks about race and racism, no. (EDU 9)

We didn't have any of these subjects during our degree [pause] It wasn't mentioned. [pause] There was no focus put on it. (STU 7)

Far from drawing out examples, otherwise forgotten when speaking in general terms, this line of questioning about the specifics of teaching and learning only reinforces earlier claims. Taken together, these claims offer something crucial: a consistent narrative. The educators do not teach around these topics and, correspondingly, the students do not learn about these topics. The narratives between educator and student participants add up and, moreover, track across participants from different institutions, further strengthening the claims of a generalised absence in MHNE nationally.

These claims also extend beyond the classroom, into what educators say they experience in the staff room. There, the topics of race and racism rarely 'come up' (EDU 1) in discussion between colleagues. A reality highlighted by the provocation of the research:

Race? No. No. No. We have talks about- we have, well, a few people were coming to meet you [laughs], so then it was- then we were all like, "ohh, there's nothing at our university". But no, not really. (EDU 15)

Similarly to the student quoted above, this educator's repetition of 'no' is emphatic and uncompromising. 'No' and 'nothing' form the backbone of their response. And

again, the phrase 'there's nothing' appears, but this time, with the nothing-ness extending beyond the individual educator and their team, to more broadly encompass 'our university' as the site of this absence.

Furthermore, the absence has a history. Recalling their own past experiences as student nurses, educators describe a lack of explicit address of these topics, mirroring what they (don't) teach now. When asked if they experienced teaching and learning about race and racism during their own mental health nursing education, one educator who completed their nursing degree within the last five years said (again, leading with 'no'): 'No, and I actually- no, I didn't [experience that]' (EDU 9). Likewise, this educator, also relatively new to teaching, stated:

I'm trying to think- actually, I don't think there's ever been a conversation I've had in my experience as a student where somebody has sat down and said, you know, we need to recognise that these things [racism] happen. (EDU 6)

In this example, teaching and learning is absent, and absent too is a sense that there was something missing at the time that warranted recognition. Few educators recalled encountering 'more general' discussions of inclusion and diversity, stigma and discrimination during their student days, described as 'a kind of general treatment of these things in a bit of a block, basically' (EDU 10). Notwithstanding, educators paint a picture of nothing-ness that tracks across time. In their experiences as student nurses, race and racism were absent topics, and now in their experiences as teachers the same is true.

There is also geographic context to this absence. Participants relate the absence of race and racism in the education to the material absence of racial diversity in Scotland. Some Scottish participants reflected on the absence of 'black faces' (EDU 3) during their upbringing:

Certainly for me, I grew up in [region of Scotland] and you'd never see a black person, like, you know, so it never came up in conversation. Em, it was never something that we needed to talk about or had a need to talk about or... kind of think about. (EDU 9)

I mean, certainly, when I lived in the [region of Scotland], you know, I mean really, sort of, pale blue, white skinned, kind of,

creatures is really our demographic, you know what I mean
[...] so you don't really see that [racial diversity]. (EDU 3)

This underscores a perception of Scotland as a homogenous society in which white bodies are 'our demographic' (EDU 3), while black bodies are ostensibly (both absent and) not. This gives rise, as EDU 3 elaborates, to a sense that race 'was almost this thing that's happening somewhere else, because we're all just, kind of, pale blue over here'. The material absence of racial diversity—'you'd never see a black person' (EDU 9)—is enlisted as a kind of alibi for today's absence of race and racism in the Scottish educational context. Participants combine their perception of a historically and geographically located absence of racial diversity to explain a lack of impetus to engage with these topics in contemporary MHNE in Scotland. As one educator remarks, 'I mean, it's pure sort of speculation, but it doesn't really seem to be much of a thing here?' (EDU 3); 'thing', here, standing in for a 'race issue' perhaps, and indicating that there is 'no issue' to speak of. Likewise, in this educator's estimation:

Erm, so, in the area that I'm teaching in, the geographical area, there is very few [black people] or it is very much a minority group. And so it's much less in your face if you like? You know, it's much less present. (EDU 13)

Again, the material absence of racial diversity is enlisted to explain the absence of, and avoidance of confronting, race in the curriculum. In both sets of remarks, 'it' ('it doesn't really seem to be much of a thing...'; 'it's much less in your face') signifying 'racial diversity' or, more specifically perhaps, the *racial other*: those who are 'not-white'. Where 'not-white' bodies are the 'minority' and 'much less in your [white] face', these educators seem to suggest that the need to address race simply isn't there, or that do so would make an issue of something that isn't (and has never been) there.

Together, the effects of history and geography appear to play in to participants' ability to speak on and around these matters. Relistening to the interviews, the frequency of long pauses, difficulty word-finding and recourse to filler phrases like, 'you know', is striking. Some participants self-reflect on their difficulty conversing: 'I'm not familiar with speaking about these things really, so my ideas are half-baked' (EDU1); while others are more apt to show it, like the participant who punctured their speech mid-sentence to exclaim: 'god, it's so hard to verbalise!'

(EDU 9). More still are visibly relieved when I reflect that their ‘finding that quite difficult to articulate’ (EDU 7) is common amongst the participants interviewed. That language is difficult to find further evidences the lineage of absence that participants describe—some of whose experiences of MHNE reach back to the 1980s—and, in turn, perpetuates this absence into the present day, participants having been ill-equipped to speak about race and racism.

Despite this, there is clear acknowledgement that the absence is troubling. One educator expressed ‘shame’ (EDU 13) about what is missing, another ‘embarrassment’ (EDU 15). Others attempt to make up for the absence by ‘running with’ (EDU 11) these topics when they arise ad-hoc in class, or by proactively inserting moments of discussion. At the same time, educators sense the limits of these efforts:

I don't think - in my institution anyway they [race and racism] were formally embedded within the curriculum, if that makes sense, because the curriculums are so jam packed... I think for me it's a personal choice as a lecturer to try to bring these conversations in, but that's, you know, it's not supported with the curriculum. And I suppose given- in the context of the NMC standards and everything like that, all these discussions that are being had, it does make it difficult to cram it in even further. Umm, so yeah [pause] I think it needs to be enshrined within it more, but at the moment it's just kind of at the behest of whether it's in the individual lecturer's interest and whether they can embed it within the material. (EDU 6)

These efforts, by virtue of being ‘down to the individual’ educator (EDU 10), do not represent a consistent approach to embedding these topics across programmes. Rather, they occur sporadically, as opportunistic, one-off instances that are *outside* the bounds of formalised programme content. Moreover, they typically happen ‘through conversation’, during the more informal aspects of teaching, such as groupwork tasks in tutorial settings (EDU 5; EDU 3). As one educator reports: ‘thinking about the time I’ve reviewed the indicative content- I don't think I've seen, explicitly, racism as being the indicative content to cover’ (EDU 5). At the level of formalised and sanctioned content in MHNE, participants across participating institutions testify that race and racism simply do not feature.

Analysis of the formalised programme documentation gathered for the study further substantiates this claim of an absence. Across the four sets of documents from participating HEIs there are no explicit references to race, racism or antiracism. These terms are completely absent from module descriptors, indicative content, learning outcomes, student handbooks, and so on. Furthermore, examination of the professional body's standards for nursing education provides the antecedent. Nowhere in the 'Future Nurse' standards (NMC, 2018/2024) are the topics of race, racism or antiracism named in the 'knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings' (p. 3). This is remarkable given the NMC's role in regulating and setting the agenda of nursing education.⁴⁵ An absence at the regulatory level means there exists no explicit requirement for approved education institutions (AEIs) to feature these topics, nor that nurses entering the professional register must possess knowledge and skills directly relating to them. The document describes a generalised treatment that nurses must 'provide and promote non-discriminatory, person-centred and sensitive care at all times, taking account of adjustments relating to 'people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences' (NMC, 2018/2024, p. 12). But the emphasis here is not on educating students to understand and reflect on how people come to be perceived as different or 'diverse' (and from what standard or norm); instead, this generalised treatment treats perceived difference and diversity as the starting point for action (and apparently this is diversity of any kind, captured (ambiguously) in the terms 'diverse backgrounds' and 'cultural characteristics'). Nor does this treatment

⁴⁵ In 2022, NHS England published a 'resource to support best practice' in nursing and midwifery workplaces entitled 'Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates' (NHS England, 2022, p. 2). The resource was produced in partnership with the NMC and the information presented aligns with the four domains of 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates' (2015/2018). However, the resource does not feature in the NMC's suite of core professional documents (it is accessed via the NHS England website) and is listed only as a news item on the NMC's website (NMC, 2022a). Nor does the updated version of the 'Future Nurse' standards (NMC, 2018/2024)—which specifically sets out the standards for nursing education—include or refer to the material in this NHS England (2022) resource.

name or address particular social challenges, such as racism, pertinent to healthcare contexts.

In sum, the absence of race and racism raised by educator and student participants appears congruent with the documentary evidence. The absence has a thread traceable from these high-level documents, into the institution, and into the classroom. There appears to be no ‘official stance’ about how to communicate explicitly about race and racism. Instead, ‘nothing’ comes to represent the official position—not even the ‘thin’ or ‘limited’ coverage of these topics identified by Costa et al. (2024) in their study of nursing education in the US—highlighting a total lack of attention to addressing race and racism in the education.

This absence occurs in the context of a highly regulated and rule bound professional education. As EDU 6 (above) notes, curricula are ‘jam packed’ in relation to the standards set out by the regulator. The scale of the NMC’s influence is remarked upon by all but one of the educators and several of the students who, even at this early stage in their careers, have understood the regulator’s reach. Where a programme is ‘trying to, like, cram so much into a short space of time’ (STU 2), students appear to have understood that whether a topic features in the curriculum is not entirely up to the institution, nor indeed the educators: ‘I think a lot of it might actually depend on what the NMC come up with as well, going forward’ (STU 8). This point is more forcefully expressed by this educator who, simultaneously, raises issues with how institutions go about interpreting the NMC’s standards:

The way we do it at the moment leaves very little space because it says, “okay, here’s all the NMC competencies”, and things like the Future Nurse standards that we need to include. And how our school did it last time was, literally, a list of those-kind of cut them out into little, I dunno, ‘tags’- and, you know, people put them under headings, like, “which module does this belong in?”, and they just kind of said that- they were like, “Okay, that’s the modules”, that’s what those modules are. (EDU 12)

All nursing programmes undergo an in-depth four-stage scrutiny process to achieve validation from the NMC (2018; 2019a; 2022)—they cannot legally operate without this approval (NMC, 2024b)—hence, it is not beyond possibility

that the regulator has some awareness of practices like this (for a broader discussion, see Collier-Sewell & Monteux, 2024). Indeed, to be in operation, the programme which EDU 12 refers to *will have* been through NMC quality assurance processes. Thus, where the content of the standards is used to scaffold curricula, the absence of race and racism from the regulator's high-level documentation is consequential. There is no institutional basis or mandate to include race and racism (nor antiracism) in the education, meanwhile, the forty-page 'Future Nurse' standards document lists 235 other proficiencies, skills and procedures that programmes *must* address (NMC, 2018/2024). In the context of such intense and detailed regulation, absences beg the question: to what extent can omissions from the standards be considered oversights, and/or to what extent are absences purposeful or meaningful?

The wider (i.e., non- mental health field specific) nursing literature offers a view on this. In interviews with fifteen student nurses at a university in the south-east of England, Williams et al. (2023) found a 'silence that surrounds the topic of race and racism in nursing programmes' and a lack of awareness amongst white students that is 'likely compounded by the absence of discussion on the course [programme]' (p. 5). Notwithstanding the difficulty of generalising from one nursing programme to 'nursing programmes' plural, the authors' use of the term 'silence' starts to offer some interpretation of the absence; one which corresponds with interpretations in the US and Canadian nursing literature wherein 'silence' is named frequently (see Beagan et al., 2022; Bell, 2024; Iheduru-Anderson & Wahi, 2022). Silence suggests selectivity, agency and intentionality (Schröter, 2018)—there is something there, but we choose not to speak of it. It is a term used by one participant in describing their experience of the absence:

In terms of race, I think my worry is that there isn't a lot coming up. This issue isn't raised. [...] I think, so- on the whole, it's a silence, Freya, which is concerning. (EDU 1)

Stalnaker's (2002) concept of the 'common ground' is useful here. Common ground refers to the presupposed and shared knowledge that structures discourse at the level of conversation: 'not just things that *I* know that *you* know, but things-I-know-you-know, you-know-that-I-know, and so on' (Táiwò, 2022b, p. 40). Individuals signal in-group status by adhering to the established parameters of discourse in a context or field. And whilst literature on the common ground

typically focuses on what is present in the conversation, what is absent also structures the common ground. The *things-I-know-you-know* extend to those things we both know that we *do not* speak of, just as EDU 1 (above) suggests. This appears or is expressed as silence on the part of individuals and groups but, crucially, it is structured at the level of discourse (Schröter, 2018).

Silence, then, offers one response to the question of intentionality. It suggests that the choice not to include race and racism in the 'Future Nurse' standards (and, consequently, in nursing programmes) is something active, not passive. In light of this, the literature tends to move quickly to proposals for why this happens, the predominant interpretation being that hegemonic 'whiteness' in nursing creates and sustains silence on race and racism in nursing education (Caffrey et al., 2023; Miller & Nambiar-Greenwood, 2022).⁴⁶ However, it is the more fundamental aspect of silence that I take from the literature and that requires our attention in relation to the present analysis. Namely, that the absence is not a void—it does not represent 'nothing at all' (EDU 12), none, zero—but that there is something below the surface; unspoken, yes, but *there* nonetheless. This moves us closer to what is really going on.

4.3 Is there actually nothing?: 'Well, not explicitly anyway'

To this point, we have proceeded with an analysis that straightforwardly represents participants' claims that race and racism simply do not feature in MHNE in Scotland—they are absent. This absence is similarly discovered when seeking, specifically, literature on race, racism and mental health nursing and mental health nursing education. The literature review showed how mental health nursing literature on these topics is limited, so much so that it lacks the unique or distinct character which mental health nursing literature typically tries to assert in contradistinction to the predominating 'general' or 'adult' nursing field. And indeed, this thesis of an absence is further reinforced by analysis of the professional educational standards and institutional curricula gathered for this study, wherein specific references to race and racism are nowhere to be found.

⁴⁶ Here, the use of 'whiteness' returns us to the ambiguity of this term as it is used in the nursing literature, as discussed in Chapter 2, section 2.3.4.

Now were this the full story, the analysis would be short and simple to narrate. After all, the absence would mean that there is nothing further *to* analyse. Furthermore, this absence could be confronted and remedied easily by the simple addition of what is missing. Or, alternatively, the absence could be used to bolster erroneous claims that we are post-race—erasure of race and racism in discourse representing their successful erasure from social life. Yet, taking literally the claims that there is ‘nothing’ does tell us something crucial about the education. It points us in the direction of an absence that requires examination.

Within these claims there is something more precise to be found about the nature of this absence; something which the notion of ‘silence’ has alluded to. When participants describe that race and racism are not sanctioned into the institutional discourse (which documentary analysis confirms), nor feature in the everyday discourse of the classroom and staffroom, participants are pointing to an absence that occurs primarily at the level of explicit discourse at both official and informal registers within the education. This distinction between a generalised or total absence and one that is more precise starts to surface on close reading of what the participants say:

I don't know that we teach anything around racism in a direct and explicit manner, you know. (EDU 8)

I've never taught on anything that explicitly talks about race and racism, no [...] I think that we don't talk about it explicitly, em, from my experience [...] it's implied, I guess, rather than us actually explicitly talking about it. (EDU 9)

I don't think it's explicit and I don't think we necessarily teach it. (EDU 7)

Together, these quotes raise (lack of) ‘explicit’-ness as important to understanding what happens in the education. At the level of what is *explicit*, race and racism are absent. But the very way in which participants utter this point implies what is unspoken: namely, that there is something going on beneath the surface, at the level of what is *implicit*. Thus, as opposed to a generalised absence—the straightforward claim that there is ‘nothing’—what participants are identifying, more accurately, is an absence operating on the discursive plane. This distinction is important precisely because a discursive absence is not

equivalent to a totalised absence or void, nor can it, necessarily, lead us to the conclusion that a totalised absence is present.

Identifying the absence as primarily discursive makes room for the possibility that race and racism might otherwise be showing up in ways that are nondiscursive (outwith verbal language) and or inexplicit or hidden in discourse; in essence, other ways in which these concepts might be quietly present in the educational programmes and environments. Some participants prompt along these lines with phrases such as: 'it's like the elephant in the room' (EDU 13) and a 'big glaring omission' (EDU 15); the latter of which captures the feel of something both *not present* and *present* simultaneously. Putting the claims of absence back amongst the rest of what is spoken complicates the picture and reveals contradictions. No longer is a clean, uncomplicated narrative of 'nothing' permissible. Indeed, participants themselves are 'aware' of things unspoken, as indicated in the following passages:

So we don't discuss these issues, currently. Em, but I know that we're *aware* of the issues. (EDU 9)

But I don't think anybody would be saying "No, it's fine. We do all that. We've got it covered". I think everybody's very *aware* of the fact that we probably don't, and we need to actually do an awful lot more. (EDU 7)

I suppose I'm also *aware* that I think race is a really big issue, or lack of issue in some instances in the curriculum and in nursing, and there's a kind of... inability of nursing to sort of really engage critically with the concept? (EDU 4)

My point here is not to deny participants' claims—identifying any form of absence relies on participants' descriptions that there is 'nothing'—but to trouble an analysis that would take participants' descriptions as an unmediated mirror of reality. Rather, the claims of a general absence become a point of departure to be interrogated further when positioned in relation to the totality of what is described and narrated by participants, as well as shown through what is not said. Such analysis, advocated by Mazzei and Jackson (2012), is not limited to participants speaking only for themselves, or researchers assuming that what participants say is straightforward and noncontradictory.

Perhaps the clearest example of how ideas about race and racism are, in fact, *present* within the education is provided by the participants themselves. When asked where race and racism are reflected in the education, participants name topics which they assume 'cover' or 'include' race and racism by virtue of subject-matter proximity. Some educators and students variously mention 'diversity and inclusion', 'stigma and discrimination', 'human rights' and 'trauma-informed practice' as proximate topics which either 'touch on' (EDU 8; EDU 10; EDU 11) or are thought to 'imply' (EDU 9; STU 3) the addressing of race and racism. When asked, participants rarely provide detail to substantiate what this looks like in real terms (perhaps it is considered one of those *things-that-you-know-that-I-know?*), nevertheless, the assumption that these topics *do something* in relation to race and racism is an interesting one. It starts to point us in the direction of where participants themselves (would) position race and racism in the schema of MHNE.

Among these vaguer assertions, there is one topic about which participants provide concrete illustration. It is a topic raised consistently by participants and named in three of the four institutions' programme documentation: health inequalities and population disparities. The following exemplify how this is expressed by educators:

So I think in, in, in- where there's teaching on health inequalities and social determinants, that comes to the fore. It's one of the elements that comes to the fore along with others, you know, gender, sex, et cetera, so um, class and social, economic, you know, factors. That's where it appears. But I think unless there's teaching on, on social determinants, health inequalities, that sort of thing, it's probably far less, you know- it's probably absent. (EDU 1)

We have a bit where we talk about health and what impacts health, and as part of that we speak about race and racism as a, as like a, a, a social factor, I suppose. But that's also, like, one session? (EDU 15)

... what we have are these sessions around human rights, erm, minority groups, vulnerability, and the evidence that shows which groups are more vulnerable than others. Erm, and that kind of thing. (EDU 8)

Now, plainly, the first thing to note about this is that participants, here, contradict their own narrative that there is 'nothing' by providing concrete examples of where race *is* named. Race 'appears' alongside 'gender, sex et cetera' where there is teaching on 'social determinants, health inequalities, that sort of thing' (EDU 1) and where the 'vulnerability' of different social 'groups' are discussed (EDU 8). The cursory nature of this representation—described as 'superficial' (EDU 15), 'tokenistic' (STU 5), and 'incidental' (EDU 3)—may explain why the overarching sense of absence remains unchallenged. Addressed only in passing, perhaps in 'like, one session' (EDU 15), rather than afforded space for meaningful discussion, it fails to register as a significant or integral part of the education. Yet, however cursory or limited, that race and racism are raised in the context of health inequalities and population disparities is something—something more than 'nothing'.

Which leads us, secondly, to consider what this representation is and does. By drawing a connection with demography and epidemiology, participants show how the education is working to problematise race in a specific way: as a demographic variable and social determinant. This is demonstrated in students' accounts of their learning:

I think we were told a bit about like, certain, sickle cell.... like certain conditions that can be more prevalent in people from certain areas of the world. I'm sure we was told about that, but.... It wasn't a like, a huge amount I don't think really.' (STU 1)

With regard to race, we've had... very clear examples of comparable case studies where we've looked at- the demographic of mental health patients has included people from different ages, different genders and different, erm, so, sort of, from LGBTQ+ backgrounds. We've had a very good cross section of a lot of different protected characteristics. (STU 8)

The representation of race as a variable and determinant encodes a particular, bounded way of understanding race. By treating racial categories as stable, clearly delineated and universally applicable, it suggests an objectivity and measurability to race that likens it more to a fact than a construct or ideology

that sustains a system of racial oppression (Fields & Fields, 2022). Race becomes a characteristic persons have—a ‘concrete marker of identity’ (Collier-Sewell, 2022, p. 5)—that, seemingly organically, sorts persons into groups between which certain ‘prevalences’ (STU 1) and ‘vulnerabilities’ (EDU 8) can be compared. Here, elements of both *biological racial realism* and *racial social constructionism* may be in play, but with the same result: race’s essentialisation. The authority of government surveys and administrative data legitimises too this way of engaging with race. Indeed, participants note the influence of ‘those surveys’ when thinking about their own racial and or ethnic identity: ‘... how I conceptualised that straight away was when you get these surveys, and then it says, like, you have to kind of pick one of the options?’ (EDU 12); ‘Well, you know, when you fill in these questionnaires and they ask you, then yeah, I’ll...’ (EDU 14); ‘Well. I think I- on those boxes, I always tick...’ (EDU 15). Such presentation formalises race and permits the naturalisation of racial categories (Hoyt, 2016). It also compels one to ‘race’ oneself. In doing so, race-as-variable-and-determinant creates a ‘safe’ way to interact with race, having rendered it benign and, ultimately, essential.

Given the fear participants express about engaging with the topic (as will be discussed in ‘Chapter 7: Conceptualising racism’, section 7.3) it is unsurprising that institutions and educators restrict their (and students) engagement with race to this uncritical ground. Race-as-variable-and-determinant makes race an afterword—a reflection of something preexisting, already settled out of frame. Discussing race in this way gives the appearance that MHNE is simply reflecting the ‘facts’ of reality—the problem of ‘race’ being exogenous and having arrived to the educational context fully formed (Bacchi, 2009). This feeds back into the sense that critical engagement is not required. What this fails to grasp is that if race persists today, it is because we constantly recreate and reinstitute it in our social terrain, perpetuating its existence through our social practices and vocabulary (Fields & Fields, 2022). Scholars have long warned against such a reductionist view. Without attending to the contestability of race and the political nature of racial categories, race-as-variable-and-determinant risks reifying the racial order under cover of talk about population inequalities and disparities (Bonilla-Silva & Baiocchi, 2001; Chowkwanyun, 2011). And as the only consistently *explicit* way that the education engages

with race, it has a hand in perpetuating this sanitised version of race, and teaching that it is only *this* version—one in which race is not subject to critical scrutiny—that it is okay for prospective mental health nurses to engage with.

Racism, meanwhile, appears completely obscured, both at the level of what is *explicit* in discussion surrounding health inequalities and population disparities, and, *implicit*, in the ahistoric and depoliticised representation of race-as-variable-and-determinant. To return to EDU 4's comment, 'there's a kind of... inability of nursing to sort of really engage critically with the concept?'. When race is presented uncritically, as an a priori characteristic, it has the effect of concealing racism. This phenomenon, termed the *race-racism evasion* by Fields and Fields (2022), involves the camouflage of discrimination (racism) as inherent difference (race), diverting attention away from the systemic racism that imposes difference and disparities. Consequently, discussions of racism are rendered unnecessary or taboo. At issue here is the supposed splitting of race from racism. Race-as-variable-and-determinant attempts to sever the cord connecting race to the (racist) racial logic that gave rise to it; yet, race has a history and purpose that exists only within the context of racism—the two are inseverable (McGowan, 2023).

So, whilst mention of race-as-variable-and-determinant may not be equivalent to 'featuring' race and racism in the education, its appearance should not be overlooked. However cursory, it provides us with an initial example of how ideas about race and racism are moving through MHNE in Scotland. In this case, under the cover of other substantive topics (health inequalities and population disparities) and even when given minimal airtime.

4.4 In fact, not 'nothing at all' but an absent presence

The example of race-as-variable-and-determinant is the easiest to 'find' in the data. It is the only straightforward and consistent account participants give of race being explicitly referenced in the educational offering. Participants identify the topics of health inequalities and population disparities as sites where a direct approach to race is made (however limited) and they indicate something of an analysis of this (reflecting that the limitedness makes this approach 'uncritical', 'tokenistic' and 'superficial'). Other ways that ideas about race and racism are moving through MHNE are not so easy to identify. Precisely because explicit

discourse is absent or removed, we are forced to confront what is going on through other explanatory routes (Wade, 2010). Missing the same kind of upfront acknowledgement from participants, their identification relies heavily on meta-analysis: on looking at what is shown through what is said and what appears to be underlying (sometimes absent) speech. Through this process, we find that, it is not that race and racism are absent in the educational programme and environment, but that their presence is masked under the guise of an absence.

An *absent presence* denotes a concept or object that is ostensibly absent, but whose presence is found in other, indirect ways. The absence is thus not indicative of a void, rather, it tells us something constitutive about how the concept or object is operating. Race has been likened to a haunting spectre or a lingering stench (Black, 2021; Goldberg, 2006). To borrow an analogy from Cherrington and Black (2020), it is the smell of the boar in the forest in the absence of the boar itself. Thus, by nature, an absent presence is difficult to grasp—slippery and elusive—and difficult to confront—at once there and not there.

The crafting of race happens through the deployment of racial logic that, so ubiquitous and ordinary, has retreated entirely from view (Fields & Fields, 2022). Participants' failure to recognise that race and racism are being crafted in and through the education is not, therefore, an individual failure. Instead, it is symptomatic of the education's structure, characterised by strict regulation and packed curriculums focused on predetermined outcomes about what nurse-subjects should be. The rigidity of this structure *squeezes out* space for criticality, spontaneity and depth of exploration, diverting actors away from delving beneath surface appearances—beneath the absence of race and racism as it is perceived. The lack of institutionally sanctioned language reinforces this message, signalling that these topics are off limits. As one student remarked:

I think that might be the university might be scared to do that [provide language]? You know, because then - maybe they're thinking we have these terminologies up on a screen, and someone might complain or- I think again, in the university, you might have that line of "what are they allowed to do?". That could be another factor in this. (STU 6)

Similarly, this educator admitted feeling hesitant about broaching these topics directly without sanctioned terminology for fear of being politically incorrect: ‘So when you were saying earlier about ‘what do we need?’, having appropriate terms would be useful, I think’ (EDU 9). The failure to recognise an absent presence is intrinsic to how the absent presence operates; it is the predictable and integral way it must slip from grasp. Having been ‘pressed into absence’, concealment is the very way in which the object or concept is kept at a safe distance (Law, 2004, p. 161). After all, for every absent presence, there are reasons why it has been relegated to the shadows that make it both harder, and more perilous, to perceive and to confront. Already, participants have demonstrated this. The assumption that other topics inherently ‘imply’ an engagement with race and racism, even when not explicitly addressed, reveals how these issues operate within the participants’ collective imagination. The effect is to consider that race and racism have been ‘covered’ in the teaching materials whilst guarding against their direct confrontation.

To uncover the trail of an absent presence necessitates looking awry—searching for markers of the aftereffects of a presence (Goldberg, 2006). Methodologically, it requires an inquisitive and generative approach to seeing the shadow of race and racism (M’charek, 2023). This involves attending not only to race as object/concept but as *practice*, paying attention to the ways in which racial logic is encoded and operationalised through non-discursive visceral and corporeal attachments (Hook, 2006), i.e., through how race is being ‘done’. This approach marries with the abductive analytic process taken up in this study. By ‘plugging’ participants statements back into their broader narratives and context, and engaging this data with theory, we can unlock a fuller account of what is going on, and an account not limited to surface appearances (Jackson & Mazzei, 2013). As we consider more fully what participants say, we see other things standing in for direct references to race and racism and, all the while, shaping how they are thought about and positioned. And in examining the stories participants tell, we see how race is being crafted and deployed whilst, simultaneously, being ostensibly ‘absent’ from classroom proceedings. Thus, it is not that race and racism are absent from the mental health nursing programmes and environments, but that their presence is masked under the guise of an absence.

4.5 Conclusion

This prologue has journeyed through participants' claims of a straightforward absence of race and racism in the education and has shown, through their accounts, how this absence is more accurately understood as an *absent presence*. The notion of an absent presence captures the antagonism of absence and presence as they exist simultaneously. Certainly, *explicit* address of these issues appears largely absent, yet what is *implicit* cannot be overlooked. Revealing an absent presence relies on exposing patterns or assemblages of other markers that surface the presence of something that is otherwise, ostensibly, *not there* (M'charek et al., 2014).

Arriving to this point sets the scene for the findings chapters that follow—it is the point of departure from which these findings take form. The forthcoming chapters will reveal how participants unwittingly evidence the lingering effects of *racecraft* in the education (Fields & Fields, 2022), demonstrating race as an absent presence, even if they themselves did not conceptualise it as such. This analysis will render the proclaimed narrative of a generalised absence—of 'nothing'—increasingly implausible. Instead, the presence of race and racism will come alive in the data. Contrary to the narrative that there is 'nothing', the assemblage of examples from the data will show that race is being 'done', with ideas about racism promulgated and circulated in and through the education. Participants' stories provide windows into what goes on in the field of MHNE: they provide access into what is thinkable and sayable about race and racism within this field.⁴⁷

In closing this prologue, I briefly outline the four findings chapters that follow. The first, 'Chapter 5: Knowledge and practice of race', specifically considers the tension between participants' knowledge about race and what they *show* about how race is being enacted—practiced—in the mental health nursing education under study. This examination highlights the gap between participants' discursive problematisations of race and the way that race is actually being *done to* social actors in the field, as revealed by the stories told.

⁴⁷ Throughout the chapters, participants' speech—their stories—are used as entry points for understanding what goes on in MHNE, rather than as a basis for judging or comparing individuals. Participants' accounts are chosen because they demonstrate something common within the data, and are treated as symptomatic of what can be thought and said within the field under inquiry.

The second chapter, 'Chapter 6: Racial positioning', builds on the first by examining the roles that social actors are cast into once—and as part of how—the will to racialise is enacted. A recurrent motif about how race and racism *could* be taught in the education (remembering that these topics are perceived, by participants, to be wholly absent at present) provides access to understanding these roles and their relationship to upholding the racial (racist) order. It is through participants' proposals—their solutions (Bacchi, 2012a)—that more is revealed about how race and racism are being problematised.

The third chapter, 'Chapter 7: Conceptualising racism', turns to examine how racism is being conceptualised by social actors in the education. Here, we see participants proclivity to understand racism through the individualised figure of 'the racist', with fear of being seen as this morally bankrupt figure seeming to drive participants' motivations. Using Žižek's (2009) theory of violence, I explore what this predominating problematisation misses in foreclosing a conceptualisation of racism that can include anything beyond the immediate and the interpersonal.

Finally, in 'Chapter 8: The real absence', we return to the theme of absence with which this prologue is concerned. Having challenged the notion that race and racism are absent in the intervening findings chapters—demonstrating, instead, their very real presence in the education, conceptually and materially—the final findings chapter looks at what is *truly* absent in the education: the concept and practice of antiracism. Unlike race and racism, participants fail even to recognise antiracism as something that is missing—it is entirely unraised by participants as a topic of concern, wholly off radar. This, too, illuminates how race and racism are being problematised in the education, and what this problematisation is missing or limited to.

Chapter 5: Knowledge and practice of race: ‘I wouldn’t see race being particularly because of the colour of your skin’

5.1 Introduction

To begin our exploration of how race moves through mental health nursing education (MHNE) in Scotland, conceptually and materially, this chapter highlights the tensions between *knowledge* and *practice*. Here, knowledge refers to the ideas and beliefs reproduced through discourse that circulate in social spaces via the ‘text and talk of everyday life’ (Van Dijk & Atienza, 2011, p. 95). Participants initially claim to *not know* about race—what it is and how to understand it. They caveat their speech with an absence of knowledge, enacting a move that distances them from what they say they (don’t) know. Yet, the stories participants share demonstrate that social actors in the educational environment necessarily possess a kind of *applied knowledge* with which to enact race, for the very fact that their stories reveal race being *done*. This ‘doing’ happens almost immediately, non-discursively, and, as such, perhaps fails to register for participants as a form of knowledge at all.

Practice is important because it concerns the immediacy of *doing* and patterns of what is done (Shove et al., 2012). Examining practice opens a window into social life that affords an alternative view to discursive knowledge alone—a view that might correspond, or that might compete with, or depart from, discourse entirely. What participants’ speech and stories reveal is that *knowledge about race* (to the extent that participants believe they possess knowledge, or are willing to share it) and the *practice of race* appear contradictory. Principally, the core mechanism via which race is enacted in the educational environment is visual cues and symbolic attachments ascribed to bodily differences. But visual cues are the very mechanism which, in their discursive accounts (offered once caveats of ‘not knowing’ are declared), participants are at pains to disavow. Instead, their accounts give primacy to self-identification—‘race is more about a person’s own story... their journey’ (EDU 11)—apparently making race a matter of choice and one’s choosing. This demonstrates something of what participants do, resolutely, *know* about the expectations and rules of engagement in contemporary Scottish and nursing contexts. Nonetheless, a rupture appears between knowledge and

practice: between what is said (or not said) and what is actually done. This rupture is surfaced by tracing race through participants' discursive representations of knowledge *and* their stories, which, incidentally, show race being done. To be on the trail of race—and to draw a fuller account of *racecraft*—in the education requires exploration of both knowledge and practice.

To approach this, I first examine participants' explicit discursive representations of race before contrasting these with the participants' stories about MHNE—stories which reveal a different account of how race is operating. In the final part of the chapter, I explore how, institutionally, the sanctioned discourse of cultural difference steps in as a retroactive alibi for the practice of race. This 'official knowledge' covers over the otherwise unresolved disjuncture between knowledge and practice displayed in what participants say (Van Dijk, 2010), simultaneously affording this practice a veneer of legitimacy and sensitivity by (apparently) negating racial terms in favour of cultural ones.

5.2 Discursive representations of knowledge about race

5.2.1 'What does race mean to me? Oh god!... I don't know!'

Asked directly about their understanding of 'race', participants typically make some claim to 'not knowing'—to a pronounced absence of knowledge with which to offer a response. This takes the form of explicit exclamations of 'I don't know', such as: 'I think race to me is... I don't know how to answer it... Em...; (EDU 2); and, 'Like, I don't know. I guess it's... interesting... but I just, I dunna ken how it actually works, really...' (STU 1). Likewise with the following educator, whose laughter and 'Oh god!' seems to reveal a nervousness associated with being caught off guard:

Em, I suppose... What does race mean to me? I suppose...
Oh god! [laughs]. Like different... I don't know! Different people, from different backgrounds, experiencing things differently maybe? I don't know, maybe something along those lines. Umm... I... Hmm... [...] Hmm, I don't know! I don't know. Maybe that's- I should have revised a bit [laughs] to clarify things in my head! I don't know. (EDU 15)

Here, pauses and rhetorical questions ('maybe?') feature alongside declarations ('I don't know'), presenting a sense of uncertainty and tentativeness about what

is being said. At the same time, in amongst this, the participant does offer a conceptualisation of race, however vague ('Different people, from different backgrounds, experiencing things differently maybe?'). This pattern of claiming not to know and, at the same time, sharing an understanding of race features widely in the data. Without exception, every participant attempts a description of race; none limit their response to simply, 'I don't know'.

Certainly, 'Chapter 4: Prologue' has indicated that claims of a deficit in knowledge might be legitimate; after all, neither educators nor students appear to have regular opportunities to talk about race and racism. As such, perhaps providing an answer is a sign of conversational etiquette, an attempt to stem what might be felt, otherwise, as an uncomfortable silence in the interview. However, this widespread practice of claiming not to know *and also* offering an understanding does seem to contradict any straightforward claim of not knowing. Rather, what it appears to enable for the participants is the ability to share their interpretation, whilst, simultaneously, distancing themselves from the interpretation given (Bonilla-Silva, 2018). It creates, in effect, a buffer between the utterance and the utterer, providing grounds for the utterer to later renege on their utterance should they wish to (as I said 'I dunna ken how it actually works, really...' [STU 1]). Appeals to being 'ill informed' provide similar cover. Participants use phrases such as 'If I was to give you a very uninformed, kinda, definition of race, em...' (EDU 3) and 'I'm not sure if it's a very superficial understanding, or a very nuanced understanding of it [race] I've given you' (EDU 4) to make clear that what they say shouldn't be taken too seriously. Further, their language reveals that asking them about their understanding may have been designed to trick or test them. One student wishes they'd prepared: 'that's a big question. I wish I was prepared for this' (STU 10); an educator fears they should have revised: 'I should have revised a bit [laughs] to clarify things in my head' (EDU 15); and another expresses the desire to 'get a dictionary out now, but I know that would be cheating [laughs]' (EDU 13). There is perceived pressure to answer correctly (and perhaps, with political correctness), presupposing that there is a 'correct' answer, waiting to be repeated.

Claims of 'not knowing' and being ill-informed are useful, then, as caveat and alibi in the event that 'maybe I'm saying wrong things' (STU 10) about this 'complex' (EDU 3; EDU 11; EDU 13), 'difficult' (EDU 2; EDU 3; EDU 8; EDU 11)

and 'uncomfortable' (EDU 2; EDU 6; EDU 7) subject area. Caveats declared, participants typically go on to describe race twofold: first, as something multifactorial, and second, as something that people self-identify.

5.2.2 Race as multifactorial: 'It could be lots of different things'

In their representations, participants construct race by combining various social concepts including 'culture', 'ethnicity', 'heritage', 'genetics' and 'nationality', along with informal terms such as 'background', 'roots' and 'where you're from'. *Culture*, specifically, predominates—a point I return to later in the chapter. Representations include phrases like, race 'encompasses culture and ethnicity and people's experiences, and their heritage' (EDU 6) and 'so [race] could be country of origin, but it could be also ethnic or cultural background. And so, it could be lots of different things' (EDU 11). This understanding of race as a constellation—made up of a 'combination' (EDU 9) of 'lots of different things' (EDU 10; EDU 11)—echoes findings from international studies. In the US, lay people (Dubriwny et al., 2004), social workers (Hall et al., 2024) and undergraduate students (Morning, 2009) have all been found to construct race as a multifactorial concept.

For one educator, a multifactorial construction is the institutionally sanctioned view, as they describe:

So, I know race encompasses, you know, ethnicity and culture. And I recently did my equality, diversity and inclusion training and I thought the way that they conceptualised it was really interesting. They looked at race in terms of- in terms of... ethnicity, culture, and something else. And I can't remember what that last point is, but I know it just- it encompasses a lot more than perhaps what people think it is in the general population. (EDU 6)

Given the discursive absence of race and racism in MHNE, any explicit guidance is remarkable and influential in terms of what the educator 'knows'. Among *nothing*, the university's general equality, diversity and inclusion (EDI) training is, at least, *something* for this educator to hold on to. Furthermore, in having been sanctioned by the institution, it lends authority to the multifactorial conception of race.

Such multifactorial constructions can be understood in relation to Outlaw's (1996) theoretical work on race as a 'cluster concept'—a collection of factors that are biological and cultural in nature. For Outlaw (1996), these properties are disjunctive, meaning not all must be present to substantiate claims that someone is of a particular race. The benefit, then, of the cluster concept is that it is elastic enough to accommodate diverse thinking about race (Glasgow, 2009) and flexible enough to foreground and background different properties—biological, cultural, historical—depending on context (Morning, 2009; Roth et al., 2023). This plasticity allows justifications to stretch and stray into other, equally imprecise, concepts (a concept like *culture* is no less nebulous and contested than *race*) whilst remaining tethered to the everything and nothing of 'race'. The problem, then, with the cluster concept is that the apportioning of racial distinctions can apparently be legitimised *whatever* justification is given (George, 2016). Consider the following:

Erm... I, I guess [race] is a term to define people's origins, in terms of their genetic and cultural, their historical, roots, is probably the right word. Erm, you know, I think sometimes you can look at it quite simply as geographical differences, you know. Depending on what continent you're born on, you're perceived as being of a certain race or, or or origin or roots [...]. Erm, so a race would be, you know, where someone's origins are, erm, what their cultural roots are, and maybe what their genetic endowment is, in certain aspects. Erm, yeah, and different belief systems that go with different cultures. Erm...
(EDU 8)

In just a few sentences, race becomes everything; a 'heavy thing' (EDU 6) imbued with the meaning of genetics, culture, history and geography. It extends as far as the inference of different racial 'belief systems'; a point emphasised by a student participant who named 'the religion, the upbringing' (STU 2) in their construction of race. The focus is on generalisable and inherent qualities, characteristics and values which define a 'certain race' as a group (Benjamin, 2014). This setup both presupposes the assumed veracity of 'race'—race-as-variable-and-determinant: '... I mean, we're- we're all from races, aren't we?' (EDU 9)—and grafts onto race considerable positive valence, rendering the possibility of critiquing race an impossibility. Culture, history and place are, after

all, hugely meaningful to people (Appiah, 2018). At the same time, this account of race is so nebulous, so imprecise, as to be about no one thing at all. The clustering of myriad properties provides cover for the imprecision, and, as such, may be important to participants who have already declared 'not to know'. Thus, we can wonder, is it that, for participants, race overflows with meaning, or that their uncertainty ('erm...'; 'maybe...') leads to overloaded definitions? Similar confusion is recognisable in recent popular and bestseller titles on race wherein race is not explicitly defined but framed through the discussion of other social concepts. Ibram X Kendi, for example, divides his international bestseller, 'How to be an antiracist' (2019), into chapters including, 'Biology', 'Ethnicity', 'Culture' and 'Behavior', in ways that strengthen the idea of race as multifactorial and widely conceptually networked.

5.2.3 Race as self-identification: It's 'more about a person's own story... their journey'

The second aspect of participants' twofold description of race involves self-identification, or how individuals choose to categorise themselves in relation to identity markers. Participants emphasise the agency of individuals in self-defining and self-declaring their racial identity, expressed in statements such as, 'race is more about a person's own story' (EDU 11) and about the 'certain race that you identify as' (STU 1). Alongside self-defining identity, participants note the role of self-identification in affiliating oneself with a group—'Well to me... your race is with which group of people you associate yourself with' (EDU 14)—groups differentiated, presumably, along aforementioned cultural, ethnic, geographic and historical lines. This 'sense of identity' is, as one student notes, about a 'sense of belonging, sense of culture and how people identify themselves with that culture, with that grouping' (STU 8). Self-identification makes it possible to make oneself an 'I', and an 'I' amongst a chosen 'we'. It is the freedom to self-select, in essence, the identit(y/ies) and group(s) to which one wants to belong.

Affording primacy to personal preference—'I think it's more about the person themselves than my overarching, kind of, you know, thoughts or views on it?' (EDU 11)—aligns with the mandate of person-centredness in contemporary nursing practice (NMC, 2015/2018). By emphasising the person's understanding, in their own terms, the participant signals allegiance to this ubiquitous ethos in

contemporary healthcare practice.⁴⁸ Indeed, the imperative of aligning with person-centred values is named frequently in participants' general talk about MHNE and is embedded across curricula documentation. Furthermore, performed reverence for self-identification follows professional practice guidance to 'refer to people and groups as they refer to themselves' (Health Improvement Scotland, 2021). It is also in keeping with broader sociopolitical norms, wherein identity has become central to political and social discourse (Malik, 2023) and where individual freedoms and choice are emphasised (Roth, 2018). In Scotland, the Gender Recognition Reform (Scotland) Bill, widely covered in national media, shifts authority away from medical assignment to self-assignment of gender identity, sending a clear message to healthcare professionals, and the public, about whose view should lead. In keeping with this movement, one educator advised that they use they/them pronouns for all students until individuals establish otherwise. Such actions are a public declaration of intent towards inclusivity—manifest in the kinds of marketing universities address through corporate initiatives—and an acknowledgement of the 'pride' (EDU 4) and meaning people might attach to their identity/ies. What is said here projects an *idealised* image of the classroom as a site in which respect for self-identity is paramount and any (pre)judgement about identity/ies is (ostensibly) suspended.

At the same time, emphasising self-identification and adjusting classroom practices to affirm its importance serves a parallel function, particularly in addressing the 'complex' (EDU 3; EDU 11; EDU 13), 'difficult' (EDU 2; EDU 3; EDU 8; EDU 11) and 'uncomfortable' (EDU 2; EDU 6; EDU 7) topic of race. It has the benefit of distancing the nurse (participant) from having to assign an identity marker that they might get wrong. Thus, the performed centralising of self-identification in how race is problematised appears beneficial for both the person who self-identifies and the person relieved from the burden of identifying another. What this conveniently overlooks, however, is the social nature of identities and

⁴⁸ Person-centred care (PCC) is integral to how nurses operationalise the commitments set out in 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates' (NMC, 2015/2018). For the NMC, '[b]eing person-centred means thinking about what makes each person unique, and doing everything you can to put their needs first' (NMC, 2020b, 0:24). This definition aligns with seminal work on PCC in the UK developed by nursing scholars McCormack and McCance (2006; 2016). Their framework of person-centred nursing remains foundational to PCC teaching in nursing programmes today.

the ways in which social practices and external forces often impose identities onto individuals, irrespective of self-identity. By focusing on *self-identification* (Brubaker & Cooper, 2000) or *subscription* (Hoyt, 2016), participants neglect or deny the practices of *racial appraisal* (Roth, 2018) or *ascription* (Hoyt, 2016) that go on in the educational context of MHNE, as a site of social interaction.

This neglect of racial appraisal or ascription is made possible by what is conspicuously absent from participants' representations of race: the consideration of visible differences in phenotype. Participants specifically avoid talk of skin colour or, if it is mentioned, it is mentioned to be disavowed ('it's *not* about skin colour'):

I think to me, race is where people come from, I guess? I I guess it's a combination of both culture- and I don't think it's necessarily just down to skin tone, although a lot of people feel that way, but yeah, I think it's more acultural thing, em, of being from different areas... (EDU 9)

Race covers lots of different things, not necessarily about colour of skin, but people's background, you know. (EDU 10)

Race is more than just skin colour, if you know what I mean. (STU 1)

Em, I suppose I'm saying to you, you know, treating people differently because of the colour, but I wouldn't see race being particularly because of the colour of your skin. (EDU 2)

The omission of skin colour from participants' multifactorial constellation of 'race' enables the performed ideal of self-identification to persist uninterrupted, having negated the fundamental mechanism for externally assigning or imposing racial categorisation. And yet, within the very act of disavowal and refusal, is an implicit acknowledgement of the importance of skin colour to participants' thinking (Hook, 2011).

This pattern echoes findings from Dubriwny et al. (2004) where lay participants explicitly dismissed the significance of skin colour in defining race, considering it an erroneous and unsophisticated basis for racial distinction. Similarly for the educators and students, a focus on skin colour is associated with childlike understanding: 'I mean, I suppose when I was younger, I probably had some

basic idea that it was about the colour of your skin' (STU 4). Such 'basic' ideas are to be superseded in adulthood through the acquisition of knowledge:

Probably when you're school age, you think of race just as in colour – black and white – and you know... areas of the earth, er, and things like that. But it's- it's more complex than that, isn't it? As you get older. (EDU 10)

Whilst children are limited to the practice of race—the blunt delineations of sorting one person from another through visual cues—increased knowledge leads, in adulthood, to the understanding that race is apparently far more 'complex' (EDU 10), 'multidimensional' (EDU 2) and sophisticated, as the cluster concept suggests.

Having conceptualised race as a matter of (self-)identity, and then having identified gender as a guide for thinking about and navigating identity-related issues—'I suppose I think about race in the same way I think about gender...' (EDU 10)—participants rationalise their avoidance of visual cues by prioritising self-identification over external appearance. Within this logic, participants recognise that it is not possible to be certain about how someone identifies by how they look, indeed, quite the opposite—how someone looks might say nothing useful about how they identify (Jenkins, 2014). Coupled with the legacy of colourblind multiculturalism of the millennium era (Shafi & Nagdee, 2022), participants' aversion to discussing skin colour appears to recognise that identities are politicised and contentious, and that visual cues no longer feature in the politically correct answer to understanding race.

Together, participants' problematisations of race—as multifactorial; as self-identity; and, *not* about skin colour—form the public account of what they know, prefaced with the caveat of uncertainty (of not knowing 'how it actually works, really' (STU 1)). This is the version they are willing to externalise, bearing in mind that, at interview, the participant and I are not anonymous to each other, even if their utterances are anonymised here. As a particular way of constructing race, what this public account reveals is what participants *do* know well, namely, the expectations of the professional and public contexts in which they operate. In light of the discursive absence around race and racism in the education—very limited, sanctioned and official knowledge (Van Dijk, 2010)—participants draw on other

conceptual frameworks available from their professional and public domains to make sense of how to respond ‘correctly’.

The outcome is a perspective on race that draws upon participants’ views on gender and its navigation, and that suggests that race can hold different meanings for different individuals. It is framed as something defined by personal interpretation, emphasising self-identification over the racial appraisals imposed by others (Roth, 2018). The parts cohere and reinforce each other; there is an internal logic, all of which rests on race as an identity marker that, though self-identified, must be identified nonetheless. Educators take precautions (like those described above) to neutralise premature identification of gender in the classroom, limiting the possibility for misgendering to occur. According to this same ideal—one which participants have set out for approaching race—we can imagine classrooms in which race too is neutralised, i.e., classrooms in which everyone, students and educators alike, exist as race ambiguous (but note, not raceless, as ‘we’re- we’re all from races, aren’t we?’ [EDU 9]) until self-identified otherwise. Here, the ascribing of and sorting by race would apparently *not go on* in the classroom, not before individuals have self-declared their preferred identity. But this is not the case, nor is it even close. As Dubriwny et al. (2004) remind us, ‘[t]he denial of color as important to the definition of race is significant because often people and/or entire populations are categorized into racial groups in everyday medical and social practice *based on color*’ (p. 189, emphasis added). The classroom in MHNE is no exception. Here, the *practice of*, in contradistinction *to knowledge about*, race diverges. In the stories that follow, we see that participants are making racial appraisals all the time in ways that supersede the performed deference to self-identity just highlighted.

5.3 Stories which reveal the practice of race

5.3.1 The absent presence of race practice

Practice strikes at the heart of how race is crafted day-to-day. It is through collective and individual practice that racism moves through social life disguised as the apparent ‘fact’ of race that it both relies on and (re)creates (Benjamin, 2014). *Racecraft* is Fields and Fields’ (2022) bid to refocus our attention on social practice and its consequences, to show that the racial—‘which is to say racist’ (p. 10)—practice of sorting, differentiating and dividing by race cannot be overlooked

as it is essential to how racism operates. As McGowan (2022) so concisely observes:

The fundamental lure of racist society is race. One creates racists by convincing people that there is such a thing as race. Once one accepts this starting point, one has already succumbed to racist thinking. Instead one must see race as the product of racism. (p. 51)

To do so requires us to understand race as a category of practice in which racial (racist) logic is played out (Loveman, 1999). Indeed, because race is not a fact of nature, race must first be *done* before it is out there in the world to be analysed (Brubaker & Cooper, 2000); something that purely descriptive or analytic uses of race, such as race-as-variable-and-determinant, misses. In keeping with this, I refer to ‘race as practice’ and ‘the practice of race’ as shorthand under which to gather the social processes via which race is operationalised (*done*) as an outward manifestation of the racial (racist) logic underpinning it.

Participants’ stories act as markers that the practice of race has been ‘on the scene’ in the educational environment (Goldberg, 2006). The stories participants tell about MHNE provide clues as to practice occurring at the non-discursive register: to what has been done and what is likely to happen next (Schutzki, 2012). Whilst race appears explicitly absent, the presence of race practice surfaces in clues between the lines of what is said, and in the undercurrents of words and phrases. The practice of race is never the focus of participants’ stories, but it is there, lurking in the background, ‘hum(ming) beneath the surface’ of what goes on (Lentin, 2022, p. 492). Furthermore, these stories give expression to the immediacy, almost instinctiveness, with which race is practised—participants *do know* how to *do* race, and what racial prescriptions should be given. But this knowing is hidden in participants’ discursive representations when responding to questions directly centred on their understanding of race, particularly where deference to self-identity is performed. Examining practice shifts our gaze away from this abstract ideal, to focus, instead, on what actually happens—what participants actually *do*. Via this inquiry, we see practice entirely subverting the discursive representations of race that have been our focus to this point.

5.3.2 The primacy of visual cues: 'I notice you've all sat together?'

One key story brings this into sharp relief; key because it is both consistently offered by participants across the cohort, from different institutions, and because it exemplifies how the practice of race is present, yet flies under the radar, unremarked. It is a story about how students sit in the classroom, typically offered in response to a broad question from the interview guide about whether race or racism ever feature as a dynamic in the classroom:

I mean, it's kind of simple, but I'll actually- a lot of the groups of people actually are quite divided by race [laughs], in terms of- not completely, like, we're all kind of integrated in some ways, but actually people tend to sit with- white people are often in groups with each other, black students are sometimes in a- more sit next to each other, and so on. (STU 4)

Similar narratives about such arrangements are told by two thirds of educators in remarkably consistent terms. But whereas the student above draws parallels across student behaviour (white students group together as much as Black students group together), the educators tend to highlight the behaviour of those who they mark as 'different': 'You know, people of different ethnicities will sit on their table, and they don't tend to interact with others, or that others don't tend to interact with them' (EDU 9). Here, 'different' both constructs a normal or standard ethnicity (white? Scottish?) and marks out those who appear to deviate. Where there are Black and Brown students in a class (always identified as a numerical minority, ranging from 'a couple' [EDU 12] to 'four or five' [EDU 14]) educators note that: 'you'll get a group who will sit together. You know, there might be four or five black students who sit together' (EDU 14). And this 'tends to happen more frequently than it doesn't' (EDU 9) according to educators:

That does often happen in classes as well, you know what I mean. I think that we don't have an enormous amount of black students, but whenever we do, they do tend to group together and, you know what I mean, that's probably another story. I mean, that's another interesting thing in itself. (EDU 3)

In all these examples, 'you know' functions to suggest and appeal to some common bond of unspoken knowledge between the speaker and the listener

(those ‘things-I-know-you-know’ [Táíwò, 2022b, p. 40]): ‘you know what I mean?’, that’s ‘another story’.

This ‘other story’ is the aspect of the narrative in which participants are preoccupied with determining whether where students sit is or isn’t racist, whether ‘the white students and the black students sitting separately would count as racism’ (EDU 6). After all, it is something they find ‘worrying’ (EDU 11) and ‘sad’ (EDU 3; EDU 13). Now certainly, it is tempting to follow participants’ lead: to moralise about what the seating may (or may not) say about the dynamics of racism in the educational environment. But there is something even more fundamental at play, something that happens before it is possible for the story to be told in the terms that it is.

In perceiving the situation in the classroom, and in describing that perception, participants have already engaged in the practice of race, of ascribing race to the students in the room (the characters in the story). That the students *have* race is a presupposition of the story, masking, in fact, that race has been *done*. In their speech, participants re-locate ‘the problem’ away from the one who perceives and onto the one who is perceived. This happens almost imperceptibly—‘I mean, if you have five or six black students sitting together, and then everyone else is, sort of, like, white, it very much highlights that’ (EDU 2)—as if *their* difference (now essentialised) has performed the act of highlighting, rather than the onlooker’s perception of difference (which does the essentialising). Likewise, having identified that ‘all of the black students in the class, all sat in one group together’ (EDU 7), one educator made an approach:

I did go over to the group and I said, “I’ve noticed that you’ve all sat together”. I said “does that-”. And they just said, “Oh well, we all know each other”. And I thought, “well, OK”, and I thought, “well, should I have mix-?”. I should have broken that up? Or should I have shared-? Or should I have just made an observation? Or what-? (EDU 7)

The very basis for this approach relies on the educator’s appraisal that these students are all *different* and that in *their* difference they share some racial sameness. Centring the practice of race enables us to see what participants fail to: that the ascription of racial difference is part of how racism is operating in the story. Participants focus their inquiry—‘is it racist?’—on the separation or

segregation of presupposed racial identities, but this is only possible once the onlooker themselves has enacted racial (racist) logic, transposing their act of discrimination—of seeing difference—into an immutable characteristic of the persons being race-ed (Fields & Fields, 2022).

When educators claim that the separation of students based on racial identities would be ‘immediately obvious to anyone, if you walked in the room’ (EDU 12) they are, inadvertently, highlighting how they are doing race and how they would anticipate others to do race also. The mechanism through which race is ‘obvious to anyone’ (EDU 12) is the visual; the body (McGowan, 2022). It is through the visual schema of skin colour and physiognomy that subjects are instantly racially coded by the onlooker entering the room (Loren & Metelmann, 2011). Physical characteristics are read as visual cues about who belongs to which racial group (Gilroy, 2000) and, because bodies do display visual differences, physical characteristics simultaneously function to legitimise this reading, seeming to afford some natural veracity to race (George, 2016). However, physical appearance performs the function of division along racial lines only after symbolic meaning has been grafted onto it (Loren & Metelmann, 2011). After all, ‘[p]hysical features simply are what they are’, it is we who confer them with deeper meaning in the course of our perception (Fields & Fields, 2022, p. 72).

The ‘appeal to the eyes’ that race relies on is precisely what participants are keen to avoid in their public representations of race (George, 2016, p. 39), recalling its dismissal as childlike and its omission from their multifactorial representation of race. And yet, it is clear in their stories and speech that participants do engage in racialising subjects all the time through the visual schema attached to race. One interview further illustrates the contradiction. While stating an active preference to avoid race and to ‘seeing’ (EDU 7) people as raced beings, one educator, throughout their interview, races subjects continuously in their stories: ‘our black students’, ‘all of the black students in the class’, ‘the student was white’, and so on. Having disavowed race, they go on to use colour-based racial language in describing subjects on almost thirty occasions. As one student reflects, ‘I think often when people are actually speaking about race, it’s probably about colour of skin’ (STU 5). Skin colour is explicitly denied or disavowed in the multifactorial concept participants project

publicly, but in conversation the visual—the body— is unveiled as a primary vehicle for the practice of race.

5.3.3 Ascription disguised as self-identification: ‘How would you like to be called?’

Perception, as the practice of race, happens with immediacy. There is no division between the apprehension of the subject(s) and their classification according to appearance (McGowan, 2022)—the two occur simultaneously. The ‘immediately’ part of it being ‘immediately obvious to anyone’ (EDU 12) is made possible by the onlooker ‘observing [people] quickly and superficially’ as objects entering the room (Fields & Fields, 2022, p. 70). It is in this moment that people are appraised and designated their racial prescription whether in colour-based or euphemistic language: ‘Black’; ‘brown’; ‘Asian’; ‘minority’; ‘different’, noting that white students and educators are more often designated the position of ‘universal experience’ (STU 4), as simply ‘students’ or ‘educators’ in the stories. Again, this entirely contradicts participants’ public representation of race—race is being done, ascribed, without *any* regard for self-identification. As artist and philosopher, Adrian Piper (1992), writes in her autoethnographic essay, ‘Passing for Black, Passing for White’:

What joins me to other blacks, then, and other blacks to another, is not a set of shared physical characteristics, for there is none that all blacks share. Rather, it is the experience of being visually or cognitively *identified* as black by a white racist society, and the punitive and damaging effects of this identification. (p. 30)

The practice of race cares little for how you see yourself but hinges on how you are seen and identified by others. For those immediately identified as *other* than white, the practice of race offers no escape from being categorised and divided off.

On the face of it, the following story told by a white student is about prioritising self-identification:

In our cohort, in our group, we have a quite big group of students from Africa. And one day we had an open conversation about race and diversity and, er, we just asked them, basically straight, “how would you like to be called? Is it

offensive if we call you, for example, Afro-American? Or is it offensive if we call you black? How would you like to be called?”. Like, it's better to talk to these people and have an open conversation and ask them, “what is comfortable? How do you feel? How would you call yourself?”. Because we can do second guessing, but we might head somewhere... or call them this way or that way... but it's the best just to talk to people and ask them how they feel about it. (STU 9)

But self-identification is only offered to those (‘they’) who are now *already* marked out as different; via the move of asking, their position as *other* has already been ascribed, however well-meaning or innocent. Thus, ‘[h]ow would you like to be called?’ gives the illusion of choice whilst also leaving one in no doubt that you must be called something (else), whatever label you choose. Here, identification is a *forced choice*, the veneer of freedom, ‘just a ruse’ (McGowan, 2020, p. 151). Not having to self-identify, to be labelled, categorised, is a position only available to white people—those who embody the ‘universal, unmarked signifier’ (Black, 2021, p. 56). Everyone else is forced to take on a racial prescription.

As one student notes, how one is identified versus how one self-identifies can mismatch:

You know- so for the most part, the only thing that’s going on in your life is a bit of your nose and your hands. You know what I mean? You just feel like sometimes you’re in this machine, controlling it, getting through the world. But then you look in the mirror, or you look at how other people look at you, and then you’re like, “Ohh, okay... I thought I was free to do all these things”. (STU 5)

One walks around as a complex, unique individual but, when confronted with another’s reaction or with a mirror that reminds one of what this reaction is, the constraints of racial appraisal are imposed (Roth, 2018). And in this particular educational environment, the prescription of being other than white is associated with a ‘lived experience’ of finding things more ‘difficult’ (EDU 2). The positions people are forced into via racial logic are unpacked in the next chapter, ‘Chapter 6: Racial Positioning’, I raise it here because such phrasing as, ‘there might be some things that are more difficult for that person’ (STU 6), subtly transposes

the problem (difficulty) into an innate part of the person's alleged difference, rather than comprehending that, as a result of being othered, things are *made* more difficult for that person. Obscuring who is responsible for race is an integral part of how the practice of race operates, making it appear as something the subject *has* rather than something the onlooker *does* (Fields & Fields, 2022).

Similar relocation of responsibility is performed when participants tell stories about patients they've witnessed receiving poor care and treatment 'because of the colour of their skin' (EDU 2; EDU 8; EDU 11; STU 1). One educator uses these examples in developing their teaching materials, creating case studies in which an aspect of someone's experience of poor care is 'because of their race' (EDU 2); language they presumably use to introduce and discuss these case studies in the classroom. But as Fields and Fields (2022) point out, there is nothing inherent to skin colour that can cause anything. The patient's skin colour is not the *cause* of discrimination—of poor care and treatment—rather, it is the providers' (or withholders') practice of race: at once perceiving skin colour, attaching meaning (race) to it, and discriminating on that basis. The slippage that occurs in the phrase 'because of the colour of their skin' represents, verbally, the 'mental trick that turns racism into race' (p. 27). It is also notable that a phrase so demonstrably about colour—which they are so keen to avoid—creeps into so much participants' speech.

Returning to our principal story about where students sit, other aspects of participants' narrative language further reveals how the practice of race is operating. Participants use the language of observation, they 'observe' how students sit in the classroom: 'what I've observed is...' (EDU 9); 'it's more of an observation...' (EDU 7); 'my observation is that...' (EDU 13), in a way that distances themselves from what they see. This echoes positivist clinical discourse in which the onlooker is simply reporting what they 'find' (EDU 9) rather than helping to construct what this finding is through their perception, interpretation and account. The language of observation makes it plausible for participants to say that what they observe they 'don't know anything about' (EDU 3)—things being merely 'an observation' which, on the basis of their *not knowing*, they would struggle to interpret or explain but can only, simply, report. And yet, peppered throughout their speech are terms like 'integration' (EDU 2; EDU 4; EDU 11; EDU 12) and 'segregation' (EDU 2; EDU 4; STU 8); the worry that

‘we’re very bad at mixing’ (STU 8) and that there should be an imperative to ‘mix’ in the classroom (EDU 4; EDU 8; EDU 9). Such language, as well as lending credence to the racist idea that there are different ‘kinds’ to intermix (Fields & Fields, 2022, p. 107), is associated with discourses of race relations and multiculturalism. It suggests that participants know more than they are letting on—or perhaps more accurately, know more than they are rationally aware that they are giving away discursively—about the lens through which they see (and perceive) what is going on in the classroom.

5.4 Culture: The alibi that rejoins practice with knowledge

When participants do attempt to interpret or explain what they ‘observe’ about how students sit, a key rationale offered is that people ‘feel more comfortable being around themselves’ (EDU 9) and that ‘people tend to stick to their own’ (STU 8). This mirrors, almost word for word, white students’ speech in Scammell and Olumide’s (2012) English study examining attitudes towards internationally recruited nurses: ‘Obviously their culture is totally different... they just keep themselves to themselves’ (p. 547). ‘Themselves’ and ‘their own’ performing boundary-making (Brubaker & Cooper, 2000) and conjuring the notion of discrete ‘kinds’ (Fields & Fields, 2022, p. 107) and tribal affiliations (Gilroy, 2000). White participants in Scotland, like those in England, assume these tribal affiliations to be shared ‘cultural experiences’ (STU 4). *Culture*, and specifically cultural difference, becomes integral to ‘their’ constitution as a bounded racial other and, as I will go on to discuss, how this constitution is retroactively justified (Appiah, 2018). However, the rationale of shared ‘cultural experiences’ (STU 4) doesn’t square in relation to ‘what very often happens’ which is that all ‘students who are not-white sit together... in one group’ (EDU 13), whatever this ‘not-white’ background is. Clearly, the suggestion that all ‘ethnic minorities [who] tend to stick together and tend to sit together’ (STU 8)—just like all internationally recruited nurses—share a single cultural identity is absurd. What appeals to shared culture occlude is what is really shared: the common experience of being marked as different (‘not-white’) and the othering this entails.

Culture gets caught up in participants’ discursively represented knowledge about race (in their multifactorial constructions) and in their storytelling. It provides another vocabulary with which to speak about race indirectly or, ostensibly, to

avoid race talk altogether (Gilroy, 2004). None of my interview questions ask participants about 'culture' or 'cultural diversity', but almost all participants respond to questions about race/ism by shifting to discussion of culture.⁴⁹ A linguistic slip from *race* to *culture* is typical in the interviews. When asked, what is race? The answer: 'it's like, cultural' (STU 3). Recalling their student experience of MHNE, one educator describes:

I thought we would be, kind of- thinking naively, thinking- you know, we would be looking at how race impacts on mental health and mental health outcomes. And how, as a nurse, I will be able to provide really good care to people of different cultures. It wasn't really there. (EDU 4)

In conveying their experience of what was absent in the education, the educator moves instantly from 'race' to 'people of different cultures', establishing *culture* as a proxy for race and embedding cultural difference within their conception of race. Use of *culture* as proxy is similarly identified in the kind of speech demonstrated by another educator who, in describing the racial identities of students, differentiated between 'white students and students from other, kind of, cultures and things as well' (EDU 2). Another educator still shows how culture is enshrined in their understanding of race when explaining their issue with colourblind sentiments (the idea that 'I'm not racist, I don't see colour' [EDU 6]), stating that, 'but that's completely disregarding the importance of people's culture' (EDU 6). *Race* and *culture* are synonymised in such examples, with culture becoming a coded way of speaking about race, as identified in previous studies in the nursing literature (Iheduru-Anderson et al., 2021; Louie-Poon et al., 2022).

As well as reflecting what is identified elsewhere in nursing, participants' gravitation towards discourses of culture reflects a broader discursive turn in contemporary neoliberal society (M'charek et al., 2014). Culture is part of the genealogy of racial discourse (Gilroy, 2004), wherein race becomes culture and racism becomes the failure of cultural accommodation. Context specific drivers also lend credence to participants choice of culture-related language and framing.

⁴⁹ The avoidance of 'culture' and other terms often networked with race was quite deliberate in the design of my interview guide. If such terms were to emerge—which they did in the multifactorial representations of race that participants provided—I didn't want this to result from some allusion or insertion I had made in the questions I posed.

Documentary analysis shows that, whilst direct references to race and racism are entirely absent (as identified in ‘Chapter 4: Prologue’), cultural concepts feature heavily across all curricula sampled in the study. There is a mandate to appreciate ‘diversity’ (HEI 1; HEI 2; HEI 3; HEI 4), cultural ‘beliefs’ and ‘characteristics’ (HEI 1; HEI 3; HEI 4), and to develop cultural ‘sensitivity’ (HEI 2), ‘awareness’ (HEI 3; HEI 4) and ‘competence’ (HEI 2; HEI 3). Thus, culture is an official, institutionally sanctioned discourse in MHNE, making it safer terrain for participants to engage with (Van Dijk & Atienza, 2011). Its prevalence in the curricula makes it a language and framing that participants are familiar with, and one that they have had modelled. Indeed, cultural concepts have been well-established in nursing and nursing education theory since Leininger’s (1978) seminal work on transcultural nursing in the 1970s.⁵⁰ As contemporary nursing scholars like Louie-Poon et al. (2022) and Holland (2015) reflect, cultural concepts have made it possible to circumvent the politically charged topics of race and racism in nursing. *Culture*, unlike race with its inured hierarchical order, can enable an apparently relativist position when the purpose suits, i.e. one culture is not better than another, it is simply ‘different’ (Malik, 2023). Thus, *culture* steps in as a ‘polite’ (Fields & Fields, 2022, p. 156) discursive alibi that the practice of race otherwise lacks.

To confirm that those marked as different—based on unspoken visual cues—are truly different, they must be framed as culturally distinct; without this, the justification falls apart. In the classroom, this dynamic manifests in troubling ways. One educator, recalling a teaching session on interpersonal skills, described that ‘some students [presumably white, indicated by their universal position] were talking about use of touch’ and ‘these two students, black students, were sitting in front of me, and I thought, “well, what’s your norm?”’. So, the educator asks: ‘I

⁵⁰ US nursing scholar, Madeliene Leininger (1925-2012) developed what came to be known as ‘Transcultural nursing theory’ or ‘Culture care theory’. The premise of Leininger’s work is that for nursing care to be effective it must be culturally congruent, i.e., it must take account of and adapt to the cultural background of those receiving care, their needs, expectations and worldview (McFarland & Wehbe-Alamah, 2019). Leininger’s work is an antecedent of *cultural competence* in nursing, a concept that—like person-centredness—has developed into a cornerstone of nursing practice and, correspondingly, nursing education (Sharifi et al., 2019). The NMC mandates that nurses must demonstrate cultural sensitivity (NMC, 2015/2018) and cultural awareness (NMC, 2018/2024) in their nursing practice.

said “how does it feel for you? Is it the same for you?”, revealing both that the students have been marked out as different, by virtue of their appearance, and the expectation that, because of this appearance, the students will be culturally different. Put on the spot, one student advises that they are African, which the educator ‘thought was very interesting in its own right, because, of course, Africa’s a continent, not a country’, and another student advises they have Indian heritage, to which the educator offered:

Well, wow! You know? I mean, there’s the- I mean they could have talked about, “I’m Indian and I follow-”, because we talked about religion and they could have talked about, “I’m a Muslim”, or something like that. But no- just from India. (EDU 13)

Here, revealing another tacit assumption that, by virtue of their ethnicity, this student *must* have a religious identity, and one they assume to be Muslim. The expectation placed on both these students is that: (a) they will be culturally different; and, (b) that they will be willing to share (and thus confirm) this difference. The students go on to describe that they might shake hands or use touch in interacting, though the latter would be more common for women than men. The educator reflects on this: what does this say about authority in their ‘cultural group’? What does this say about ‘how men and women are perceived in their society’? These reflections appear to retroactively justify the ascription of difference, as is made clear in the fact that, for them, there really *are* differences. Yet, what the students have offered hardly departs from the cultural norms in Scotland—shaking hands and gendered use of touch are in no way alien. But these commonalities are overlooked once the divide is established (Abu-Lughod, 1991/2008). It is as if, having been marked, visually, as different, anything the students would say only further evidences their assumed particularity as culturally different, racially coded, beings (Gilroy, 2000). Culture takes over where biology left off, in performing justification for the essentialising of race (Gilroy, 2004); all the while, enabling participants to avoid the prerequisite role of visual cues in how they formulate difference.

The process in which people are ‘racialised because of their perceived cultural difference’ (Ang et al., 2022, p. 588) is further evidenced in another classroom story focused on interpersonal skills. Students were tasked with practicing eye

contact in a simulated nurse-patient interaction. The educator describes a situation where 'a younger female black student' with other 'students' (again, universally positioned and thus, presumably, white) wouldn't take the role of making eye contact. As the educator describes:

And and I said, "well, why won't you take the role?" and they just said, "it's rude to meet someone- a senior's gaze. I wouldn't do that. It's disrespectful". And, I just thought, "we haven't even thought about that", you know, and they was absolutely right, from their cultural perspective they would not meet the gaze of someone who's older than them. (EDU 7)

Notice here the immediate move from race ('black') to an innate 'cultural perspective' that race is believed to involve. What happens next the educator characterises as a 'lovely' discussion in class:

You could really see people going "wow, I never thought about that", and, "I wonder what that would be like", you know, if I was, you know, if I'm the nurse and I'm maybe older than someone, and the person's black. What would I be writing in those nursing notes about the person not maintaining eye contact with me, but actually that might be perfectly acceptable for them. (EDU 7)

Collectively, the class made the move back again from culture to race and, in that move, extrapolated from the behaviour of one student—ascribed a black racial identity—to a sweeping generalisation about all black people that might be in a nurse's care. The conflation of *race* and *culture* permits this kind of fallacious thinking, that a given 'race' has a neat, bounded and monolithic cultural identity that can be summarised and learnt about by student nurses (and educators) who do not identify with that particular *race/culture* (Collier-Sewell, 2022). As Razack (1994) points out, cultural cues, such as eye contact, are ripe with potential to (re)enforce racist stereotypes that are as corrosive to thinking as they are dangerous and absurd. Yet, the compassionate terms of cultural 'sensitivity' (HEI 2) and 'awareness' (HEI 3; HEI 4), and the good intentions they signal, make it harder to identify and challenge the racial logic that cultural discourse overlays.

Appeals to *culture* enable the practice of race to go on in MHNE under another guise, another name. Of course, differences in culture *are* important and *can be*

'profound' (EDU 1), but we misappropriate culture when we use it to postulate cultural homogeneity along racial lines (Fields & Fields, 2022). Yet, because the role of visual cues is so unspeakable for participants, another rationalisation for the appraisal and ascription of difference is needed. *Culture* steps in as just such an alternative, one which conceals the reliance on visual cues and bridges the unresolved disjuncture between knowledge and practice—between participants discursive representations of race (as multifactorial, as self-identity and, *not* about skin colour) and how race is actually done. Once cultural differences, evident in 'human formation' (EDU 1) across societies, are grafted onto the schema of race, the need to talk about visual cues is circumvented. Instead, culture justifies distinguishing 'them' (the *racial other*) from 'us' (the *white/self*), typically without ever explicitly referencing the local or domestic culture against which those determined as 'culturally different' (EDU 4; EDU 11; STU 2; STU 3) are framed (Abu-Lughod, 1991/2008).

5.5 Conclusion

Through the practice of race, racial (racist) logic is enacted in social spaces. The race-ing of bodies does not precede racism but is evidence of racism playing out. Turning to practice returns us to the trail of the *absent presence* of race where knowledge claims, and or claims of an absence of knowledge, might otherwise mislead us. In exploring practice, we look behind the ostensible absence of race and racism that 'fronts' MHNE—particularly at the level of content; knowledge—to see that, in fact, race is always already being done. Furthermore, this practice undercuts the idea that race is a matter of self-identification, something one chooses for oneself. When the participants advise that the separation of students based on racial identities would be 'immediately obvious to anyone, if you walked in the room' (EDU 12)—that it 'sticks out like a sore thumb' (EDU 4)—they have a point. Like these educators, it might be obvious to you and me too if we walked into the room. Indeed, perhaps it is obvious to the students who engage in similar processes of appraisal and ascription before taking their seat. But what this should tell us is just how persuaded we all are to see subjects, bodies, through the lens of the racial worldview (Hoyt, 2016); how enslaved we are to visual cues and how these cues

enable the immediate operationalisation of race whatever justification we attach post-practice.

The practice of race exposes how acts of seeing, assumed to be passive, always contain some active *doing*, however automatic. Such is the ubiquity of race practice that it requires no conscious effort—social actors, as the analysis shows, practice it quite unawares and involuntarily. Even so, to deny that the practice happens—is happening—gets us nowhere; the colourblind pretence that we ‘don’t see race’ (Bonilla-Silva, 2018) only further obscures the practice, makes it more unsayable. But equally, we make a grave error in mistaking process for possession: in falling prey to imagining race as something people *have* rather than something people *do*. An eye for racial difference is not an intrinsic or natural ‘defining feature of our species’ hardwiring’ (Gilroy, 2019b, 33:15), it is something we are socialised into and that is reinforced through institutions, including education. The ostensible absence of content on race and racism in MHNE, and the corresponding absence of knowledge espoused by the participants, falls away when practice is confronted. Practice lays bare the perniciousness of our will to race one another. This happens, is happening, as a ‘moment-to-moment practicality’ in the education as elsewhere (Fields & Fields, 2022, p. 19), all the while going unnamed and unremarked. The effect of which is to cast social actors into particular racial positions, as the next chapter explores.

Chapter 6: Racial positioning: ‘It might be better coming from somebody like that rather than, you know, a white person’

6.1 Introduction

Having established that, contrary to the narrative of absence, race and racism are continually present in the mental health nursing education (MHNE) environment, this chapter explores what happens next. Once the will to racialise is enacted, what roles are people cast into, and how does this affect their understanding of themselves and each other (Bacchi, 2012)? Furthermore, how do these roles influence their thinking about how to address race and racism? In approaching these questions, the concept of *subject positions* is key.

Subject positions are defined as ‘the identities and roles, the sets of labels and categories that allow people [‘subjects’] to be recognized as members of a discourse community’ (Angermuller, 2018, p. 416). In any given context, various subject positions are available to social actors, though how one relates to a particular position involves more or less freedom (Törrönen, 2001). Intuitively, subject positions may seem enlightening—they identify, describe and explain our experiences. However, it is because we identify with subject positions that they are reproduced *in* and *through* us (Törrönen, 2001); that is, at least in part, our experiences come to be produced in line with our positioning (Scott, 1991). To be interested in subject positions is to be interested in how subjects are constructed in relation to available categories and roles (Scott, 1991), recognising that categories and roles do not arrive fully formed in nature. As Fields and Fields (2022) write, ‘if race lives on today, it can only do so because we continue to create and recreate it in our social life, continue to verify it’ (p. 147). Racialised subject positions appear to testify to their own realness but, in what follows, I examine the subordinating and reproducing effects of these positions on subjects—how racialised subject positions (re)create a particular kind of (racist) reality.

The focus on subject positions in this chapter arises from a recurrent motif in participants’ speech when they imagine how race and racism could be addressed in education. When it comes to these topics, participants claim that learning would be better facilitated or taught by ‘somebody like that rather than, you know, a

white person' (EDU 14). Analysing the content surrounding this motif enables one reading, that we (white people) will defer to Black and Brown experience and expertise; we will decentre ourselves; we will listen and learn. Yet examining the subject positions that this motif establishes, and from which participants speak, enables another reading, one that renders the motif, however well-meaning, far less benign. The latter part of the chapter considers the role 'lived experience' plays in participants' justification for this proposed educational 'solution', as well as the wider effects that the framing, 'lived experience', has on how participants problematise race and racism (Bacchi, 2009).

6.2 Addressing race and racism: 'It might be better coming from somebody like that rather than, you know, a white person'

6.2.1 Should race and racism be addressed in nursing education? 'Without question'

Asked whether race and racism should feature in MHNE, all but two participants respond unhesitatingly, with categorical affirmation: 'Yeah, absolutely' (EDU 12); 'I think absolutely, it has to be. I mean, without question' (EDU 7). Students relate this imperative to patient care and racism in clinical practice, their views informed by experiences of practice learning in local NHS placements:

Absolutely. The reason why that is, is because there are lots of patients who don't look like the locals. And what I've seen is that people are automatically treated differently. The level of regard, empathy, patience, all those things- the patience with the patients, it's very different. (STU 5)

Racism is 'alive, like, it's not gone anywhere' (STU 2), and students fear the omission of racism from university curriculum is 'dangerous' (STU 4), leaving them unprepared for the 'reality of what the job or what placements will be' (STU 4). Educators, meanwhile, make the case for including these topics based on the importance of human connection to the endeavour of mental health nursing:

I mean, I think that talking about race and identity is important for all nurses, but I think there's a particular depth that is needed for human relationships, which is the business of mental health nursing. (EDU 3)

Although ‘teaching on racism, on inequality, on marginalisation [...] should fit well into any nursing programme’, mental health nurses in particular, ‘should feel an affinity towards that ethic, you know, that they want to build it into their programme’ (EDU 1). Whatever the rationale, participants unite around an imperative that something ‘definitely’ (STU 4; STU 8) must be done, and in a ‘head on manner’ (EDU 8), to address the perceived and explicit absence of race and racism (as identified in the ‘Chapter 4: Prologue’) in their mental health nursing programmes. Participants make various suggestions about how to redress this absence, i.e., how these topics might be addressed in MHNE. These include use of case studies (EDU 2; EDU 4; EDU 7; EDU 9), discussing ‘hypothetical practice scenarios’ (STU 4) involving racism, ‘a lecture or tutorial’ (EDU5), and other ‘learning activities’ (EDU 12) framed around cultural or racial difference. Reading across the data, however, something important is hiding in plain sight. It is a motif that, at first encounter, appeared banal or innocuous, arising only in passing and uttered with the kind of confidence afforded to ‘natural’ facts. This motif concerns not *what* remedies are suggested but *who* should enact them.

6.2.2 The motif: Not *what* but *who*

Participants commonly state that for the topics of race and racism to be approached in MHNE—and they ‘definitely’ (STU 4; STU 8) should be—then they would need to be taught or facilitated by Black and Brown people. Those who, because of their ‘lived experience’, have a ‘better handle on these things’ (EDU 14). This could be a Black or Brown educator employed in the department, an external facilitator, or past or present Black and Brown students on the programme with ‘personal involvement’ (STU 5) who could ‘chat on their experience’ (STU 6). Irrespective, the emphasis is on bringing someone into the education who can illuminate these topics ‘through their own experience’ (EDU 8)—their ‘living experience of racism’ (EDU 15). Without this, the concern is that:

It's just a bunch- another bunch of, like, me and my colleagues who... I don't- yeah- I mean, I don't know. Everybody's white again, like I say so, umm... (EDU 15)

The educator doesn’t finish this thought but, again, makes tacit reference to something *you-know-that-I-know* (Táiwò, 2022b), that is, that in the absence of lived experience (race being something that *others* have), white people are not

'qualified' to be 'talking about' (EDU 2) race and racism. Frequently, participants raise that being white means they are not 'the best person to speak to' (STU 2) or 'the best person to, kind of, teach about race' (EDU 4). This educator goes on: 'Erm, I don't know if I'm the best person to teach- again, like, I'm a white [person] and like, I'm not sure if I should talk about-' (EDU 4). The word 'should' is significant here. Like 'qualified' (EDU 2), it raises the question of who is permitted to speak about race and racism, and on what basis or authority. Participants express concern about overstepping, by virtue of being the 'wrong' (EDU 12) identity category and having the wrong lived experience: 'I don't have that experience and I can't, you know, I can't adequately put that [experience] across?' (EDU 2). Dodging these tensions altogether, another educator offers: 'It might be better coming from somebody like that rather than, you know, a white person' (EDU 14). These participants demonstrate an internalised understanding of who *should* speak ('somebody like that', i.e., somebody *other* than myself) thereby taking the question off the table and, along with it, any anxiety that one might be required to speak.

This makes sense in relation to popular liberal views about antiracism. To be a 'good white ally' in a contemporary western context, white people must 'decentre whiteness' (Saad, 2020, p. 139) via the redistribution of attention, decision-making and conversational powers, particularly when it comes to discussions of racialised issues (Táíwò, 2022a). In higher education, this is thought to involve 'highlighting the voices of people of color and decentring whiteness as the dominant voice' (Lee & Cox, 2022, p. 308), especially in group settings like the classroom (Lin et al., 2023). Participants' responses—their expressed desire to hear from the 'most affected' in any prospective teaching on race and racism (Táíwò, 2022b, p. 70)—aligns with the principles of good allyship, encapsulated in the injunction to 'pass the mic' (Pass The Mic Scotland, 2023; Táíwò, 2022a). The flipside of this injunction is the moral imperative for white people to 'just listen' (STU 5)—to minimise their voices in favour of listening and learning from the experience of others (Bates & Ng, 2021; DiAngelo, 2018; Patton & Haynes, 2020). As one participant advised, through participation in such activities, white people can begin to understand 'how we're all a part of it [systemic racism], even if we're not racist people' (STU 2). In recognition of the literal and symbolic violence of white

supremacy, 'reducing one's presence' seems like the right and proper thing for white people to do (Hook, 2011, p. 498).

This context strengthens participants' claim that race and racism should be facilitated or taught by Black and Brown people, that Black and Brown voices should be foregrounded and white voices should recede. Indeed, making experience what legitimises speech—what confers authority—reflects findings discussed in the literature review (see 'Chapter 2: Literature review', section 2.3.3). Against the backdrop of popular liberal antiracism discourse, the move appears both appropriate and well-meaning. Certainly, at interview, my impression of participants was of their sincere wish to do the 'right' thing, not only on this issue, but by and for their students/peers generally. And in the (class)rooms we occupy, Táíwò (2022a) points out that deference, which redistributes attention, might be the best we can offer to redress macro power dynamics in a microcosm.

However, rather like the aforementioned story of the white participant asking their fellow Black and Brown students 'how would you like to be called?' (STU 9; see 'Chapter 5: Knowledge and practice of race', section 5.3.3), both the arrangement and the effect of this move is not all it seems. The content of participants' calls to centre Black and Brown experience and voices appears like a reversal of oppressive power relations—indeed, this may be the intention—but this potential is undermined by the racial (racist) logic it leaves intact, logic that, through the practice of race, has already ascribed subject positions for the social actors involved, either through positive ascription (Black, Brown) or negation (white). These ascriptions prescribe subjects their relative positions in the racial symbolic order, positions from which they interact, and in which certain speech and action becomes possible (Angermuller, 2018; Scott, 1991).

6.3 The role of subject positions in the motif

The motif establishes two basic subject positions that are (being) constructed for social actors within MHNE (Törrönen, 2001): the *white/self* and the *racial other*. This holds true in the speech of all participants (majority but not exclusively white), though in differing terms: the 'white person' and 'somebody like that' (EDU 14); 'local students' versus 'black students' (EDU 8); 'white people' and 'people of different cultural backgrounds' (EDU 4; EDU 8; EDU 9; STU 8; STU 9); 'white staff

members' versus 'Brown staff members' (STU 5). The outcome is binary. One position being those who occupy the 'white' position, more often represented as universal (i.e. 'people' and 'students' in contradistinction to 'black people' or 'ethnic minority students', etc., unless a direct and immediate comparison is being drawn). The other position being those who in 'their' alleged difference, or rather, having been bonded by the attendant process of othering, occupy an aggregated 'not-white' (EDU 13) position associated with the 'having' of race.⁵¹

On the basis of these two diametric subject positions, the content of the motif purports to be conferring authority on the *racialised other* to speak about race and racism whilst, simultaneously, denying the *white/self* this authority. The expressed message is: those for whom race and racism is a formative aspect of their experience (Black and Brown people) should lead discussions; those for whom it is not (white people) should step back. This appears to reverse typical patterns of white dominance—the hegemony of 'whiteness'—in communicative engagement and dialogue (Stokke, 2023). But an examination of where and for whom agency is afforded in the motif undermines the reality of this reversal, as we will see.

6.3.1 Constructing the *racial other*: 'Vessels' of the racial experience

Within the motif, the *racial other* is cast as the physical embodiment of race and racism within the educational context. The very act of imagining that Black and Brown educators (and students) alone could do the work of addressing these issues locates race in Black and Brown bodies in a way that white bodies escape. As one student notes, any deviation away from a white standard is seen as, 'okay, now you have race' (STU 5). Once cast into the role of the *racial other*, race and racism are seen as defining the experiences of Black and Brown people. It is because of their 'first hand' (STU 2) experience that Black and Brown people are constructed as 'vessels' of the racial experience. The *racial other* is nominated as the spokesperson for these issues and positioned as conduit for transmitting this

⁵¹ This returns us to the debates about *what race is*, outlined in 'Chapter 3: Methodology, theory and methods', section 3.2.2.2.2. Participants construct race as something that everyone *has*—must have—and this presupposes the need, then, to appraise and determine which race oneself and others possess and belong to. Whether based on the reasoning of *biological racial realism* or *racial social constructionism*, the outcome is the same: no one can escape race. Rather, race is a pre-supposed 'fact' that gets enacted moment to moment in the course of daily interactions as has been explored in 'Chapter 5: Knowledge and practice of race'.

(experiential) knowledge to the majority white audience. As such, Black and Brown bodies in the classroom become 'supplementary texts', used in service of education that is still working to centre, in effect, the needs of white students and educators (Asare, 2018, p. 22).

The principal contribution Black and Brown educators and students are expected to make to the education is to share their experiences of being Black or Brown; this is the 'rich'-ness of the 'rich experiences' they are anticipated to 'bring to the classroom' (EDU 7). This expectation is cast onto any Black and Brown people who happen to be present, most usually a small number of students in the class or cohort. One educator explains that having 'black and Asian minority [student] groups in mental health nursing' represents an 'opportunity [...] to hear about what their experiences have been'—an opportunity that the education should 'use, utilise' (EDU 13). The shape of this utility is revealed when participants pair their calls for 'personal stories' (EDU 5) and 'testimony' (EDU 2) with the aim of 'raising awareness' (EDU 15; STU 8). What the *white/self* wants from the racialised other are accounts of their experiences that can help the *white/self* to 'understand' (EDU 2; EDU 7; STU 2) race and racism (issues that Black and Brown bodies represent) better. As one student noted, 'we need to know how other people will view things, what other people's experiences are' (STU 2). Here, experiences stand in as generalised representations of 'other people's' experience, i.e., the 'Black and Brown experience'. At the same time, the 'personal' (EDU 5) nature of stories and testimony also allows these experiences to be interpreted as individual whenever desired, thus diminishing their scale to something non-threatening, and allowing them to be absorbed into the ordinary workings of the institution (Eriksson, 2023).

What is not invited in calls for stories and testimony are analyses or demands—anything that goes beyond narrative descriptions of the 'Black and Brown experience' which, in some way, already confirm what the *white/self* imagines that experience to be. The constraints placed on Black and Brown people to conform to the expectations and imaginings of the *white/self* are illustrated in the iconic opening scene from the satirical western, 'Blazing Saddles' (Brooks, 1974). When the white overseer demands a 'work song' from Black workers in the chain gang, he is dissatisfied with the workers' harmonised rendition of Broadway hit, 'I Get a Kick Out of You'. 'Hold on, hold on,' he interrupts, 'what the hell is that shit! I meant a song, a *real* song. Something like, "Swing Low Sweet Chariot"' [03:10]. That is,

the kind of 'Black' song the white overseer expects to emerge from the black bodies in front of him. We understand this scene—it still has impact—not because it shows us something historical, but because it reflects something of how social life within the racial order remains organised today. The *white/self* wants stories and testimony from the *racial other*, but only insofar as they reflect predetermined expectations about how the world already is, and what roles people play. Stories and testimony are expected to demonstrate that the *racial other* is, fundamentally, different and thus has rightly been (and continues to be) designated as *other*.

Having been cast as the *racial other*, whatever Black and Brown people do is presumed to be 'racial in nature' (Fields & Fields, 2022, p. 151), 'their experiences' (EDU 13) serving as further evidence of their 'racial' status, their 'difference':

I think just having some experiences or examples of individuals and stories from people from different backgrounds and different cultures, I think would be a start to allow students to explore- [...] if within that example there might be a kind of racial element, then the students can run with that [...] So, you know, having a couple of these scenarios where there's a bit of difference and a bit of, you know- I think would really help a lot and is an easy way to do that. (EDU 7)

Here, the educator suggests that scenarios and individual stories could enable students to 'explore' difference, wherein difference is located in the individual's presumed otherness (their 'background', 'culture', 'racial element') rather than the differing treatment they experience having been *marked out as other*. Similarly, participants' rationale for needing to diversify their staff teams (the lack of which becomes remarkable in relation to these topics) hinges on the perceived benefit of enabling an appreciation of difference. As one educator argues, 'I think we need to employ more lecturers who are black, and Asian, minority groups' so that students can, 'not just recognise that there is difference, but appreciate what the difference means. That their, that their views- it's okay to have different views and it's okay to practice in different ways' (EDU 13). The assumption here being that any Black and Brown staff employed *will have* different views and practices (to the *white/self*) and that these differences only need be demonstrated, recognised and accommodated (but their fundamental designation as 'different', unquestioned). Recognition of difference, after all, poses no real threat to the

established racial order but only evidences further that an order does—must—exist (Kapoor & Cavanagh, 2024).

The position of the *racial other* is thus cast with certain expectations. The motif assumes that Black and Brown educators and students will be interested in and willing to do this work, and that they principally make sense of their own experiences—their lives—through a racial lens. That the motif doesn't provide Black and Brown people any escape from this lens is part of how the motif entrenches the racial order—the racial order it is, ostensibly, subverting. A couple of participants raised concerns about the burden these expectations place on Black and Brown colleagues and students. One raised the risk of over-reliance on Black and Brown students in class as a teaching strategy, saying 'I don't want to subconsciously use these people as a way to enhance my teaching' (EDU 6). Another took aim at the extraction of experiences in the context of MHNE in Scotland where there are few Black and Brown staff and students:

I do know that [programme lead], who's the head person, has set up a black and minority- ethnic minority group [...] but again, [colleague] has been asked to be part of that because they're the one person that- that represents that group, you know? And I think that can be quite onerous as well. Em, but also, you know, they seem really up for it, and want to be part of that and help make things better. Em, but I do always worry that, you know, we're sort of turning to [this colleague] because [...] "you can give us your experience", you know. It's almost like exploitation, isn't it, a wee bit? (EDU 10)

The phrase 'give us your experience' (EDU 10) sums up the dynamic established between the *racial other* and the *white/self* in the motif. Looking to 'people of different races' to provide 'all the answers' can be 'quite onerous' (EDU 10). However, whilst these participants are wary of burdening Black and Brown educators and students with demands, they are not critical of the premises undergirding them. Namely, the assumption that Black and Brown educators and students *are* indeed a wellspring of (pre-determined) 'racial' experiences, interests and expertise—a resource to be tapped, even if it's an imposition. And secondly, that these experiences, interests and expertise could, indeed would, be represented by any Black or Brown person who is available to do this labour: 'they're the one person that- that represents that group, you know?' (EDU 10).

These premises constitute a flattening of Black and Brown people into a monolithic *other*. Any sense that ‘their experiences can be vastly different’ (STU 5)—are not all the same—is glossed over. Instead, no matter the individual or their circumstances, those cast in the position of the *racial other* are made to represent the wider ‘racial’ (which is to say, ‘non-white’) group.

The motif, then, lays the responsibility for addressing race and racism in MHNE at the feet of Black and Brown people whilst, simultaneously, denying them the full complement of human agency, complexity and variety. By placing certain demands and expectations on Black and Brown educators and students, it casts them into a particular role and position in which they are ‘eternally dependent on the graces, mercies, and kindness of white people’ who decide if, when and how their stories will be heard (Badenhorst, 2021, p. 293). In a very real way, the motif corners Black and Brown people; it necessitates their interpellation as a *racial other* and then pushes them to take up, to embody, this position (Hall, 1996). That is not to say that lived stories about race and racism do not need to be heard. The point is that the motif is, in fact, one such story. It is part of how racial (racist) logic plays out. Once one is put into the position of *speaking for* and *from* a certain kind of lived experience (here, of being Black and Brown), one cannot escape but to ‘become difference, realized’ in physical form (Voronka, 2016, p. 198).

Crucially, the motif also ignores existing bodies of evidence and testimony that could be drawn on to do this work. If evidence is needed to ‘raise awareness’ and ‘understanding’, then Black and Brown educators and students on the programme need not be burdened, there are resources out there that already do this work and could be utilised in the education.⁵² But one educator’s dismissal of this, ‘I think there is material there that you can access, but is that enough, to really give a meaningful experience?’ (EDU 8), steers us in an important direction. Subject positions are not abstract or theoretical, the point is that they are *lived*. For subject positions to be an organising factor in social relations, people must be induced to take up their positions and live them out (Scott, 1991). Studying secondary data—the ‘material there that you can access’ (EDU 8)—circumvents this process; it

⁵² Examples focused specifically on the experience of racism in nursing include UK research project, ‘Nursing Narratives: Racism and the Pandemic’ (Nursing Narratives, n.d.) and US project, ‘Overdue reckoning on racism in nursing’ (Nurse Manifest, n.d.) both of which provide multimedia and educational resources as well as written reports.

doesn't induce anyone to take up their positions in the here and now. Focusing on primary sources, however—the real social actors in the educational environment—ensures that people take up their positions; ensures that subject positions survive by being acted out and that we 'experience' them 'first hand' as a lived reality (STU 2). The 'data' from these subject positions is then 'in a puff of smoke – *paff*' returned as yet more 'meaningful' (EDU 8) evidence that these positions are preordained (Fields & Fields, 2022, p. 17).

Rather like the chain gang scene in 'Blazing Saddles' (Brooks, 1974), this process leaves no room for Black and Brown people who do not wish to participate in the two-dimensional position they've been assigned to represent. It provides no escape for Black and Brown educators and students from designation into the *racial other* subject position. The refusal to race oneself, or to conform to the expectations of one's supposed racial identity, is not a position meant to be available to the *racial other* within the racial order. The Black or Brown person who refuses, as one of the study participants did, or who chooses to withdraw from this particular way of understanding their experience, is considered egregious due to having transgressed the established schema of subject positions (Chatterton Williams, 2019)—subject positions the motif both reflects and reproduces.

6.3.2 Constructing the white/self: The universal subject

The motif affords the *white/self* a very different subject position, the power of which is not immediately visible in the motif's messaging of decentring and deferral. Whilst the *racial other* cannot escape being raced, the *white/self* takes up a universal position constructed as somehow outside the confines of race and unmarked in the racial order (McGowan, 2020). This is exemplified in the following remarks:

I totally get that me having a conversation about race is- you know what I mean? I'm coming from a place of not being able to really understand it. I've got a real desire to understand it, but I know I, sort of- I'm always gonna be a little bit, sort of, once removed from that. (EDU 3)

I suppose... Yeah, I think maybe... I think we [white people] feel a bit removed from it. (EDU 10)

Race is something that others *have*, something that the *white/self* is always at some 'remove' from. This positions race and racism as a fundamentally 'Black and Brown issue' towards which the *white/self* only peers into from the sidelines. Not all participants invoke this *white/self* position unwittingly. One student, for example, sums up the position of the *white/self* in order to critique it: 'the whole thing about being white [...] is that it gives you this kind of blindness, or it's like where you can almost think that your experience is the universal experience' (STU 4). Nonetheless, participants do display the tendency to claim a universal position—one outside race—reflected in how they self-identify, or rather, what they reject from their own self-identification. Predominantly, white participants don't relate race to themselves: 'No, I don't' (EDU 1); 'Not really' (EDU 14); 'I personally... no, it's not a term that I think of in relation to myself' (EDU 7); 'I suppose I don't really think about race and myself often, or in any great depth' (EDU 11). Race is not something which white participants see as 'important to my identity' (STU 2), precisely because this subject position does not, unlike its *racial other* counterpart, induce white subjects to see ourselves as 'racial' beings. Being outside race provides cover for the *white/self* to withdraw from discussions about race and racism on the basis of 'not knowing'—of 'not being able to really understand' (EDU 3). And on one hand this makes sense: the *white/self* is not on the sharp end of racism, has not had this experience. But on another, the claim of 'not knowing' is not all it seems. As the previous chapter, 'Chapter 5: Knowledge and practice of race', illustrated, the *white/self* demonstrates real and consequential applied knowledge of race and racism through the 'moment-to-moment practicality' of race practice (Fields & Fields, 2022, p. 19). White participants 'know' more than they are letting on about the enactment of race and racism (or perhaps more accurately, know more than has shape in words), and this knowledge is garnered from and through experience, even if involvement in the practice of race isn't recognised as either knowledge or experience. Once this is exposed—once the *white/self* is properly implicated—claiming a 'lack of knowledge' (EDU 9) or 'ignorance' (EDU 3) becomes harder to defend, a less convincing cover for withdrawal.

In talk that constructs the position of the *white/self*, more than half of participants explicitly reference the concept of 'privilege'. This appears important to how the *white/self* is constructed and how the *white/self* frames the problem of race and

racism. And indeed, this is in keeping with the centrality of 'white privilege' in contemporary race discourse (Malik, 2023) and was identified in reviewing the nursing literature that engages these topics.⁵³ For participants, privilege is something that white people 'have' (EDU 3; EDU 10; EDU 11; STU 2; STU 8). Typically, privilege is named in conjunction with terms that demonstrate participants grasp of this fact, terms like 'awareness' (EDU 4; STU 3), 'understanding' (EDU 3; EDU 11) and 'acknowledgement' (EDU 3; EDU 11). Through the admission of privilege, the (good) white subject is embodied:

There's a bit for me about understanding that privilege, acknowledging it, not shying away from it, and understanding that people have different places in society that impacts on loads of different things. So, it's about me understanding where I come from, acknowledging that privilege. (EDU 3)

Yet, this talk tells us little about what privilege means, beyond it having to do with self-reflection ('understanding where I come from') and knowing that it must be performed ('it's about me... acknowledging that privilege'). Meaning appears to centre on the act of confession itself and what this signals to others about the speaker. Furthermore, there can be a certain ambivalence betrayed in participants' references to privilege when considered closely, as the following participant reflections on self-identity illustrate:

Like being white or Scottish or British, or like- none of that is of any importance to me. Although I understand, like, that those things afford me certain privileges, like, by being white and Scottish or British or whatever. (EDU 12)

It's [race] not meaningful to me. That's not to say that I, I-, you know, that's- that's me from my perspective, which is a privileged perspective, and because I'm not a minority within society, I'm not facing the same prejudices and discrimination. So it's, it's a luxury that I have that perspective and it's, it's,

⁵³ Here, the work of Robin DiAngelo is influential, both in public discourse and in nursing discourse, recalling that Schroeder and DiAngelo (2010) published a widely cited study challenging 'whiteness' in the nursing academy many years prior to her international bestseller, 'White Fragility' (2018).

um, probably, you know- yes, a lot of that. Um. Yeah, so, I'm rambling. (EDU 1)

Here, acknowledging privilege is a way for participants to express what they want to express ('race is not important/meaningful to me') whilst also indicating that they understand, and can pre-empt, the critiques that might be levelled at this perspective, or perhaps at having spoken on matters of race and racism at all. The first quote, specifically, betrays a tension between knowing what must be performed ('I understand, like, that those things afford me certain privileges') and how deeply held this idea might actually be ('or whatever' [EDU 12]).

Declaring one's privilege demonstrates the morally appropriate stance in relation to one's 'place in society' (EDU 3) (Hook, 2011). In all the above examples, the focus is on 'I', 'me'—the 'privileged' white subject—and my compulsion to confess and perform self-reflection. This is not to say that it is insincerely done but, rather, that it does require an audience. This is because confessing distinguishes the 'good' white subject from those who remain 'oblivious' to their 'unearned assets' (McIntosh, 1989); those white subjects who are 'so privileged that they don't even realise that the stuff they're saying is sexist or racist or whatever' (EDU 10). Being a good moral subject is considered important to nursing (Numminen et al., 2016). Cultivating 'right view' thinking is a goal of nursing education and one's validation as a moral subject is gained through interaction with nursing peers and the gatekeepers of the profession (Collier-Sewell & Montoux, 2024). This places additional pressure on white nursing subjects to 'get it right', i.e., to signal the morally appropriate affect and stance (Hook, 2011). When the subject of race and racism are tabled, like at interview, the immediate imperative for the white nursing subject is to convey and affirm 'I am not racist'. Checking one's privilege has become a signal for this—a means of performing this claim (Malik, 2023).

Checking one's privilege and deferring to Black and Brown people go hand in hand as ways of admitting to, and then redeeming, the 'shame' (EDU 3) associated with being white (Hook, 2011). The motif is a short-hand way for white subjects to show that they are doing both these things. It is a gesture that helps the *white/self* to manage its position and assuage its guilt (Zalloua, 2020), whilst ostensibly being done for the benefit of the *racial other*. But doesn't 'checking one's privilege' always risk 'becoming an end in itself, a narcissistic enterprise?' (Zalloua, 2020, p. 35). Badenhorst (2021) points out that the move can become

a kind of ‘addictive atonement’ wherein the *white/self*’s confession provides moral and affective satisfaction (and cover) whilst doing nothing to disrupt the *white/self*’s subject position. More alarming still, the *white/self* relies on a constant stream of the *racial others*’ suffering to fuel the guilt and need to atone. At worst, the enterprise reifies a ‘docile, self-centred illusion of antiracism that leaves tangible racist structures unchallenged and intact’ (Badenhorst, 2021, p. 289). Professing one’s privilege may be a way of unburdening oneself, but what it achieves beyond this is unclear, except to shield those who confess against claims of ignorance. If anything, the move only obscures the *white/self*’s position in relation to the *racial other* and makes it harder to argue against—it is hard to accuse someone of a fault they’ve already freely admitted: ‘I mean I guess you can record this, but I’m not proud to be white. So I’m not walking around like, “woo, I’m a white person”’ (STU 2). By contrast, the participant who says, ‘I don’t think race is such a big thing for people that are white. I know that sounds really bad’ (STU 8) appears crude but may, in fact, be adopting a more honest posture, one less self-focused and more reflective of a wider truth about the *white/self*’s position (Hook, 2011)—a position which, only once exposed, can be challenged. Deferral too permits the *white/self* to withdraw under moral cover, under the guise of ‘doing the right thing’. Indeed, ‘passing the mic’ costs the *white/self* nothing when, for fear of ‘getting it horribly wrong’ (EDU 2), the white subject would rather ‘avoid’ (EDU 2) speaking anyway. What deferral amounts to is the protection of the *white/self*’s position, its safety and exceptionalism (Hook, 2011). By letting the *white/self* off the hook, the motif represents an abdication of the *white/self*’s responsibility to confront race and racism, and transference of this responsibility onto the *racial other* who is not allowed to escape their racial fate (Táíwò, 2022b). Beyond acknowledging one’s privilege, the white subject doesn’t need to confront the practice of race or the racial (racist) logic at work in the subject position it enjoys. And certainly, the *white/self* does not need to enter into dialogue, risking comfort and safety. Dialogue has been withdrawn under cover of the liberal antiracist directive that white subjects with white privilege need only ‘learn’, ‘be quiet’ and ‘listen’ (STU 4).

It is this agency that constitutes the real privilege of the *white/self*’s position: the freedom to choose whether to enter or retreat from the topics of race and racism, and the provision of a morally ‘good’ rationale (i.e., deference to the *other*) to

justify this retreat (Hook, 2011). Black and Brown people have privileged experiences of race and racism (Dror, 2023), but to excuse oneself from the conversation is, however inadvertently, a form of privilege only available to white people. The possibility of withdrawal, and the agency to withdraw, is denied the *racial other*; the *racial other's* role, according to the motif, is to speak and act on these issues. Cast in this role, the *racial other* is made to speak from a position in which race has come to totalise the *racial other's* being. By contrast, the *white/self* is granted—grants itself—the freedom to withdraw, but this fact is hidden under the guise of deference, of ‘coming from a place of not being able to really understand’ (EDU 3) and ‘need[ing] to listen’ (STU 4). To understand fully the dynamics intimated in the motif requires not only that we look at who is granted right of utterance but who is afforded the right to refrain from utterance altogether (Badenhorst et al., 2022). It is through this self-given right to silence that the *white/self* retains a distinctive, superior position (Hook, 2011), putting distance between oneself and the problem of racism while, ostensibly, doing so for all the right reasons.

6.4 Lived experience: The lens that shapes, and is shaped by, subject positions

The legitimacy of this right to silence relies on a key concept underpinning the motif, a concept that, to this point, has been taken for granted—mirroring its deployment by participants—rather than interrogated. This is the concept of *lived experience*. For participants, *lived experience*—who has it, who doesn't—is the basis and justification for *who* should speak and *who* should act to address race and racism in MHNE. As such, *lived experience* plays a central role for the motif; it is the conceptual ground the motif rests upon. Cast in the role of the *racial other*, Black and Brown people are assumed to have lived experience of race and ‘living experience of racism’ (EDU 15) with which to ‘authentically’ (EDU 1) speak and act (and indeed, having been cast as an *other*, this is a self-fulfilling prophecy: lived experience of race and racism becomes an inescapable reality). Meanwhile, placed in the ‘universal’ role of the *white/self*, white people are presumed to know nothing about race and racism, as these are lived experiences we are consistently positioned to evade. As one educator remarks, ‘I would always be very reluctant to, sort of, speak with any authority, particularly about, you know, I mean other people’s experiences and stuff like that’ (EDU 3). If experience is

what we *should* be talking about, and one can only talk from experience that one has lived, then without the right kind of lived experience, one has no authority to speak. It is precisely this lack of lived experience that acts as justification for the *white/self's* taking a back seat.

When participants imagine addressing race and racism in nursing education, and how to make it a taught component, they consistently do so in relation to centring lived experience. This reflects a major theme in empirical research on racism in the nursing literature (Collier-Sewell, 2022), as well as the character of contemporary antiracism discourse (Malik, 2023). As discussed in 'Chapter 2: Literature review', section 2.3.4, critical race theory (CRT), emphasises storytelling as a vehicle to 'center the experiences and knowledge of people of color as truth' (Berry & Bowers Cook, 2019, p. 91), and the need for these counternarratives to be told authentically, from the embodied voice of those with lived experience (Dixson & Rousseau Anderson, 2018). Similar ideas are represented in these participant remarks under the remit of 'identity politics': 'so many of these topics now are tied up with, or have some sort of relationship to, identity politics. So, it is difficult to speak on something authentically when I don't have that experience' (EDU 1). The participant identifies 'identity politics' as an influencing factor, and suggests that one's identity category, and related 'experience', confers (or denies) one the authority to speak 'authentically' on 'these topics' (EDU 1). However, if participants are aware of specific race-related theory or movements, like CRT, in the abstract or by name, they rarely acknowledge them having influenced their thinking (indeed, as was discussed in 'Chapter 5: Knowledge and practice of race', gender theory is more likely the demonstrable reference, see section 5.2.3). Instead, participants' reliance on *lived experience* has its major motivation closer to home.

6.4.1 The specificity of 'lived experience' in mental health nursing

Participants' emphasis on lived experience reflects the mental health nursing context they inhabit. For both students and educators, mental health nursing fundamentally 'comes back to people's lived experience' (EDU 6) and the role of mental health nursing in the lives of people who experience mental health difficulties. Through living with these difficulties, people develop 'expertise through their own experience' and it is 'important' (EDU 8) that mental health nursing practice, and education, learn from and centre 'our patients' perspectives'

(STU 8). Across all aspects of curricula, ‘exploring experience’ (EDU 8) should be the priority; as one educator claims, it ‘needs to be enshrined throughout everything we teach’ (EDU 6). For participants, the sanctity of experience requires no justification. It is simply understood that hearing from people with ‘first hand’ experience of something is important for the very reason that, comparatively, they ‘have more experience of it’ (STU 2). As this student remarks:

I think anything we can get where you have someone with lived experience, talking about their experience and how it impacts on their life- because we're, we're mental health nurses, we're going to be dealing with things that have been traumatic and caused adverse effects for people. (STU 8)

Experience and its ‘effects’ (STU 8) are considered core to the business of mental health nursing. Participants are not inclined to define or explain *lived experience*, and this attests to the concept’s ubiquity. Indeed, as a mental health nursing ‘insider’ myself, it is only retrospectively, in analysing the data, that I recognise ‘lived experience’ permeating the interview conversations with a mutual intuitive recognition (McIntosh & Wright, 2019).

If participants have a propensity to rely on lived experience, they are confident doing so because lived experience, like *culture*, is professionally-sanctioned discourse. The language of lived experience runs through module content across curricula gathered from the four participating institutions. ‘[U]nderstanding lived experience’ (HEI 2) and ‘reflecting [on] the significance of the lived experience of the individual’ (HEI 4) form learning outcomes and aims of mental health modules. People with lived experience—‘individuals, and groups, with experience – including lived experience’ (HEI 3)—also feature in the design and proposed delivery of these modules. Moreover, learning that engages with ‘the person experiencing...’ or ‘people who experience...’ (HEI 4) is baked into the philosophy of mental health nursing programmes (HEI 1).⁵⁴ Such approaches reflect wider

⁵⁴ More broadly, experiential knowledge is considered important to a vocational subject like nursing where ‘practice learning experience’ in workplace settings makes up 50% of the educational programme (NMC, 2023). The NMC Standards draw a direct parallel between ‘experience’ and ‘evidence’ in the directive of ‘drawing on experience to make evidence-informed decisions’ (NMC, 2018/2024, p. 11); here, the regulator positions experience as evidence that informs the cornerstone of evidence-based practice in nursing.

calls to embed lived experience across mental health policy (Alliance Scotland, 2022; Policy Lab, 2024), research (Medical Research Council, 2017; 2020) and practice (Stirrup et al., 2021). The drive to involve *lived experience* in mental health nursing processes has been established for some time, through influential nursing models like Barker and Buchanen-Barker's (2005) 'Tidal Model'. Twenty years on, a review of mental health nursing suggests that its future hinges on co-production with those whom it serves, i.e., 'people with lived experience, their families and carers' (Health Education England, 2022, p. 31). Although the proper integration of lived experience into strategic and frontline domains is debated (Buckler, 2024; Faulkner & Thompson, 2021), its rhetoric is well established in mental health policy and research, and in mental health nursing practice and education. It is thus unsurprising that participants reach for lived experience when discussing race and racism, and in imagining how they might tackle these topics. Lived experience is a familiar and endorsed frame, and one which (future) mental health nurses are taught to look through.

Beyond underpinning the motif, the frame of lived experience reaches further into participants' conceptualisations of race and racism—how they imagine the shape and form of these 'problems' (Bacchi, 2012b). This is betrayed in the 'people with...' language prevalent in participants' speech, reflecting the terminology of mental health service user movements (Bruckler, 2024) and echoed in seminal educational resources like Ryrie and Norman's (2018) mental health nursing textbook (now in its fourth edition). This textbook organises chapters under headings such as, 'The person with... [an anxiety disorder; an eating disorder, etc]', and 'The person who experiences [depression]'. 'People with...' language bleeds into participants' discussions about race and racism, particularly when speaking about those subjected to racism. 'People who experience racism' (EDU 7) become 'somebody with lived experience of racism, or living experience of racism' (EDU 15), with the educational concern being to engage with 'what it's like for' them (EDU 1):

Certainly racism should be, you know, one of the important topics that we teach explicitly about, and look more in depth at the research and the experience of people, you know, living with racism. (EDU 1)

This language emulates participants' formulations for describing mental health patients: 'somebody with lived experience of depression' (STU 8); 'people with psychosis and schizophrenia' (STU 9); 'people with emotionally unstable personality disorder' (EDU 6). Such formulations replace outdated phrasing such as 'the psychotic' and 'the schizophrenic', and have been developed to make the person, not the condition/diagnosis, primary (Kemp & Howard, 2017; Sewell, 2018). However, it is precisely the condition/diagnosis component that renders the formulation's transference to the context of race/ism unhelpful. Through this phrasing, racism is cast as a condition/diagnosis akin to depression, schizophrenia or personality disorder, that those subject to racism (the *racial other*) both *have* and have to *live with*. After all, 'living with' something rarely suggests that the 'something' is not inviolable, rather, it must be endured. In the face of these conditions/diagnoses, the nurse's role is to seek understanding of 'what it's like' (EDU 1) to live with the condition and, accordingly, to offer 'care and management' (Ryrie & Norman, 2013, p. 10).

If 'living with' language draws only a tentative parallel between those 'living with' racism and those 'living with' a mental health condition/diagnosis, the comparison between 'conditions' is cut more directly in further participant remarks. When asked if race and racism should feature in MHNE, one student stated: 'We could do a lot more. But we could do a lot more about, er, people with substance use as well. I mean, we could do a lot more about whatever the condition is' (STU 8). Here, race and racism are explicitly cast as a 'condition', one of many (like substance use) that MHNE should address. Sometimes, comparison between race/ism and mental health conditions/diagnoses is made on the basis that these groups experience 'similar' (EDU 8) discrimination. One educator noted that people with mental health problems are 'viewed less positively, erm, more negatively- not considered as valuable, something to be feared' and that this 'parallels' (EDU 8) discrimination based on race. Whilst a student highlighted that part of the mental health nurse's role is to 'include people who are excluded, who are maybe not from the mainstream group' (STU 9). They go on:

So we are used to it, and we kind of see other groups who are, for example, from a different race that they are the same, that they have stigma, maybe they are not treated equally. Maybe they are, yeah... bullied or something because of their different colour, because... just the same as our patients,

because of the diagnosis they have- they very often are seen differently. (STU 9)

In both examples, the lived experience of the mental health patient is transferred onto the lived experience imagined for the person subject to racism, and racism is made into an interactional phenomenon. Lived experience of mental health is used as a route in for the nurse (study participant) to understand the person's predicament. 'We'—mental health nurses—'are used to' (STU 9) working with those who, because of their 'diagnosis', are 'not treated equally', 'excluded' (STU 9) and 'feared' (EDU 8); it is this negative characterisation that we (nurses) 'advocate' (STU 9) to reverse. Yet the danger in comparing racism and mental (ill)health is that their differences are all too readily collapsed and forgotten. In a context where 'lived experience' has strong pre-existing connotations, adopting this frame for understanding race and racism may, inadvertently, encourage students to see their peers not as colleagues, but as patients. The *racial other* becomes the (*white/self*) nurse's patient, one whose symptoms require 'care and management' (Ryrie & Norman, 2013, p. 10) but whose erroneous diagnosis (race) has fallen from view.

Aside from the fact that racism is not a mental health condition/diagnosis—something it seems obvious yet pertinent to state—adopting the mental health nursing frame of lived experience to understand race and racism has several other drawbacks. First, while it helps us to witness and support the person in front of us, it risks individualising suffering by obscuring the perpetrating forces which impose that suffering. Focusing solely on 'personal experiences' (EDU 7) allows structural conditions to slip from view (here, too, is a parallel with individualising mental health discourses that downplay the societal and structural conditions in which poor mental health occurs [Berg et al., 2021; Esposito & Perez, 2014]). Even the phrase 'living with racism' (EDU 15) fails to represent racism as something people are subject to (inferring perpetrating forces), instead making racism appear as something inherent to the individual. This too easily neutralises the literal and symbolic violence of racial logic that is structured into society, and that creates the conditions of suffering, only for racism to reemerge as a 'problem' of the individual's supposed identity (Fields & Fields, 2022).

Second, there is inherent precarity in how lived experience can be used by institutions. Eriksson (2023) relates the individualisation of lived experience to its

increasing commodification. Lived experience is now a product to be bought and sold, one which institutions can use selectively to service their own agendas. At once, an individual's experience can be made to represent a collective—as Voronka (2016) writes, 'I am supposed to embody sameness, meaning that my labour is expected to replicate and represent the underlying assumptions of what it means to be a "person with lived experience"' (p. 198). And just as easily, an individual's testimony can be dismissed, downgraded to 'just another personal experience' (Eriksson, 2023). *More* lived experience is always needed—and thus intervention endlessly deferred—as personal stories can all too readily be reduced to a set of discrete narratives, the sum of which amounts only to the sum of those heard from (Polletta, 1998).

Third, the lived experience frame tends to naturalise identity categories. As Scott (1991) illustrates, stories that 'document the "hidden" world of homosexuality', for example, do so on the basis that homosexuality is a bounded and immutable identity (p. 778). And whilst we are curious about 'what it's like' (EDU 1) *to live as* a particular identity, we are too often incurious about how such identities come to be constituted (Casey, 2023). Likewise, when participants express a desire to hear from those with 'lived experience of being a black student' (EDU 3), the focus is on experience *post-categorisation*, whilst the casting of students as 'Black'—a premise the statement relies on—is glossed over, as if the category, 'Black', arrives fully formed (Scott, 1991). Here, we are returned to earlier discussion of subject positions. The discourse of *lived experience* plays a crucial role in the construction of the *racial other* and the *white/self* as they play out in the motif. The relationship between subject positions and lived experience is symbiotic, generating a kind of looping effect where lived experience both shapes, and is shaped by, categorisation (Hacking, 1999). This challenges the supposed immediacy of lived experience—that it provides direct access to pure and unmediated experience (Kornbluh, 2023). Though 'my truth' *may* be mine, I do not live in a vacuum, unaffected by the subject position(s) and identity categorisation(s) imposed on me. Rather, lived experience always occurs within, and is made sense of through, mediating concepts that are context specific (McGowan, 2019). In some senses this makes accounts of lived experience self-identical to the experience, insofar as *neither* escape the mediating effects of

language and concept. Treating lived experience as straightforward obscures the frames and concepts always at work in interpreting experience (Kornbluh, 2023). These critiques highlight significant pitfalls in framing education about race and racism solely through the lens of lived experience. In the context of mental health nursing, this approach risks race and racism being likened, however inadvertently, to a mental health condition/diagnosis, thereby constraining students' (and educators') understanding and responses. Participants value lived experience for its perceived directness and authenticity, but they sidestep the limits of immediacy that critical and theoretical engagement with the concept of lived experience could illuminate. Indeed, part of the function lived experience performs in the motif is to keep us focused on the illusion of immediacy, access to which becomes justification for the *white/self* stepping back and the *racial other* being pushed forward. However, it is worth noting that MHNE routinely demands that educators teach on topics about which they may have no personal experience. It can reasonably be assumed that not every mental health nursing educator has experience of childhood trauma *and* suicidal ideation *and* depression *and* personality disorder *and* psychosis *and*... so on. One educator notes the discrepancy: 'we teach lots of things that we have no personal experience of, and we don't avoid it' (EDU 7). Yet, for these other (routine?) mental health nursing topics, and even in their discussions of gender, participants didn't suggest that teaching on these issues should be left to those with that particular lived experience. It is race/ism that is made a special case.

6.5 Conclusion

Participants' proposals about how race and racism should be addressed and taught in MHNE—the solutions they offer—contain a central motif involving not *what* educational interventions should be enacted, but *who* should enact them. The motif establishes binary subject positions which latently confer or deny rhetorical and real agency onto differently 'raced' subjects in the educational environment. Once Black and Brown subjects 'have race' (STU 5)—race that is ascribed but masquerades as innate (Fields & Fields, 2022)—they are assumed to have certain 'racial' experiences, interests and expertise. And indeed, having been cast as the *racial other*, their experiences are (re)produced in line with that positioning (Scott, 1991). By contrast, the 'good' *white/self* bears out its universal

position by listening, reflecting and learning, all the while maintaining a safe and comfortable distance from race and racism, justified by the absence of lived experience.

This marks a major flaw in the educational merit of the motif. Namely, charactering race and racism as topics that would be 'better coming from somebody like that rather than, you know, a white person' (EDU 14) does little to encourage dialogue and human connection that educators consider so critical to mental health nursing. It enables the *white/self* to take up a position of non-involvement in which there is no risk, after all, '[t]o not speak means to never be corrected' (Hook, 2011, p. 499). One participant highlights the tension: first, expressing the 'correct' social script, 'knowing that I can come from a place of privilege... I don't think that it's, in some instances, it's my conversation to have'; before reflecting, 'but then I feel, well, if I don't have that conversation, then I'm as much part of the problem as anyone else [...] If it's not my conversation then whose is it?' (STU 8).

This alludes to a more general failing of the kind of liberal antiracism discourse that the motif relies on: it never, really, requires the self (whatever the self's position is) to see and relate fully to the other. The self and the other are always imagined as wholly separate, their 'lived experiences' constructed as foreign and untraversable. This has the unfortunate, but predictable, outcome of tenuous relations in which '*I* am justified in concerning myself with *their* interests only insofar as I can reconcile them with my own' (McGowan, 2020, p. 55, emphasis added). Because addressing race and racism endangers the safety of the *white/self*—I might 'get it wrong' (EDU 10; EDU 11; EDU 8); my racism might be exposed—it is in the *white/self's* interest to be relieved (to relieve itself) from the responsibility of broaching these issues. To do so whilst signalling deference to the 'Black and Brown experience' provides moral cover. Yet it is precisely the suppression of dialogue that means acting out the motif will always lead to a dead end, an impasse, in which positions in the racial order are only entrenched further and the *white/self* is never fully implicated in either how race operates nor the work to tackle racism. For one subject position to be granted the agency of silence (the *white/self*) requires, in contradistinction, that its opposite subject position has this agency denied (the *racial other*) (Phillips & Jørgensen, 2002). Instead of creating the conditions for dialogue between people with equal agency and

shared responsibility, the motif destines social actors to take up the predetermined roles it has cast for them—roles that perform and reinscribe the established racial order.

Having explored, in depth, conceptualisations of race and their effect in the MHNE environment, we now turn to explore, substantively, conceptualisations of racism in the data.

Chapter 7: Conceptualising racism: ‘We don’t want to be seen as racist’

7.1 Introduction

The preceding chapters analysed problematisations of race in light of the inseparability of race from racism (Fields & Fields, 2022). The analyses showed that in mental health nursing education (MHNE), akin to wider societal norms, race largely fails to register as a manifestation of racism due to its descriptive gloss: race is frequently conceptualised as merely reflecting reality—something we *have* rather than something we *do*. In this chapter, I shift focus to attend directly to how racism is problematised in the data. Specifically, asking: how is racism approached and understood by student and educator participants? What kind of problem is racism represented to be? And what effects might this problematisation have in how racism is (or could be) addressed in the education of mental health nurses?

To explore these questions, I apply Žižek’s (2009) theory of violence to analyse the meaning embedded in participants’ representations of racism. As introduced above (‘Chapter 3: Methodology, theory and method’ [section 3.2.2.2.3]), Žižek (2009) theorises violence across multiple levels, offering a framework and language that distinguishes registers of violence whilst exposing their interconnectedness. There is what Žižek (2009) calls the *subjective violence* of immediately identifiable acts and events, attributable to specific agents, the kind familiar from headlines, such as outbursts (or leaked outbursts) of racist speech, and there is *objective violence*, more often unremarked and inherent to the “normal” state of things’ (systemic), such as pervasive social inequalities that appear intractable (p. 2). This objective violence underlies the smooth functioning of our economic and political systems, and the normative interpretations available to us through our symbolic order. Žižek’s (2009) framework enables a precise targeting of this ‘background’ violence, and its normalisation, and situates immediate violent ‘outbursts’ within this broader context (Rudge et al., 2012). By examining representations of racism in the data through the lens of subjective and objective violence, we gain a deeper understanding of both what participants identify as racism, i.e., subjective violence, and what they fail to recognise or overlook, i.e., objective violence. This approach enables a depth of analysis

beyond the immediate similarities apparent between the data and what is known through the extant nursing literature. Moreover, the language of Žižek's (2009) framework foregrounds the violent nature of racism—racism inflicts harm, does damage. By framing racism in terms of violence, Žižek's (2009) framework not only underscores the harmful consequences of racism but also refuses to allow dispersed or intangible forms of racism—sometimes called 'structural' or 'systemic' racism—to shrink from their violent consequences or, through ubiquity and normalisation, masquerade as benign.

To begin, I proceed with participants' discursive representations of racism before outlining and examining a key figure recurrent in the data, that of 'the racist'. It is through this figure that participants tend to approach the problem of racism, conceiving of racism as individualised moral failure revealed through the subjective violence of interpersonal interactions. In the context of a highly-regulated and moralised profession (and education), the desire—indeed, pressure—to be a 'good' nursing subject makes the threat of being accused of, or revealed as, 'a racist', high stakes. This contributes to a pervasive fear around the topic of racism—not fear of racism itself, but, relating to the interviewees' majority white positionality, fear of being *perceived as racist*. Language and the pursuit of correct terminology—a 'perfect script'—becomes a site around which to fixate and organise this fear. In the final part of the chapter, I explore how this fixation diverts attention away from the underlying objective violence in our social and symbolic order—a violence that the fantasy of a perfect script could obscure but would do little to unseat.

7.2 Discursive representations of racism

7.2.1 What is Racism? 'I mean racism, to me, is...'

Asked about their understanding of 'race', participants typically make claims to 'not knowing' what race is (as discussed in 'Chapter 5: Knowledge and practice of race', section 5.2.1). This is expressed explicitly ('I don't know how to answer it... Em...' [EDU 11]) and through hesitancy and long pauses. By contrast, asked about their understanding of racism, participants respond with greater surety, a difference illustrated when comparing the following statements of a single participant:

[Describing race:] Em, I suppose... What does race mean to me? I suppose... Oh god! [laughs]. Like different... I don't know! Different people, from different backgrounds, experiencing things differently maybe? I don't know, maybe something along those lines. Umm... I... Hmm... [...] Hmm, I don't know! I don't know. Maybe that's- I should have revised a bit [laughs] to clarify things in my head! I don't know. (EDU 15)

[Describing racism:] Racism... Em, so I suppose... Racism... I suppose somebody either being actively discriminated against, or inactively discriminated against. (EDU 15)

Approaching racism, the participant's hesitancy is shorter lived and appears to signal deliberation rather than uncertainty. Instead of nervous laughter and pauses to exclaim 'I don't know!', the participant opens their utterance with brief filled pauses that lead to a more decisive statement, firmly articulated. A similar pattern is repeated across the data:

I mean racism, to me, is... being intolerant or not welcoming of people from different areas. (EDU 9)

I suppose, erm... it's the- the idea that people are treated differently based on the concept of race... (EDU 11)

So, racism is about... separating and marginalising groups of people according to the colour of their skin and their cultural heritage. (EDU 12)

Though it takes participants a moment to choose their words, their remarks have a more definitive quality, more so than when discussing race. The kind of caveats made in relation to race—my understanding is 'uninformed' (EDU 3) and 'superficial' (EDU 4); 'I should have revised' (EDU 15)—are absent when participants describe racism. Likewise, claims of not knowing don't feature. Indeed, one student offered remarks without any hesitation: what is racism? 'Going out your way to discriminate! Treating someone different, just because perhaps they have a different skin colour, perhaps they have a different, a different ethnic background' (STU 6). There is a confidence here, a clear sense that the participant feels on solid ground and knows (or perhaps has anticipated, given the interview's focus) what they wish to convey. Though the question might

be difficult, 'ohh, crikey [...] It's a difficult question, but no, thanks Freya. It's really interesting...' (EDU 1), it is not one that participants can't answer or make claims to knowing nothing about.

7.2.2 Racism as differing treatment: 'Someone being treated differently, effectively. Usually in a negative context'

As the quotes above highlight, participants definitions of racism tend to include two components: racism is about 'treating people differently' (EDU 3), with this differing treatment having a 'negative underpinning' (EDU 7). The following shows how these ideas adjoin in participants' thinking:

It's [racism] the idea that people are treated differently based on the concept of race and or, kind of you know, where that person is from, where they're kind of ethnic, cultural, kind of, social background is from, and any pre-conceived notions based on that. So I suppose it's the, it's the being- the more discriminatory aspect, I guess, that I think about, in someone being treated differently, effectively. Usually in a negative context, you know, just as- in a pejorative context. (EDU 11)

Like, for me, racism would be about treating people differently, treating people unfavourably based on their colour or creed or something, like them belonging to a different racial group or something. (EDU 12)

Racism is represented as differing treatment, and treatment that is 'unfavourable', 'discriminatory', 'pejorative', enacted towards people because of their assumed (ascribed) racial identity. Notably, while one participant inserts space between race and nature, 'the idea that people are treated differently based on the *concept* of race' (EDU 11, emphasis added), the other essentialises race into being, 'treating people unfavourably based on their colour or creed... them belonging to a different racial group' (EDU 12). Here, the latter expression subtly does the inverse of the former. Whereas the former accepts race only as concept, the latter 'takes for granted the objective reality of race' in defining racism (Fields & Fields, 2022, p. 17). Thus, it furthers racial (racist) logic, but in a way that easily escapes notice. It is this latter definition—presupposing the reality of race—that tends to characterise participants' responses; the former—where the construction of race is emphasised—being the exception not the rule. Something similar occurs when

participants claim that racism is treating people differently ‘because of their race’ (STU 1; STU 2), ‘because they have a different skin colour’ (STU 6; STU 7; EDU 2) or ‘because of their culture and race’ (EDU 7). In such telling, racism happens on account of *their* (the victim’s) alleged difference, not because those around them have coded them as racially different (as a *racial other*) and then subjected them to differing treatment. Strikingly, participants reference skin colour explicitly in defining racism where it was absent in their public accounts of race.⁵⁵ This association of skin colour with racism perhaps reveals a rationale for its absence in race: for race to be neutral and descriptive, merely a population variable-and-determinant that is divorced from racial (racist) logic and ideology, anything that connects race with racism’s negative evaluative judgement must be removed (Miles, 1989).

It is this negative evaluation that participants centre when discussing racism. To count as racism, it is not only that people must be ‘treated differently’ (EDU 11) (indeed, ‘Chapter 6: Racial positioning’ showed how marking the *racial other* out for special treatment may be seen as a ‘good’), but that this differing treatment must have ‘negative’ motivation and outcome (EDU 7; EDU 8; EDU 11). The language associated with this ‘negative attribution’ (EDU 12) frequently includes ‘discrimination’ (EDU 2; EDU 3; STU 2; STU 4), ‘prejudice’ (EDU 1; EDU 15; STU 8), ‘stereotyping’ (EDU 6; EDU 8; STU 5) and negative ‘attitude’ (EDU 7; STU 1; STU7). Racism is also described as processes of marginalisation: ‘separating and marginalising groups of people according to the colour of their skin and cultural heritage’ (EDU 12), and attitudes of intolerance: ‘being intolerant or not welcoming of people from different areas’ (EDU 9). Another participant describes racism in terms of chauvinism:

In terms of racism, I think of it in terms of chauvinism. Um, regarding- chauvinism towards people who are different in terms of their appearance, and their sort of cultural and ethnic background. (EDU 1)

⁵⁵ In the representations of race discussed in ‘Chapter 5: Knowledge and practice of race’, participants are at pains to de-emphasise visible phenotypic variation. Many go as far as to deny that skin colour has any bearing on their understanding of race—skin colour being an unsophisticated, immature way of understanding race. Yet, in their stories, participants demonstrate the importance of skin colour in how race is practiced, i.e., in the racial appraisals they are making moment to moment (Fields & Fields, 2022).

The attitude of chauvinism is put plainly by a student who states that racism is about ‘changing your attitude towards other people’, specifically, ‘think[ing] you are better than them’ (STU 7), and as a result, ‘treat[ing] other people, from other origins, in a very mean, nasty way, just to make them feel bad and make them feel lower than they are’ (STU 7). Framed this way, the problem of racism becomes a problem of morality, or lack thereof. Racism is not only ‘criminal’ (STU 1), as one participant points out, it is also ‘nasty’ (STU 7) and ‘horrible’ (STU 2; EDU 2), something contemptable on the grounds of moral unacceptability (Miles, 1989). Participants’ focus on racism as ‘absolutely a negative, no question of that’ (STU 8) is part of how they express being *against* racism. Across the data, a clear moral position is conveyed: racism should have no place in nursing practice, contexts, environments, including education. Participants arrive to the interview with this position already worked out, which perhaps explains why, when asked about racism, they respond with greater confidence in providing a public account.

Notably, as people *against* racism, participants also start to distance themselves from racism by representing it as a problem that occurs elsewhere, namely, in the practice learning environment. Asked about racism in the classroom, participants typically divert to speaking about practice learning. For example, there ‘have definitely been issues in practice’ (EDU 13) and ‘situations where I think there might be racism in the practice learning side of it’ (EDU 8). My contention here is not that racism doesn’t occur in practice environments, or that this doesn’t matter; to the contrary, research has demonstrated that racism is a problem for racialised student nurses during practice placements, with findings indicating stereotyping (Scammel and Olumide, 2012), neglect (Ramamurthy et al., 2023) and double standards (Williams et al., 2023), which white peers avoid. However, for the present study, what is notable is how this diversion functions to remove the university from participants’ problematisations of racism. This move effectively keeps racism at arm’s length—racism is something that happens *over there*, that *I*, over here, observe at a distance and have limited influence over: ‘you’re talking about the whole of the health service when you’re talking about practice learning’ (EDU 8).

7.2.3 The figure of the racist: ‘They want their smorgasbord of discrimination and stupidity’

By focusing on treatment and morality, participants advance an understanding of racism inextricably linked to identifiable social actors, to individuals. Both treatment and morality require person(s) as active subjects who think, behave and act in the world.

It is the relational component of thought, behaviour and action that participants circle when talking about racism. The data sets up people—individuals—on both sides of the equation. There are ‘people’/‘you’ who enact racism and ‘people’/‘they’ who are victims of it (and note, neither are framed in relation to ‘me’ or ‘we’):

People being, you know, horrible to other people and and, you know, aggressive or whatever. (EDU 2)

Just going out of your way to treat them differently and thinking that you’re superior against them... (STU 6)

As such, interpersonal interaction is positioned as *the* space in which racism occurs, because of the thought, behaviour and actions of social actors. Here, the data echoes findings from a study of English nursing educators who were found, similarly, to focus on racism in the domain of interpersonal relationships: ‘it [racism] exists between nurses, it exists between different professionals, it exists between professional carers to service users, service users to professionals, service users to service users’ (Nairn et al., 2012, Respondent 2, p. 205). This absorption with micro-level, person-to-person contact corresponds with the wider tendency in nursing to centre individualistic conceptualisations of racism (Collier-Sewell, 2022). Indeed, calls to self-reflect and to excavate microaggressions from interpersonal interactions are often offered as solutions to racism in the nursing literature, even when structural or systemic racism is named (as discussed in section 2.3.2.2). And, as Thurman et al. (2019) point out, this makes sense in a field focused on person-centred practice. Nurses are trained to think at the level of the clinical encounter, and to ensure this encounter proceeds with ‘kindness, respect and compassion’ (NMC, 2015/2018, p. 6). Thus, for individualistic and moralised conceptualisations to dominate is not incongruous but reflects how (student) nurses are taught to see; a sign that

nursing education has realised outcomes consistent with its design (Collier-Sewell & Monteux, 2024).

If the data and the nursing literature share commonalities in what is present in how racism is problematised, they likewise share commonalities in what is absent. By focusing on individualistic conceptualisations of racism (at the level of interpersonal interactions), both fixate on what Žižek (2009) calls *subjective violence*, i.e., ‘violence that is performed by a clearly identifiable agent’ and in which ‘victims and perpetrators are clearly discernible’ (Zalloua, 2020, p. 5). Such violence attracts our attention because of its immediacy and because we can, ostensibly, take aim at it directly—there are people to blame and admonish. The allure of constituting racism as a problem of individual behaviour is that it promises us the ability to identify and banish racism in concrete ways:

In my surroundings, when I’m at work or I’m with friend or other people, racism and this kind of behaviour won’t- it won’t have any place. I won’t let anybody behave towards any of the people around me in a racist way. (STU 7)

Identifying ‘bad behaviour’ and calling it out presents a means of doing something about racism, the thing we are *against*. However, what this fixation misses is the ever-present level of background *objective violence* that constitutes the daily conditions of racism structured into life as we know it (Žižek, 2009). Such background violence is manifest in the way language imposes and polices a ‘certain universe of meaning’, and in the ‘catastrophic consequences’ of our political and economic systems, even, perhaps especially, when they appear to be functioning smoothly (Žižek, 2009, p. 1). We miss objective violence because it is no longer ideologically marked as violent (indeed, the practice of ascribing race [Fields & Fields, 2022] and the pervasiveness of the racial world view [Hoyt, 2016] are such examples). Instead, having been neutralised as simply *how things are*, objective violence appears as a kind of non-violence which outbursts of subjective violence (involving identifiable social actors) interrupt. Objective violence is harder to target because of its ubiquity, because it is baked into customary rules, practices and institutions (Young, 2018); it is, as it were, the water we’re swimming in. No wonder then that participants focus their attention on bounded events that register as disruptive or deviant, particularly in a discipline and educational process so tightly

governed by regulation, standards and custom. To take aim at objective violence in nursing institutions and the healthcare system would be to take aim at the water in which participants swim, the very context of their chosen profession.

Beyond these similarities with the nursing literature, there is something distinct in the data, amiss in previous studies. Extending the shared theme of individualistic conceptualisations of racism, the data displays a specific preoccupation with the figure of *the racist*. Though I don't ask participants what, or who, is 'racist', participants frequently respond to questions about their understanding of the term 'racism' in reference to the imagined character of the racist actor—racism is approached through this figure. *The racist* is described as someone with '[racist] thoughts and beliefs' (EDU 5), revealed in their 'aggressive', 'horrible' (EDU 2) and 'nasty' (STU 7) attitudes and behaviour. Students liken *the racist* to the bully:

So basically, if someone is a racist that will be... someone is putting the other person who is not from the same race... it's putting them down or making them feel or- yeah, feel worse about them, like, bullying them. (STU 9)

In 'putting them [others] down' (STU 9) *the racist* reveals their imagined superiority, 'think[ing] that they are better, more educated, more able, more fantastic, more beautiful' (STU 7) than those they target. As such, *the racist* is a morally bankrupt figure, one who contravenes the values of the 'good' nursing subject (Allan, 2022) and the tolerance of the 'good' liberal multiculturalist (Black, 2021). One student makes clear the failure of *the racist's* moral character by extending this failure across a constellation of identity based social issues:

The Venn diagram of discrimination is a circle or a bull's eye. So, if someone's racist, they're probably homophobic, they're probably transphobic. You know, all these things- no one wants to have one, they want their smorgasbord of discrimination and stupidity. (STU 5)

To be a racist is to be on the wrong side of the good/bad binary—to be an individual 'full' of 'discrimination and stupidity' (STU 5). The accusation of being racist thus delivers a 'deep moral blow – a kind of character assassination' that most people, participants included, would rather avoid (DiAngelo, 2018, p. 72).

7.3 The role of fear: ‘We don’t want to be seen as racist’

7.3.1 Fear of getting it wrong: ‘What I wouldn’t like to do is accidentally, kind of, make a mistake’

In focusing on the figure of *the racist*, participants’ positionality is relevant. Most participants occupy a white racial identity, making the charge of ‘being a racist’ a live possibility and source of vulnerability. Before having spoken, participants seem alert to some inevitability—correspondent with their racial identity—that they *will* get it wrong. Hence, participants get ahead of these charges by, for example, self-admitting their white privilege *first*, before they can be accused of it.⁵⁶ Preoccupation with *the racist* may then, at least in part, be a preoccupation with one’s self-image. Around such a morally-charged issue, one is vigilant to potential accusations—to being accused of or revealed as racist. While lack of awareness (Williams et al., 2023) and lack of confidence (Nairn et al., 2012) may have a bearing, the data indicates that another significant factor is playing into the marginalisation of race/ism related issues in nursing education: fear. This is not fear of racism per se, but fear of being perceived as that abhorrent figure of *the racist*.

Across the data, expressions of fear are direct and explicit. Asked, at the interview outset, how participants feel about the prospect of talking about race and racism, some responded with ‘mixed feelings’ (EDU 4; EDU 7), for example: ‘I’m, I’m- on the one hand I’m delighted because I think it’s an over, it’s a... it’s well over time- it’s much needed. On the other hand, slightly apprehensive, yeah’ (EDU 13). Others led with feelings of nervousness: ‘I had some hesitancy’ (STU 4); ‘I suppose I feel slightly outside of my comfort zone’ (EDU 1); ‘Um... I feel a bit nervous, I suppose’ (EDU 15). And throughout the interviews, when confronting the possibility of actually addressing race and racism in MHNE, participants express concern about ‘getting it right’ (EDU 2; EDU 7) and fear of ‘getting it wrong’ (EDU 3), around these ‘sensitive’ (EDU 1), ‘touchy’ (EDU 9) and ‘difficult’ (STU 8; EDU 2; EDU 3; EDU 8; EDU 11) topics.

⁵⁶ This confessional act appears to function as both shield and performance. As discussed in ‘Chapter 6: Racial positioning’, section 6.3.2, this act demonstrates one’s goodness as a ‘good’ moral subject, at the same time as enabling the *white/self* to disengage from the discussion under moral cover.

For students, fear is often generalised in terms of ‘people’ rather than ‘self’, for example, ‘people’s hearts are in the right place, but they’re worried of doing a bad job or saying the wrong thing’ (STU 2) and ‘people don’t want to like- don’t want to make a mistake or say the wrong thing or be seen to be like, you know, like stepping on anybody’s toes or being, like racist, or whatever’ (STU 1). While for educators, these same fears of ‘getting it wrong’ are expressed in first person terms, e.g., ‘I’m always- I want to do the right thing, and I don’t want to do the wrong thing [...] And what I wouldn’t like to do is accidentally, kind of, make a mistake’ (EDU 11). As those tasked with providing the education, this focus on personally felt fear makes sense in relation to the educator’s role. It is more difficult for educators to put distance between themselves and the fear of ‘getting it wrong’ because standing before students, as teacher, expert and employee of the institution, is necessarily exposing. To ‘make a mistake’, even ‘accidentally’ (EDU 11), is to do so in front of an audience. One educator describes how even a brief discussion of race-related issues in a tutorial caused them to feel ‘really anxious that I wasn’t going to get it right’, candidly admitting, ‘I thought, if I could avoid this completely, I would? And it was just fear, I think, of not getting it right, of not coming across sensitive, saying something wrong’ (EDU 2). They go on to describe that, as a result, the session ‘wasn’t great. And I don’t think I’d done as well as I probably could have, because I was so anxious about not offending somebody’ (EDU 2), demonstrating how keenly anxiety can interfere with, or overtake, focus on the topic itself.

The risk of ‘offending somebody’ (EDU 2; EDU 9; EDU 14) is not the only reason participants fear ‘getting it wrong’ or ‘making a mistake’. Underlying is a fear that is much more personalised—the potential for accusation: ‘these are such sensitive issues and people don’t want to be perceived as racist’ (EDU 1), and ‘people are afraid to have the conversations for risk of coming across as racist or ignorant’ (EDU 6). Here, it is educators who generalise away from themselves, perhaps in a move to avoid implication or perhaps because admissions of self-interest are unbecoming for nurses charged with putting others first (NMC, 2015/2018). Yet, tacit in the desire ‘do the right thing’ is one’s self-interest, one’s need to guard against accusations of racism that would call into question one’s personal and professional character. This point is made explicit by an educator

who recalls their experience of conversations about language proficiency with students for whom English is not their first language:

I think I'm very cautious of not wanting to appear, to appear racist. Em- but I find having those conversations could very well be perceived as being racist, and singling that individual out for their cultural background, or where they've come from. So it's- yeah, I just- I find it a challenging conversation because I don't want to be perceived negatively, or any kind of comeuppance come from that conversation, when all I'm trying to do is support. (EDU 9)

This strikes at the heart of what is at stake for participants in discussing issues understood to be related to race and racism. The potential threat of being 'perceived as a racist' (EDU 9) makes race and racism 'challenging' (EDU 9) topics because they are risky (Bell, 2024)—they contain the risk of personal and professional fallout if one engages and 'gets it wrong'. Indeed, similar sentiments are identified in a US study of nursing students' perceptions of racial disparities wherein 'white participants expressed hesitation to discuss racism because of fear of saying something wrong' (Costa et al., 2024, p. 4). In response to the perceived threat, participants become self-conscious and may choose, preemptively, to manage their interaction with these topics by avoiding them altogether (Black, 2021):

Honestly, I think people are still uncomfortable talking about, about the, the- the question of race and racism. [...] I mean, I might be overthinking it, but I think people maybe just rather... would rather not say anything and then they're not putting their foot in it and saying the wrong thing. (STU 8)

To say nothing removes the risk of 'putting one's foot in it', putting safe distance between oneself and that which is perceived as risky. Fear is thus an important dynamic to understand, whether or not it is valid justification for the avoidance of discussions about race/ism in MHNE.

7.3.2 Being the 'good' nurse-subject: 'I'm always- I want to do the right thing'

Fear, DiAngelo (2018) suggests, is part of white people's armoury, their defence (unwitting or not) against engaging with issues of race and racism that might

'unsettle the racial status quo' (p. 14). Yet in the context of nursing education, there are particular pressures that, structurally, work against (student and educator) nurses addressing these issues and which may, in fact, exacerbate their fear of doing so. These pressures complicate the choices of individuals within that context.

In institutions where race and racism are absent from validated programme content (as was identified in 'Chapter 4 – Prologue', section 4.2), there is no sanctioned guidance for educators to draw on in addressing these topics with students. Indeed, the omission of these topics from content scrutinised by the external professional regulator (the NMC) may imply that addressing them is to be avoided. Thus, the absence becomes almost a sanctioned one. Educators who choose to address race and racism go out on a limb, operating without institutional cover or support. This leaves educators vulnerable and exposed. If they do 'get it wrong' or are perceived to 'make a mistake' it is unclear how the institution (their employer) will respond. This uncertainty contributes to educators' nervousness, which does not go unnoticed by students. One student suggested that the 'lack of guidance from the university' might be a barrier to educators addressing these topics, as educators are understandably 'worried about, like, somebody putting in a complaint' (STU 1). Consequently, educators—mirroring the institution—typically opt to avoid these topics altogether. An insight from one educator illuminates why individuals might take up a position of self-protection and is worth quoting at length:

I'll even tell you that actually when you first emailed about your project, em, there was discussions that went on, em, with management? [...] There was nervousness there that our institution would be judged by what had come out of this, em, and, d'you know, because it's such a touchy subject? And I think that, because we've previously had people, kind of, accuse us of racism—although that hasn't actually gone anywhere but—because of that, I think that there's very much a nervousness about talking about race and racism, em, because we don't want to be seen as racist. So it's- Yeah. I think just to give you an insight there is- even approaching us to take part in the study, there was a nervousness. (EDU 9)

Here, the institution has signalled to employees that participating in discussions around race and racism—in this study—is dangerous. The institution's 'apprehension' about perceived threats to its self-image is transferred onto those who represent it, making the institution's 'nervousness' the individual's responsibility to avert. Again, the fundamental fear that 'we', as an institution and institution-representing individuals, 'don't want to be seen as racist', drives this defensive position.

For students, the institution holds another form of power: access to professional registration. Students must pass their degree to qualify for nurse registration (NMC, 2022b), a fact that is ever-present: 'at the end of the day, they've [the university] got the power in their hands to give us a qualification or not' (STU 2). At interview, several student participants expressed broader inadequacies or problems with the MHNE they've experience, but explained that, collectively, cohorts felt disempowered and somewhat disillusioned. They described the culture of nursing education as prescriptive: 'from the get-go there was a culture of, like, "you do as we say". That's it' (STU 2); and, inflexible: 'the sentence which we all can hear from [the university] is "you need to sacrifice everything for nursing"' (STU 7)—sentiments recognisable in my own experience of MHNE years earlier. This climate can lead students to feeling 'silenced' (STU 2) and to withdraw their speech or feedback for fear of repercussions that might impact their qualification. This has implications both for students raising concerns about racism and for students engaging with 'risky' topics, particularly where educator role-modelling is absent.

Additionally, participants' fear occurs in the context of a highly-regulated profession. For nurses, the 'values and principles' set out in 'The Code' (NMC, 2015/2018) are 'not negotiable or discretionary' but professionally binding (p. 3). 'The Code' details 'common standards of conduct and behaviour' which, together, specify 'good' nursing practice (p. 4)—the language of 'good' pointing towards implicit normative expectations of morality (Newham, 2015). Such standards represent the public face of nursing's morality—the shared (and regulated) public commitments the profession makes about what is 'good or right behaviour' (Tarlier, 2004, p. 235). Nursing education plays a critical role in socialising prospective nurses into 'good' behaviour by exposing students to the 'right skills, knowledge and values' that lead to 'correct thought and action'

(Lipscomb, 2022, p. 19). As such, student observations about a ‘do as we say’ (STU 2) culture may not be unfounded; the education starts with an end product in mind—the ‘good’ nurse-subject—and directs efforts towards its production (for a full exposition see Collier-Sewell & Monteux, 2024). Then, having been initiated into the rules and customs of nursing, (student) nurses are seemingly presented with ‘free choice’ of how to think and act, but always on the condition that the ‘right choice’ is made (Žižek, 2009, p. 135).

The moral dimension attached to nursing raises public and internal expectations, with some arguing that nurses are subject to extraordinary or exemplary moral standards (Sellman, 1997; Johnstone, 2023). Indeed, the NMC’s (2015/2018) directive that ‘you [the nurse] should be a model of integrity and leadership for others to aspire to’ does little to discourage high expectations (p. 21). Such is the synonymising of nursing with exemplary morality that ‘unprofessional’ conduct has come to be considered identical to immoral or amoral behaviour (Sellman, 1997). This is exemplified in public and media discourse, where failures in nursing care are moralised and focused on the alleged ‘cruel’ or ‘evil’ character of nurses rather than poor or mistaken practice, or the systemic conditions in which care occurs (Traynor, 2014; Mathew, 2023). The requirement for nurses, and student nurses, to declare ‘good character’ as part of their registration further individualises expectations of morality, despite what constitutes ‘good’ remaining nebulous (NMC, 2024a).

Against this backdrop of professional—and moral—regulation, and the absence of institutional guidance, participants’ mantra of wanting to ‘get it right’ and fear of ‘getting it wrong’ comes to life. It reflects an individual *felt* response to what is at stake. The charge of racism threatens a fall from grace—a fall that, personally and professionally, is further and more damning because of the hyper-moral position attached to nursing (Johnstone, 2023). Avoiding ‘being a racist’—that ‘horrible’ (EDU 2) and ‘nasty’ (STU 7) individual—is essential for retaining one’s good standing. Unsurprisingly then, student nurses and nursing educators, will do what they can to avoid situations that might threaten such a charge.

7.4 Language: A site for organising fear

7.4.1 Surveilling and policing language: 'We don't say that now'

Though fear appears generalised throughout the data, there is one arena onto which participants' fear is principally projected, one which earlier quotes have started to highlight. Recall, for example, the following statements: 'it was just fear, I think of not getting it right, of not coming across sensitive, saying something wrong' (EDU 2), and 'people don't want to like- don't want to make a mistake or say the wrong thing' (STU 1). What is at issue here is what is (or might be) said. The anxiety about 'not getting it right' and 'making a mistake' is projected primarily onto speech; here, *doing* the 'wrong thing' (STU 1) is specifically conceived of as *saying* the 'wrong thing'—spoken language being the site in which the 'wrong thing' is expressed, revealed, made public. Participants describe speaking as a site of 'struggle' (EDU 11; STU 8) in which 'people are scared to talk to each other, because "maybe I will say something wrong"' (STU 7), and, in so doing, will both 'end up offending somebody' (EDU 9) and expose myself to the 'risk of coming across as racist or ignorant' (EDU 6). The concern is that to err in language is not simply to misstep, but to 'out' or reveal oneself: one's ignorance, one's political alignment, even one's racism. Speech is positioned as a proving ground where 'getting it right' or 'getting it wrong' happens, and where, like it or not, others will take the measure of you, regardless of how you intend to come across.

This focus on speech returns us to Žižek's (2009) *subjective violence*. Speech acts are positioned at the register of subjective violence in which perpetrators and victims, offender and offended, are clearly identifiable. Through speech, individuals *act* and this action is visible to others who witness it in the classroom or in other interpersonal interactions in the institution (remembering participants' focus on the educational context not, for example, anonymous posting online). There is the one who makes racist remarks, and the one to whom the racist remarks refer or are addressed. The visibility of this violence—its attachment to individual actors—makes it possible to expose and to target directly, and this is precisely what participants fear; the 'wrong words' (EDU 10) and 'backwards terminology' (STU 5) could lead to an accusation of racism that participants are desperate to avoid.

As a visible, targetable manifestation of violence, language is subject to surveillance and policing (Kapoor & Cavanagh, 2024). Indeed, it is through engaging in, and being subject to, surveillance and policing activities that social actors deepen their knowledge of what is considered 'correct' and 'incorrect' language. Participants describe instances where they 'speak up' (STU 6) and correct the language of colleagues, peers, or patients, for example:

We were talking about how you could challenge even someone with, say, dementia, you could say, "well, yes, that's not a polite thing to say. We don't use that, we don't say that now. You should say this...". And it's- it might be difficult to say at the time, but it shows that you're not just a bystander, you're like an active bystander or, or an- an active supporter. (STU 8)

Here, speech that corrects racist language is framed as action that follows through on one's commitment to being a 'good' subject, not a 'bystander' (and certainly not a racist). Making the effort to alter one's language and to call out 'bad' language signals, publicly, our willingness to do the right thing (Fairclough, 2003), to be an ally and 'active supporter' (STU 8). As such, surveilling and policing activities offer an outlet for our desire to 'do something' about racism, the thing we are against (Žižek, 2009).

Yet, policing violent discourse—specifically, targeting 'bad' words and terminology—and replacing it with 'correct' discourse all too readily becomes its own spectacle, a kind of 'end in itself', and one that misses the underlying violence that words and terminology represent (Kapoor, 2021, p. 255). Kapoor and Cavanagh (2024) remind us that 'surveilling, disciplining, policing, or correcting people's behaviours' provides a certain unconscious 'sado-masochistic jouissance' (p. 4)—*I* enjoy and gain satisfaction from the opportunity to present myself as 'correct', in and through correcting *you*. Meanwhile, what is supposedly at issue (fighting racism) recedes from view, along with any evaluation of how my activities contribute, concretely, to that cause. The risk then (however unintended) is that what is privileged is the performance; we police as a kind of performance or 'pseudo activity' that makes us feel like we are doing something, all the while masking the macro-level 'nothingness of what goes on' despite these efforts (Žižek, 2009, p. 183).

This dynamic is concretised in a story one educator tells about feedback they received for an in-house teacher training assessment (required by the institution). Here, what Kavanagh and Kapoor (2024) describe as the trainer's 'secre[t] deligh[t] in monitoring and (subtly or self-righteously) castigating their colleagues or program "beneficiaries" for their behaviors' is demonstrated (p. 4). Responding to a piece they wrote about the use of 'debriefing in simulation' and team communication in 'emergency situations where a patient is very distressed', the educator was told by the assessor that the communication strategy they had advanced 'privileges white heteronormative communication styles' (EDU 4). The educator goes on, 'and I was just like, I- okay, that's something for me to reflect on'. However, when the educator asked for clarification, they were unable to gain further insight into what the assessor was meaning:

I couldn't get feedback on it, like, "what do you mean by that?". So therefore, it has stayed with me. And when we work with students, do we privilege white heteronormative means of communicating? But I don't know what that means!?! Does that make sense? (EDU 4)

In the absence of elaboration, the assessor's performance of this feedback seems to surpass meaningful focus on the content ('like, "what do you mean by that?"). The result is that the feedback 'stays with' the educator—as a vague sense of having got it wrong—but doesn't provide concrete understanding of what 'white heteronormative communication styles' means, nor any direction on how to alter or change this practice. Similarly, other educators describe being told during various in-house activities to avoid educational design and communication that is 'western-centric' (EDU 11) and to focus, instead, on 'decolonising the curriculum' (EDU 1; EDU 15). But, again, at interview these words do not appear to have left the educators with a solid grasp of what this means about what they should *do*. Such examples realise the risk of saying the right words (signalling the right view) without grasping the substance behind them. The outcome is hollow; words that are performed (that we perform to each other to signal something of who we are and how we want to present ourselves), but that, as rhetoric and in isolation, offer little hope of galvanising the meaningful change that these words are intended to represent.

At the same time, participants are not naïve to the consequences of getting the performance wrong. In articulating their fear about what happens if the wrong language is uttered, some referenced social media and the unforgiving ‘atmosphere’ (STU 7) it creates:

I mean, I guess I’ve seen people trying to, I guess trying to get other people cancelled on social media, or like find- amazing detective work as well- like, finding out where people work and stuff, just from, kind of, using that social media, and then people being sacked because of it, and people celebrating that online. (EDU 12)

This may be extreme, but it highlights something about the public nature of reputational damage and reprisals participants fear. If found to ‘get it wrong’, they imagine being subject not only to policing by those in the room or by the institution, but, potentially, by a whole world of people online if their speech is captured, uploaded and immortalised.

7.4.2 The language trap: ‘We get kind of tripped up’

Against this backdrop of policing the need to ‘get it right’ is made more consequential. Across the data, a self-conscious fixation on ‘getting it right’ is directed at finding the ‘right terminology’ (EDU 9). In turn, this is paired with, and complicated by, a concern about the temporality of words and uncertainty about which words are ‘politically correct at the time’ (EDU 9). Several participants raised that the ‘right’ language keeps changing:

I think we shy away from it [talking about race and racism] because of our anxieties and our concerns over language and terms, and and and how that's changing and evolving, particularly over recent years. I think people have become more apprehensive about, about getting it right. (EDU 7)

The evolution of language seems to fuel participants’ anxiety and their desire to ‘shy away’ from these topics (EDU 7). As one student describes, ‘sometimes the language, the vocabulary, you think is politically correct’ (STU 9) is no longer, and this makes it possible to ‘say stuff’ which (unbeknownst to the speaker) is now ‘dated’ (EDU 10) and will show the speaker up. Here, language—which one can

never fully 'catch up with' because 'it's all changing' (STU 7)—is positioned as a trap that 'trips up' those who attempt to navigate it:

I feel like we find the terminology that's okay to use and then, all of a sudden, it's not okay to use, so then what do we use next? So then you've, kind of, got this backlog of terminology that actually was okay at one point to use, but it's not okay anymore. So, we kind of get tripped up. (EDU 9)

Interestingly, nowhere do participants say from whom or where this 'correct' language originates, or who or what causes it to change. In the above quote there is 'we' (educators?; white people?) who are at risk of being tripped up, but there is no 'they' who arbitrate what language is 'correct'. Certainly 'we' are not positioned as having anything to do with it but, of course, language doesn't change itself. Whilst the animus is focused on language, it is worth considering whether language acts as a proxy for animus that would be directed elsewhere, but that, because it would expose one's racism, even if only to oneself, cannot be spoken nor consciously admitted. Specifically, the animus the *white/self* directs at language may be animus that would otherwise (but cannot be) directed at the *racial other*. In their complaints about racism (racism which the *white/self* doesn't experience as a problem), the *racial other* is made representative of the need for racial vocabulary in the first place. And because this vocabulary (intertwined with the *racial other*) can 'trip up' the *white/self*, this can lead to an incorrect assessment about who threatens or harms whom. As Cafilisch (2020) explains, for something we say to be labelled 'racist' can lead to feelings of persecution, and, in turn, the perception that 'whoever was hurt by our words or actions – their "accusing eyes" reflecting back an image of ourselves that we don't want to acknowledge as true' is 'the *actual* persecutor' (p. 584). In racially homogeneous geographic areas, like many parts of Scotland, the *racial other* may be perceived as an intruder that forces an issue which could otherwise go unchallenged (Žižek, 2009): 'Certainly for me, I grew up in the [Scottish region] and you'd never see a black person, like, you know, so it [race and racism] never came up in conversation. Em, it was never something that we needed to talk about or, kind of, think about' (EDU 9). Having to learn racial vocabulary—the thing that might 'trip us up'—is part of confronting the existence and proximity of the *racial other*, and facing up to *white/self*'s implication in the racial order. This embarrasses and

disturbs the *white/self's* otherwise harmonious (i.e., non-racial) existence (Seshadri, 2022), wherein the *white/self* imagines itself 'unmarked' by race (Frankenberg, 1993, p. 194).

In response to the potential for language to 'trip us up' or 'reveal' some private 'you know, unconscious beliefs' (STU 9), participants fixate on the control of language as a means of managing their fear and recapturing social harmony (Nagy, 2021). Across the data, it is expressed that, if only we had 'up to date, accurate terminology around inclusivity and equality, just the right terminology we should be using' (STU 8), then conversations about race and racism would be without issue, or perhaps more precisely, without risk. As one educator states, 'what do we need? Having appropriate terms would be useful' (EDU 9), and similarly for another, 'I think it's about finding the language' (EDU 13). Implicit in this desire for the 'right terminology' (STU 8), the 'right language' (STU 4), is the assumption that *there is* a 'right' language out there waiting to be learned—a failsafe 'politically correct' (STU 7; STU 9) script that would enable 'confidence' in 'having more conversations' (EDU 7). Armed with this perfect language, it would be impossible to 'say the wrong thing' (STU 1) or 'make a mistake' (STU1; EDU 11)—the locus of participants' fear—because 'wrong' words would have been eradicated (Nagy, 2021). Mastering this fantasy script is imagined as a kind of armour, its possession making one impervious to unwanted revelations or accusation.

At the same time, participants themselves undermine this abstract ideal, revealing it to be mythical, unattainable, when they acknowledge the temporality of language, the fact that it is not static and keeps changing. Thus, searching for the perfect script can only ever be a hopeless endeavour—the perfect script always just beyond reach. Instead, it is the failure to attain this ideal that is perhaps more to the point. Participants invest in the fantasy of bulletproof language knowing, on some level, that it will never be attained and that conversations, therefore, can always be deferred. Furthermore, even if a perfect script were to exist, Nagy (2021) points out that 'correct' speech only offers a veneer of social harmony as 'correct' speech does not, necessarily, infer corresponding 'correct' views on the part of those who speak it. Nor does possessing a perfect vocabulary make one immune to having to respond, off-the-cuff, to what others say, a concern that is particularly pertinent for educators:

I suppose also as a lecturer, when you're, kind of, tasked with moderating discussion, you don't know what other people are going to say or do. So, I suppose it's knowing how you'd respond if someone comes out with something absolutely, kind of, *out there*. (EDU 11)

Here, we can imagine an educator deploying the 'right' language in response, correcting the student's view by demonstrating a (counter) 'right' view to the class. And as an educational intervention, it is clear how such a response advances the socialisation of students, helping them to become the 'right' kind of nurse subject. Less clear, however, is how such an intervention enables students to engage critically with ideas, nor does it make the vocalisation of ideas an opportunity for learning beyond socialisation. The quest for bulletproof language overlooks the inherent risk in communicating; language will always expose us to misinterpretation and accusation, but it is also a tool for transformation. During the interviews, I tried to minimise my reactions to participants' language and, frequently, this led to participants recognising (and highlighting) inconsistencies or biases in their own thinking and speech. This required little prompting, only the opportunity to speak freely, and at some length, in an environment where they were not immediately being policed and could engage with the ideas, rather than focusing on self-image.

The combination of fear, in the context of the surveilling and policing of language, and professional expectations of hyper-morality together work to keep individuals fixated on themselves. This fixation revolves around the figure of *the racist* and the relentless need to prove one's innocence. From the perspective of the subject, this is expressed through *my* concern about getting what I say 'right' and, thus, protecting my self-image and demonstrating my 'good'-ness. It is this introspective and individualising response that may, in fact, be the real trap set by the fixation on speech (itself symptomatic of a fixation on the spectacle of *subjective violence*). After all, where in this fixation is racism—where has the real issue gone? As the focus shifts to individual morality and to those anxious of being labelled the 'aggressive', 'horrible' (EDU 2) and 'nasty' (STU 7) racist, concern for those subjected to racism is lost (Cafilisch, 2020). The experiential and structural realities of racism—the very real violence—recedes into the background, rendered all but invisible. Such is the trap of subjective violence that even the conceptualisations of racism that participants originally offered, limited

as they were to individual and interpersonal interactions (see above, section 7.2), have vanished from view.

The fixation on speech not only diverts attention from the broader realities of racism but also obscures the omnipresent violence structured into our symbolic order and the conditions of society (Žižek, 2009). Policing language—determining what is ‘correct’ and ‘incorrect’—engages with the visible tip of the iceberg, overlooking the deeper *symbolic violence* that shapes what can be thought and said (Bacchi, 2009). As Fields and Fields (2022) argue, when we straightforwardly describe people in racial terms, we have already subscribed to an ideology of racial (racist) taxonomy. This *objective violence*, which precedes and enables immediate and identifiable racist outbursts, is naturalised into the social order, making it difficult to see and challenging to confront (Brittain, 2017). This is not to say that racist language doesn’t matter or shouldn’t cause concern. On the contrary, the contention here is that offensive language is symptomatic of deeper, more ingrained and hidden violence—violence that infiltrates even language we fail to identify as ‘bad’ or ‘wrong’. By focusing on which racial label is ‘correct’—for example, in this participant’s hesitation to use ‘black’: ‘I can probably count on one hand how many, em... you know, I don’t know- again, I don’t know the right terminology and I feel uncomfortable saying ‘black’ students, d’you know like, em...’ (EDU 9)—we overlook the inherent violence that should be our true target, i.e., the sorting and othering of people into requiring labels in the first place.

Considered this way, the correctness or incorrectness of the label merely window-dresses a process of *objective violence* that has already taken place. By targeting utterances rather than the conditions that produce them or the subject positions from which they are enunciated, we moralise about language rather than critiquing and dismantling the structural conditions that underpin it. For instance, we miss the real problem if we imagine the problem to be the utterance of a racial stereotype rather than the racist stereotype itself. Yet the very act of policing language may reinforce these structural conditions (and their invisibility) by promoting the idea that racism is a problem of the individual and interpersonal acts and events, underpinned by popular liberal notions of ‘unconscious bias’, for example (Kapoor & Cavanagh, 2024). Furthermore, to focus on whether *something*—a discrete, identifiable act or event—is or isn’t racist implies that

these acts or events occur against a non-racist, neutral backdrop, as if racist acts occur as isolated aberrations rather than as manifestations of a pervasive, underlying racism inherent to the “normal” state of things’ in our society (Žižek, 2009, p. 2).

7.5 Conclusion

In the data, racism is approached through the figure of *the racist*. This fosters an individualised problematisation of racism, located in one’s morality. On one hand, it might be argued that this is a force for good—my desire to do the right thing fosters civility in society, and certainly for nurses, *being* and *doing* ‘good’ is a moral imperative (Johnstone, 2023; Sellman, 2011). On the other hand, to focus in on oneself—on what kind of person one is—is its own narcissistic seduction, one that limits my ability to look beyond my experience and interests, or to consider how structural and symbolic orders impose on how lives are lived. Žižek’s (2009) theory of violence provides a language and framework with which to interrogate the overemphasis on *subjective violence* that obscures the *objective violence* inherent to and dispersed within society’s smooth functioning (Rudge et al, 2012). In applying Žižek’s (2009) framework to participants’ representations of racism, we see that the systemic and symbolic dimensions of racism are overlooked. Subjective violence grabs our attention, in part because interpersonal harm is so recognisable and relatable, whereas societal conditions are slippery, abstract and beyond individual control (Brittain, 2017). Indeed, this is central to the allure of subjective violence—it is not only spectacle, but it gives us all, individually, a sense of control, all the while diverting our attention away from the systemic violence permeating the social order.

The personal responsibility associated with this sense of control gives rise to the fear that participants articulate so clearly. This is exacerbated in a moralised educational environment in which views, values and behaviour are predetermined as ‘right and correct’ or ‘wrong and incorrect’ (Tarlier, 2004). Against such a backdrop, nursing students and educators are not *bad* for feeling fear (it is not my intention to moralise what participants have expressed), rather, the purpose of highlighting this fear is to expose what it means for the conversation—how it delimits discussion about race and racism, and what it ensures will be missed. In being hyper-moralised, nursing education can, in a

very real sense, do *nothing but* police right and wrong—this is inherent to how such education works. And as a visible manifestation of morality, speech becomes a natural target for moralising efforts. However, whilst policing speech may, superficially, minimise the visibility of problems such as racism, it does not follow that the root cause has been addressed. Indeed, if certain speech, and therefore ideas, are not permitted, they are never aired and subject to exploration, challenge and change. Dialogue remains a dangerous place in which language is always ready to ‘trip us up’ and expose us. Thus, for fear over our own moral standing, we may be moved to avoid it altogether.

The individualising nature of how racism is conceptualised by participants may, further, relate to what is truly absent in the data, i.e., the concept/object of antiracism, which is where we turn our attention next.

Chapter 8: The real absence: ‘So, antiracism...?’

8.1 Introduction

The prologue to the findings opened with a seemingly unequivocal claim from participants: when it comes to race and racism, there is ‘nothing’ on these topics in the mental health nursing education (MHNE) they’re engaged in. These issues are ‘completely absent’ (EDU 12) from learning and teaching. Participants characterise this absence as total and straightforward, emphasising that nothing means ‘yeah, none, literally none. Yeah, not- nothing at all’ (EDU 12)—a resounding zero. And indeed, programme documentation from participating institutions appears to substantiate this claim; across the documents analysed, race and racism are absent from module descriptors, indicative content, learning outcomes, student handbooks, and so on. Yet, this characterisation of a clear-cut absence—a void—misrepresents the reality of what goes on in the education, as the intervening findings chapters have shown. Rather, the assemblage of findings presented across these chapters refute the narrative of a totalised absence, demonstrating how race is practiced, and ideas about racism promulgated and circulated, through MHNE.

Accordingly, the absence identified by participants is better understood as an *absent presence*—at once *there* and *not there* simultaneously. While race and racism are discursively absent from educational proceedings, their imprint can be traced and found in other ways (M’charek, 2023). By contrast, a *real* or *total absence* leaves no such residual trace—no evidence that a *something* was ever present. Returning to Cherrington and Black’s (2020) analogy of the boar in the forest illustrates this difference. Without anticipating that a boar might be present, and without the boar’s lingering smell (signalling an *absent presence*), it becomes possible to traverse the forest without ever being moved to call the object—‘boar’—to mind. Thus, instead of being an *absent presence*, ‘boar’ as an object/concept is rendered completely absent, entirely escaping presence, even in imagined form. Here, ‘absence truly is absence’ (McGowan, 2007, p. xi)—nothing. For *real* or *total absences*, object/concepts remain completely off radar. In this chapter, I return to the theme of absence, this time exploring what exists in the data, not as an *absent presence*, but as *real* or *total absence* of the kind described above: the object/concept of antiracism. Unlike race and racism,

antiracism fails even to register as missing. Across the interviews, the object/concept of antiracism is never volunteered by participants—it doesn't seem to register as an absence that is noticed or felt (McGowan, 2004). As Gervais et al. (1999) observe, 'discussing absence is a dangerously speculative activity', as countless object/concepts are absent from a given context (p. 439). However, the proximity of antiracism to race and racism makes its absence striking; antiracism is not some distant cousin of racism but is intimately related to its framing and redress. To approach the *total absence* of antiracism, I first draw on a recurring story about 'young black men' and mental health services in the data. The enduring, apparently static nature of this story illuminates the missing link of criticality that antiracism might otherwise present and open up.

8.2 'Young black men' and mental health services

There's a story in the data told in reference to the present moment and the decades preceding that are in scope of participants' mental health nursing careers. For educators teaching now, it was a 'key thing that, you know, I suppose, we- I, was taught' (EDU 7) as a student nurse—for some, in the 1970s and 80s—and it remains knowledge that they, in turn, pass on to today's students. The story is about 'black men', and 'young black men' (EDU 1; EDU 7; EDU 13; EDU 14) in particular, one told 'in passing, when referring to different articles or pieces of research' (EDU 1) about health inequalities and population disparities, remembering that this is the sole topic where any mention of race in MHNE 'appears' (EDU 1) (see 'Chapter 4 – Prologue', section 4.3).

The story's core theme is the overrepresentation of 'young black men' in acute mental health services, told in two ways. The first version focuses on 'rates of detention amongst black men presenting to [mental health] services' (EDU 15). Participants note being 'aware' (STU 4; EDU 4) of the 'high levels of use of the Mental Health Act in relation to, you know- experienced by young black men' (EDU 1) and, specifically, that young black men are 'more likely to be restrained, more likely to be secluded, more likely to end up detained' (EDU 4), i.e., that the most restrictive powers of mental health legislation are more likely to be applied to this population (Felton et al., 2018). A current student reflects on this story as one of the few things taught explicitly about race during their education:

I think I've learned - I mean, there's been some quite, like, em, stark statistics that have been shared [...] I can't remember exactly what it is, but I think there is quite, like, alarming statistics about the use of like the Mental Health Act and, em, how race? Like, you know, getting sectioned or not getting sectioned... yeah, I think that- I think that there's some stuff that was going on with that. (STU 4)

References to 'statistics' (STU 4), 'rates' (EDU 15) and 'likelihood' (EDU 4) align with the context in which the story is told. Framed within teaching on 'health inequalities' (HEI 1; HEI 2; HEI 3; HEI 4), 'demography' and 'epidemiology' (HEI 1; HEI 3), the story forms part of brief discussions about 'particular issues that may be more prevalent in certain- with certain ethnicities' (STU 8).

This emphasis on prevalence connects, too, with the second version of the story. Here, the population ('young black men') remains the same, but the 'particular issue' has changed; 'rates of detention' (EDU 15) are, instead, 'difference[s] in diagnosis' (EDU 7):

I mean, there's a key thing that, you know, I suppose, we- I, was taught, em, and that, you know, because you read about things like the, like the difference in diagnosis. So more black men are diagnosed with schizophrenia than there are white men, and these kinds of things. So, you do, you do pick that up in relation to your own kind of mental health nurse education and, and, and knowledge. (EDU 7)

In this version, the overrepresentation of diagnosis is at issue. Specifically, the diagnosis of schizophrenia, reflecting a broader tendency in the data to position 'black men' adjacent to schizophrenia and other 'psychotic' (EDU 14) type presentations where diagnoses are mentioned.

These two versions represent differing accounts of the story, of what prospective mental health nurses should *know* about 'young black men' in relation to mental health services. Version one highlights the use of restrictive practices, while version two foregrounds diagnosis—the latter potentially masking, or appearing to justify, high rates of restrictive practice or, worse still, suggesting an inherent link between 'race' and psychiatric disturbance. However, while each version speaks to competing or evolving narratives about what is going on, neither are

the two versions mutually exclusive; high rates of detention and high rates of diagnosis are potentially symbiotic, each involved in justifying the other, wherever the emphasis is placed. Indeed, it is the co-existence of both versions of the story in the data that proves illuminating. Both are presented as part of current mental health nursing knowledge, reproducing into the present a story about a singled-out population that has a legacy in the field. Together, they prime new nurses into perceiving this group, ‘young black men’, as a special case, even if it isn’t entirely clear exactly why.

The legacy of this story is deeply rooted in the material reality documented in policy and academic literature over preceding decades. Past and present studies confirm that black men *are* more likely to be subject to detention and compulsory treatment (Barnett et al., 2019; UK Government, 2024) and *are* at excess risk of receiving schizophrenia and psychosis related diagnoses (Fernando, 2017; Halvorsrud et al., 2019). But while some (not all) of the literature engages critically with examining *why* this material reality persists—including the role of socio-economic disadvantages and racism (see, for example, Bansal et al., 2022; Nazroo et al., 2020)—in participants’ brief accounting of the story the ‘what’ is present but the ‘why’ is missing. In both versions, the story is truncated to one or two sentences, three at most; it is the bare bones, ‘just the facts’ that remain. And the way it is told, ‘we know that...’ (EDU 13) suggests it is established knowledge, part of the field’s ‘common ground’ (Stalnaker, 2002). There is no clear sense the participants understand or can explain the treatment ‘young black men’ experience—i.e, the factors contributing to and reproducing this reality, and how participants make sense of it—nor is it clear how the ‘facts’ of the story are framed in the classroom. Indeed, the story (both versions) is typically told in passive voice: who or what enacts the detaining or imposes the diagnosis is always out of frame and never made explicit. The narrator, too, is removed through a depersonalised, ‘objective’ re-telling. Given participants’ tendency to imagine racism at the level of individual perpetrators and interpersonal interactions (see ‘Chapter 7 – Conceptualising racism’, section 7.2)—what Žižek (2009) terms *subjective violence*—it appears that participants connect this story more with ideas about race rather than, and as separate to, racism. In its current telling, the story lacks the clearly identifiable perpetrators that render it legible as racism to

participants who primarily equate racism with discrete acts of subjective violence (Žižek, 2009).

Examining further how the story is told we see that, 'black men' is constructed as a generalised-yet-concrete, stable and measurable demographic category. The use of race is uncritical, a demographic variable in which the 'certainties of race' are presupposed (Lentin, 2022, p. 492). In isolation, this could be read as a function of telling the story in brief. However, when the story is situated within the data, it connects with the wider tendencies to essentialise race discussed throughout the previous findings chapters. Moreover, to invoke essentialising race-talk in the context of illness sets up the conditions for a 'race-and-disease equation' to become plausible (Fields & Fields, 2022, p. 53). Race, misconceived as something people *have* rather than something people *do* to each other (in enacting racial [racist] logic), is given a causal link to disease when the two are positioned together. The false equivalency of diagnosis and disease plays into this, with (the diagnosis of) disease being made to corroborate the organic nature of race: 'more black men are diagnosed with...' (EDU 7) schizophrenia/psychosis, slips into 'black men are...' (EDU 14) schizophrenic/psychotic. This equivalency bears out 'the folk notion that different races of people have differently constituted bodies and correspondingly different susceptibilities to illness' (Fields & Fields, 2022, p. 68). By contrast, the systemic conditions of racism in society and in healthcare—Žižek's (2009) *objective violence*—within which diagnosis takes place, is, meanwhile, nowhere in view.

By singling out 'black men', the story discursively rehearses a potent racialised subject position that those identified as black men are, in reality, compelled to take up in the context of mental health services (Scott, 1991). Both versions play into the (re)production of this subject position: the black male body is pathologised (diagnosed) and physically restrained (detained). The material reality referenced in the story—of black men over-diagnosed, 'restrained' (EDU 4) and 'sectioned' (STU 4)—bears out the racist trope of the black male figure's hyper-physicality and presumed physical threat, also represented as an excess of 'psychotic' (EDU 14) symptoms (Fanon, 1952/2021; McGowan, 2022). This association between race, physicality and madness registers in the following remarks:

If somebody says they're schizophrenic, I think immediately people have a view or an attitude. Now, I think, probably people that are black and schizophrenic are viewed even more- with more caution or distrust or, you know, are seen as being even more violent or aggressive or mad or whatever the word is. (EDU 8)

Here, the additional identification of 'black and schizophrenic' provokes the participant's latent knowledge that 'being black' is associated with *even more* violence, *more* aggression, *more* madness, and, accordingly, the performance of *more* caution, *more* suspicion. However fleeting, this seems to acknowledge the power and persistence of the racist trope. It is the connection between 'black men' today and this enduring trope that makes the racialised subject position in the story so potent. Even before introductions are made, those 'fitting the description' and entering mental health services are primed to be interpellated in light of this subject position (Hall, 1996). They are, in effect, *dreamt into* this narrative (Wallerstein, 2020). The trope is not confined to history; it is embedded in the contemporary subject position of 'black men' in mental health services today, reflected in the story's (re)telling. And indeed, this reality is evidenced on the ground, with Black and 'mixed race' people more likely to be deemed a risk to 'self and others' when compulsory treatment orders (CTOs) are applied (Mental Welfare Commission for Scotland [MWCS], 2021). At the same time, the story, as told, never directly confronts this trope—the shadowy underside of the 'facts'—but, instead, only bears witness to its effects.

Given the material reality the story represents, my contention here is not that this story should be overlooked or excluded from MHNE. To the contrary, my concern is that an opportunity is lost when such a critical story—one that illuminates the racialised (and racist) violence embedded within the mental healthcare system—is sanitised of its political implications. By stripping it of socio-historical context and critical analysis, we miss the chance to confront the structures of power and oppression at play in the story. Participants' passive recitation of the bare bones ('high levels of use of the Mental Health Act' [EDU 1], 'rates of detention' [EDU 15], and 'difference[s] in diagnosis' [EDU 7]) demonstrates that they have been made 'aware' (STU4; EDU 4) of the 'facts' but doesn't suggest the education has inspired deeper analysis of the facts' meaning. Little indicates that this knowledge, in being passed down, has been interrogated. The persistence of this

narrative over time suggests that repeated exposure may, in fact, have normalised these inequities, fostering a sense of inevitability rather than urgency for change. Indeed, as Bansal et al. (2022) note, there has been a ‘notable absence of progress in addressing these inequalities’ despite decades of policy and legal interventions (p. 3). Without critical framing, the story risks becoming part of the furniture—a narrative passed down between generations of mental health nurses that initially feels ‘alarming’ (STU 4) but all too easily morphs into a desensitised, recalcitrant aspect of what happens in the field. For education, the challenge then is how to talk about the material reality (black men *are* more likely to be detained, *are* more likely to be diagnosed) without priming nurses to reproduce this reality ad infinitum; that is, without reifying ideas about race-and-disease or reproducing a racialised (racist) subject position for those requiring mental health support.

8.3 The absence of antiracism: ‘We don’t know what we don’t know’

The distinct lack of critical engagement with this story can be examined in light of what else is missing in the data: namely, antiracism, as concept and practice. Nowhere does the term ‘antiracism’ arise in the data until I name it—not in sanctioned institutional and professional discourse, nor in participants’ speech. It is me who inserts antiracism into the conversation when I ask participants, towards the interview end, what they understand of ‘antiracism’, what it means to them, and what examples they have seen in educational practice. This is a remarkable absence; one that I foresaw in the sanctioned documentary evidence (given the absence, already, of ‘race’ and ‘racism’) but one that surprised me in the interviews (given the rise of antiracism discourse in public life post-2020). Notwithstanding the contested nature of ‘antiracism’ (Lentin, 2008; Shafi & Nagdee, 2022), I didn’t anticipate that *nothing* about antiracism, of any variety, would be tabled spontaneously by participants, particularly where questions asked participants if and how race/ism could be addressed in the education. Antiracism is simply ‘not there’, a *total absence* (Gervais et al., 1999, p. 439). Then, when I insert it, antiracism seems less like concealed or silenced knowledge, and more frequently like an alien concept—a term that is foreign, unknown and largely unconsidered (Rappert, 2015).

Some students and educators are explicit about their unfamiliarity with the term. What is antiracism? 'So... I don't really know what that would mean?' (STU 10), and, '[long pause] it's not... it's not... It seems like a familiar term, but I wonder if that's just because the two words separately are familiar. But I don't think it's a term I'm familiar with' (EDU 12). Similarly, for another educator:

Em... So yeah, I don't know... I feel like there are so many terms that are similar and... sometimes some of them have difficult connotations, and I don't always pick up on the ones that are negative, but it sounds like it would be somebody that is against people that are racist? But it might not be, it might not be... It doesn't sound like a positive promoting of race, em, but it could be. [laughs] No, I can't- I don't really know [...] I feel like I have seen it used, but I don't, I probably don't understand it. (EDU 10)

Here, antiracism is a term the participant has 'seen' but doesn't 'know', nor do they know what value to attach to it, 'negative' or 'positive' (EDU 10). The insertion of '[b]ut it might not be, it might not be' distances the participant from the brief, individualised ('somebody that is against people that are racist?') definition they propose. This kind of distancing between self and what is said, including the use of rhetorical questions, returns us to the ways participants approach 'race'. There are parallels in participants' reliance on claims of *not knowing*, 'hmm... Oh... So, antiracism? I don't- I don't know' (EDU 7), and in the uncertainty indicated by pauses and difficulty word-finding, 'antiracism? [pause] Antiracism? [shrugs] It's... I don't know... behaviours to fight racism?' (STU 7). One participant remarked on their own difficulty word-finding in relation to antiracism:

[pause] Er, I suppose it's... looking at ways to... challenge? You know, racist ideas, thoughts, beliefs? Em, to, sort of, counteract that racism that's occurring. Em, you know, that's-that's kind of what I'm thinking... Sorry, my words aren't coming together today, but [laughs]... Sorry, the words aren't coming to my head. (EDU 5)

For this participant, the nervous laughter and 'words not coming' was markedly different to their demeanour throughout the rest of the interview.

Participants' unfamiliarity with antiracism as a concept (and as practice, as I will go on to discuss) is further made manifest in the definitions and understandings that participants do attempt. Across the definitions offered, two features commonly stand out. First, once participants have expressed 'not knowing', they typically then define antiracism as involving some form of opposition, i.e., efforts to 'challenge' (EDU 1; EDU 5; EDU 14: STU 8) or 'fight' (STU 7) racism:

I guess, like, simply, for me then, anti- like, "against" racism? Like against treating people unfavourably based on the colour of their skin, or where they're from, or something like that. Yeah. If I had to take a stab at a brief definition. [laughs] (EDU 12)

I suppose, I mean, it's a general movement or ideology, I guess, that we should be- I don't like the phrase "combating", but working against racism? (EDU 11)

I suppose, I think – just from things I've heard or read – is it not about taking a bit more of an active stance against racism? As opposed to, maybe, being like, em... you know... ticking a box that, you know, "we really support all people of all colours" or whatever. (STU 4)

On the surface, these definitions are not implausible. They seem, roughly, to represent a coherent and recognisable idea: antiracism is about 'being against' racism, 'challenging' racism. Indeed, such language is found in the discourse of professional nursing bodies, in those pockets where it does appear (Royal College of Nursing, 2024; Council of Deans, n.d.[b]). But closer examination shows that the only new information in participants' speech relies on the prefix, 'anti-'. This is made explicit in one of the quotes above where a participant who's already stated, 'I don't think it's [antiracism] a term that I am familiar with', goes on to work out a definition in real-time, 'anti- like, "against" racism?' (EDU 12). Using the prefix, participants generate convincing enough stock definitions, but this alone doesn't indicate that antiracism has real meaning for participants. For the concept to have meaning, there would need to be clarity and depth about *what* is being opposed or fought—what 'racism' is—as this, in turn, shapes normative understandings of what antiracism should look like and be working towards (Joseph-Salisbury & Connelly, 2021).

In navigating a question about antiracism, divorcing ‘anti-’ from ‘racism’ may feel like safer ground for participants’ focus—there is little contention about what ‘anti’ means, and it offers something concise and concrete for participants to hold onto while decentring the matter of racism itself. That said, this logic can fail participants, with one confusing ‘anti-’ with ‘reverse’:

I might be wrong, but my thoughts on antiracism- ohh, no. I think I- I think I’m thinking of reverse racism, but it might be the same term? If someone said to me, “what is antiracism?”, my first thought is, treating white people worse because it’s like the, the reverse of it. So, we’re trying not to be racist, so we give people from BAME communities way more opportunities than actually we would give- where we should be equal right? There shouldn’t be any difference there, em... but I may be wrong with what that actually means’ (EDU 9)

Aside from the troubling grievance narrative this educator’s words suggest, that they conflate such vastly different, and indeed opposing, ideas highlights the genuine lack of understanding that characterises participants’ approaches to antiracism during the interviews.

The second common feature in participants’ problematisations is the tendency to individualise antiracism. As the quotes above start to indicate, the focus often slips from antiracism to ‘the antiracist’, i.e., ‘somebody that is against people that are racist?’ (EDU 10) and that challenges ‘racist ideas, thoughts, beliefs’ (EDU 5) and ‘any racist behaviour or comments’ (EDU 14). This mirrors the predominating representation of racism across the data, which sees racism approached primarily through the figure of *the racist* (see ‘Chapter 7 – Conceptualising racism’, section 7.2.3). This individualising lens places the scope and responsibility of antiracism onto individual social actors—the antiracist ‘call[s] each other out when unacceptable things are said’ (EDU 6), they are ‘proactive’, ‘vocal’ and ‘aware’ (STU 2):

Antiracist is actually saying at the time, to the person, “right, this is unacceptable, and this is why it’s unacceptable”. And to your colleague, “I support you”, and, “what can I do to support you?”. I think that’s being antiracist and just taking it through- following up on your convictions, really [...] so being antiracist is challenging it. (STU 8)

Here, the antiracist is folded into the extra-moral image of the ‘good’ nurse subject that nursing education socialises new nurses into (see ‘Chapter 7 – Conceptualising racism, section 7.3.2)—a subject who demonstrates integrity and leadership that others can aspire to (NMC, 2018). As a parallel move in this problematisation, racism is, again, reduced to discrete interpersonal events and acts, recognisable against the supposed non-racist, neutral backdrop of the status quo (Žižek, 2009). Only in contrast to the implicit acceptability of this backdrop is the ‘unacceptability’ of the racist act measured, and thus isolated and contained, making it a *something* that the ‘good’ nurse subject can identify and challenge in an attempt to be the antithesis, i.e., *the antiracist* (Lentin, 2016).

Conceptualising antiracism at the level of the individual keeps it close to the established values of the nursing profession. It doesn’t require—as some antiracisms might (Lentin, 2008)—the disruption of, resistance to, or liberation from (already) sanctioned values and principles; rather, it implies that it is *more of* these values and principles that are needed—closer alignment and a higher order of living them out. If systems have poor, unequal or racist outcomes, it is because the individuals involved are failing in their professional duties to *deliver* on these values and principles, to *be* that ‘good’ nurse subject in action. What is antiracism? ‘So, the first thing I would generally think about with anyone is like, “am I treating them as an individual?”, “am I taking their circumstances into question?”’ (EDU 4). Focusing in on the individual in front of you, being *more* person-centred, is offered here as the axis of antiracism in nursing practice. Here, ‘treating the person in front of you’ is imbued with the power to arrest external social forces and the relativity of subject positions in nurse-patient interactions.

This proximity of antiracism to business-as-usual means that antiracism, as a concept, can be absorbed into nursing standards as they already exist; ‘tagged on’ as an addendum that extends, but doesn’t change, the substantive focus on individualism, person-centeredness and equality that feature in nursing standards (NHS England, 2022; NMC, 2015/2018). Further, this proximity reflects, albeit without explicit reference, ideas associated with liberal forms of antiracism, wherein antiracism is not so much antagonistic to the current system, but is about creating more positive and harmonious race relations by living out ‘good’ values (Lentin, 2008). The reliance on an individual-focused interpretation of person-centeredness is typical across the data. Discourses of person-centeredness are

a constant undercurrent in the interviews, something participants frequently reference and return to in relation to nursing values and practice. As such, 'being truly person-centered' (EDU 11), and correcting failures in person-centredness, becomes the lens through which to approach any question or issue, however unfamiliar. Yet, the idea of treating the person in front of you as if they are free from external social forces overlooks the powerful structural influences that shape every interaction.

Participants' unfamiliarity with antiracism, as a concept, makes sense in relation to the material reality of MHNE practice. No educators or students could point to concrete or intentional examples of antiracist practice in the context of MHNE. As these students put it, 'I haven't seen any examples' (STU 2), 'I don't remember anything in particular' (STU 3), in sum, 'erm, yeah. I wouldn't say it's really come up' (STU 8). Likewise, the following educator's long pause represents, discursively, the material absence they go on to verbalise: are there any examples of antiracism you've seen, experienced or been involved with?

Erm... [25 second pause]... Not really, em, not that I'm aware of at all... No. Sort of- it may have happened, but I just haven't seen it. I'm not aware of having seen any sort of activism or, you know, active, kind of antiracism... events or... yeah, anything. I can't think of anything at all. (EDU 12, over ten years teaching)

Without having experienced examples themselves, the educators interviewed have nothing to draw on in their own teaching practice, and, crucially, apparently no impetus to include (the unknown of) antiracism for their students. The only examples provided in relation to antiracism were drawn from the wider university context, including vague ideas about the existence of interest 'groups' (EDU 13) or 'networks' (EDU 11)—though 'I'd struggle to come up with a specific example' (EDU 11)—and having seen 'some posters about being, obviously, against racism' (STU 6) on campus. This, too, may inform the limits of how participants imagine antiracism, as something confined to 'special interest' groups or outward displays on publicity materials. Indeed, asked to imagine what antiracism in the context of MHNE *could* look like (in the absence that it does, already, look like something) participants struggled: 'I don't really know what it [antiracism] would look like in terms of nurse education' (STU 2). As one educator pointed out, 'I

suppose it's difficult to know what antiracism would look like' given that racism is 'not even on the agenda at all' (EDU 1). Similarly, another educator stated, 'because we don't discuss it [racism] as a topic anyway, I think it's hard to discuss it as "let's not do that", when we don't talk about what we actually do?' (EDU 9). Given the absence of race and racism from the sanctioned educational content, introducing antiracism seems inconceivable: 'we don't know what we don't know' (EDU 9). As one educator notes, honestly, 'it's [antiracism] not something I've thought about' (EDU 4)—not something that the context I'm embedded in has urged me *to* think about.

8.4 Discourses of criticality and progressivism: 'Making the missing explicit'

By focusing primarily on what antiracism opposes (racism, typically conceived in individualising terms), definitions of antiracism in the data fail to articulate a vision of what antiracism is *for* (Gilroy, 2000; 2004). The definitions lack any clear goal that antiracism efforts could be organised around. Creating a forward-looking orientation requires both recognition of, and clarity about, the problem(s) at hand, and, with this clarity, determination that the problem(s) of the present are not inevitable (Zalloua, 2020). One exception in the data, however, offers a more visionary application of antiracism, marking a departure from the norm:

I think talking about the things we've got in common as human beings, em, is probably- that is antiracist. By doing that, you're doing that well [...] I guess that's what I'm getting at is, if antiracism means that we're trying to, sort of, understand that we're all human beings, and that is the kind of fundamental basis on which we should treat each other – as one species – and respect each other, then I'm all for that. (EDU 3)

Certainly, given the heterogeneity of antiracism approaches and frameworks (Lentin 2008; 2016), this educator's perspective may not be agreeable to all. Nonetheless, the fact that their proposal includes a premise ('we're all one species'), a purpose (uniting around our common humanity), and a means of getting there (emphasising what we have in common) is a departure from definitions in which the conceptual limit of antiracism is 'challenging' or 'tackling' racism. Moreover, this vision aligns with humanistic strands of mental health

nursing theory (Collier-Sewell & Melino, 2023; Travelbee, 1971). That most of the data produced around antiracism lacks a sense of vision—even a vision to be disagreed with—sheds light on the story of ‘young black men’ that opened the chapter. The current way the story is told suggests that there is no possibility that it could be otherwise—the story simply reports the facts, the ‘what’ of what those identified as young black men are, in effect, expected to experience.

Antiracism represents the missing link of criticality in the way the story is approached. Where the various ideas and conceptualisations within antiracism typologies could provide multiple lenses for engaging critically with the story—its missing ‘why’—these perspectives do not (and cannot) emerge in an education where antiracism, like race and racism, remains discursively and materially absent. As a result, the story remains static, never shifting toward the possibility of an alternative ending.

This lack of critical engagement with the story persists despite the presence of sanctioned discourses of criticality across curricula and programme documentation in the dataset. All programmes reference learning aims and objectives aimed at ‘critically examining’, ‘critically engaging with’, or ‘thinking critically about’ the topics within the indicative MHNE content. Developing learners’ ability to ‘critically explore’ (HEI 4), ‘critically evaluate’ (HEI 2), ‘critically discuss’ (HEI 3) and ‘think critically’ (HEI 4) about knowledge appears as a common goal, reflective of the NMC’s (2018/2024) emphasis on developing ‘autonomous’ and ‘critical thinking’ ‘future nurses’ (p. 3). However, this criticality is notably absent in the data when it comes to the topics of race and racism. It could be argued that this stems from these topics exclusion from the sanctioned indicative content—if the topics are not (explicitly) present, students and educators have limited opportunity to engage critically with them. Yet, it is reasonable to expect that if cultivating critical thinking is a generalised aim, then it is transferable and applicable to all areas of knowledge and experience, as the scope of nurses’ knowledge and experience expands (Collier-Sewell et al., 2023). Indeed, as one programme document notes, an overarching aim of nursing education is to develop students as ‘critical and independent learners’ (HEI 1). But when it comes to race and racism, there is a clear sense that the conversation must be limited, and that there is an attendant ‘correct view’ that the desired ‘good’ nurse subject must adhere to and represent (see ‘Chapter 7 –

Conceptualising racism', section 7.3.2). Furthermore, the discourse that emerges around potentially introducing the topics of race and racism into nursing education tends to focus on 'raising awareness' (EDU 5) and 'making people aware' (EDU 6)—a far more modest and passive objective than the critical discussion, exploration, and analysis that is needed.

In contrast to the way the story is currently told—or mentioned 'in passing' (EDU 1)—a film like 'RIP SENI' (Ifama, 2021) offers a markedly different point of departure for engaging prospective mental health nurses with discussion of racism and mental health nursing. The film documents and reflects on the death of 23 year-old Seni Lewis, who, in 2010, was killed by restraint whilst undergoing psychiatric inpatient care at the Bethlem Royal Hospital, London. A decade later, an artwork in the hospital grounds, 'Some Questions About Us' (Titchner, 2019), consisting of eight placards about mental health capacity and treatment was graffitied with the letters R-I-P-S-E-N-I, reigniting public interest in Seni's case and leading to development of the film (see Figure 2).



Figure 2: Still from 'RIP SENI' (Ifama, 2021, 09:45)

Like the artwork it engages with, the film asks critical questions about race, racism and the mental health system that prompt thinking and open discussion. The film acts as a provocation, eliciting watchers to reflect on both the individual reality of what happened to Seni, and the inextricable connection this reality has to the professional institutions and systems in which individual events occur. What the film doesn't provide is straightforward 'answers'—clear determinations of what is 'right'/'wrong', 'good'/'bad'—but instead engages the viewer in difficult, sometimes uncomfortable, multi-perspectival thinking. This question-led, rather

than knowledge or content-driven, approach would provide a different entry point to the conversation about 'young black men' and mental health services for students and educators alike. The film's narrative highlights that there is far more to explore beyond the 'statistics' (STU 4), 'rates' (EDU 15), and 'likelihoods' (EDU 4) typically framed in positivistic discussions of 'health inequalities' (HEI 1; HEI 2; HEI 3; HEI 4), 'demography' and 'epidemiology' (HEI 1; HEI 3). Indeed, Seni's case led to a new law, the Mental Health Units (Use of Force) Act 2018, aimed at increasing transparency and accountability in mental health settings, and increasing protection for individuals, recognising the systemic nature of these issues. As an educational intervention, Seni's case, the resulting law, and the film represent a radically different way to engage with and mobilise the story of 'young black men' in mental health settings. But again, there is no evidence in the data that participants have awareness of specific cases like Seni's, or of potential teaching resources like 'RIP SENI' (Ifama, 2021).

Yet, whilst deftly raising critical issues about the mental health system across the UK, I'm cautious of assuming that a film centred on an English case, in an English context, told in English accents, will simply 'land' and resonate with Scottish audiences. In keeping with the context set out in the 'Chapter 1 – Introduction', section 1.3.2, the data displays participants' proclivity to understand Scotland in and through contradistinction to England. This is displayed in the general tendency to describe Scotland via comparison with this 'other', though one student puts it more directly, 'You know, someone could ask, "what's wrong with Scotland?". Well, it has no identity. It's only identity, for the most part is, it's not England' (STU 5). Participants frequently characterise Scotland as a 'welcoming' (EDU 1; EDU 4), 'inclusive' (EDU 10; STU 3) and 'progressive' (EDU 1; STU 1; STU 2) place, one that 'in the grand scheme of politics' is 'much further ahead than the rest of the UK' (STU 2). This narrative of progressivism seeps into how participants perceive Scottish policy-making: 'I do think, em, the sort of systemic, political stuff, the health promotion-y type stuff, that's done in the background in Scotland is looking at a fair, more equal, society' (EDU 10); and, Scottish universities: 'they [Scottish universities] are genuinely very open, outward-looking institutions. And I think Scotland, as a society, generally tries to be outward-looking and welcoming' (EDU 4).

Given this narrative of progressivism, one might expect antiracism to be fully embraced onto the agenda, and indeed, recent moves by the Scottish Government (2024) aim to position antiracism more prominently in political discourse. However, this well-established narrative of progressivism may, in fact, be antagonistic to the inclusion of antiracism on some level. After all, if Scotland *is*, already, ‘progressive’, then what need could it have for antiracism? If Scottish universities *are*, already, forward-looking, what need is there for students to engage with a film like ‘RIP SENI’ (Ifama, 2021)? Admitting the need for antiracism would require an admission that racism is a problem—not an ‘English problem’ alone, but a Scottish problem too (Penrose & Howard, 2008; Lingayah & Kelly, 2022)—a view that runs counter to the sentiments encapsulated in this educator’s speech, ‘I don’t feel like Scotland is a racist place, in general. I feel like we’re very accepting’ (EDU 2).

The risk, then, of using an English example, told in English accents, is that it may not challenge these perceptions. It may fail to impress upon a Scottish audience that these issues are relevant here too, not just for them ‘down there’ in England (EDU 9). Without careful framing, incorporating a film like ‘RIP SENI’ (Ifama, 2021) could inadvertently reinforce the Scottish narrative that racism is an ‘English problem’ whilst, here, ‘it doesn’t seem to be much of a thing’ (EDU 3). This narrative circulates in MHNE in Scotland, as it does in the wider society, but local examples of deaths whilst in contact with services, such as the death of Sheku Bayoh following an incident with Police Scotland in Kirkcaldy in 2015, compels us to confront and challenge this narrative.⁵⁷

8.5 Conclusion

Given the discursive absence of race and racism in the education of mental health nurses, approaching these topics (at all and) through the lens of antiracism would be a leap for most participants, something entirely novel. As one educator mused

⁵⁷ Sheku Bayoh died in Police Scotland custody on 3 May 2015. Mr Bayoh lost consciousness whilst being restrained by police officers in a residential estate in Kirkcaldy. He was later pronounced dead in hospital. The circumstances leading to Mr Bayoh’s death are disputed. An independent inquiry was set up by the Scottish Government in 2019 to determine the events leading up to Mr Bayoh’s death and to establish whether Mr Bayoh’s perceived race was a contributing factor in how police officers acted (Sheku Bayoh Inquiry, 2024). The inquiry is yet to conclude its findings.

quizzically, ‘so, rather than looking at- like as a starting point- rather than looking at the issues around racism, actually looking at antiracism as a starting point?’ (EDU 7). Implementing a question-led approach, that an antiracism lens might encourage, requires that the educational environment can tolerate the attendant uncertainty, perhaps even unpredictability, that comes with it. Though sanctioned discourses of criticality would seem to promote such an environment, the data reveals a conspicuous lack of critical engagement with these topics. In fact, the prominent role of fear in participants’ speech (identified in ‘Chapter 7 – Conceptualising racism’, section 7.3) suggests that the limited attention these topics currently receive may shut down, rather than encourage, dialogue.

The discursive absence of antiracism in the data relates to—and directly represents—the material absence of antiracism practices in the MHNE studied. Participants ‘don’t know’ about antiracism because they have had no material exposure to it; in turn, the absence of antiracism as a concept curtails the likelihood that antiracism will be(come) a material component of the education (Gervais et al., 1999). In this sense, the discursive and material absences perpetuate each other into the *real* or *total absence* rendered. Meanwhile, the story circulating about ‘young black men’ and mental health services presents an opportunity to engage students in critical discussion about race and racism, and to reframe it via the concept and practice of antiracism. Yet this opportunity is (and has been, repeatedly) missed. And given that participants self-selected—presumably because of interest in the research topics—that they ‘don’t know’ about antiracism is even more striking. Curious, also, is how the practices of racial positioning, recognition and deference elsewhere in the data (and discussed in previous chapters) reflect the current zeitgeist of the liberal antiracist attitude (Kundnani, 2023; Táíwò, 2022b), whilst also doing so inexplicitly. This suggests that the liberal antiracism frame may indeed be influencing participants thinking but without having been identified as an explicit point of reference.

By introducing antiracism into the interview process, I generated discourse, created data, but this mustn’t obscure the artificiality of the insertion. I made antiracism part of the conversation where it would otherwise have gone unmentioned and unnamed. Hence, far from its negation, my intervention only underscores the *total absence* of antiracism in MHNE by ‘making the missing explicit’ (Rappert, 2014, p. 52). Unlike with race where, contrary to ‘not knowing’,

participants' stories go on to evidence a veiled presence of race in the education and educational environment (see 'Chapter 5 – Knowledge and practice of race', section 5.3), in the case of antiracism absence really does appear to mean absence—nothing. Where racism has not been fully realised as a 'problem' warranting attention in the education, antiracism becomes something entirely 'new or alien' to the community of participants I interviewed, something they evidence no frame of reference for understanding (Rappert, 2015, p. 422). It is not that participants perceive a 'gap' where the presence of antiracism would otherwise be; rather, that the lexicon and project of nursing education already appears fully formed, and complete, *without* antiracism having been considered. Having traversed the present, and absent, problematisations of race, racism and antiracism in the data across the findings chapters, we now turn to the concluding chapter of this thesis where key findings and implications are drawn.

Chapter 9: Conclusion

9.1 Introduction

Building on the detailed analysis of the preceding chapters, this conclusion turns to the broader implications of the findings, summarising what has been uncovered, and considering the implications for mental health nursing education and other, similarly regulated and standardised, professional educations.

The original impetus for the study lay in the apparent rallying cry within nursing for the profession to ‘tackle’ racism (Emami & De Castro, 2021; Waite et al., 2020). Since 2020, new urgency in the nursing literature mirrored increased public attention on racism in the context of the Covid-19 pandemic and the rise of the Black Lives Matter (BLM) movement. Yet, despite this rhetoric, my review of the nursing literature revealed persistent inadequacies in the theorisation of race and racism, and a lack of critical engagement with how these concepts are constructed. Where theorisation has been attempted in recent years, this was almost exclusively framed through Critical Race Theory (CRT), seeming to lend this lens a singular authority in the field (in the UK [English] context see, for example, Caffrey et al., 2023; Pryce-Miller et al., 2023; Ramamurthy et al., 2023).

Against this backdrop, this study set out to examine the conceptual terrain *beneath* nursing’s call to action: to pay close attention to the conceptualisations of race and racism being taken-for-granted within the profession. Broadly speaking, the study sought to understand what is being imagined and assumed when nursing claims to want to tackle racism. To approach this, a bounded field of inquiry—mental health nursing education (MHNE) in Scotland—was identified and subjected to in-depth scrutiny of the problematisations of race and racism circulating therein. And while this cannot be said to represent the profession in its entirety, the study does illuminate: (a) how nursing’s standardised knowledge and values—shared across nursing specialisms, and across the UK—contribute to the development of *particular kinds* of problematisations; and, (b) how these can be surfaced through empirical inquiry focused on the analysis of discourse.

This concluding chapter begins by distilling and drawing together the study’s key findings, shifting from the close reading of previous chapters to a more summary view in light of the research questions. From there, the implications of these

findings are explored, not only for MHNE but for other forms of professional education similarly structured around standardisation, regulation and certainty. In particular, I consider whether such regimes of education can meaningfully engage with concepts, like race and racism, which are inherently contradictory, contested and uncertain. The chapter then reflects on the limitations of the study and challenges experienced in conducting the research. Pointing to the future, I outline how introducing an ethnographic component to the study of problematisations in an institution could deepen and extend the analysis of discursive materials. Finally, the chapter closes by returning to the central proposition of the thesis: that meaningful engagement with racism in nursing requires that we pay close attention to the concepts we rely on—to the ‘problem’ as we conceive it—as a first step to developing proper action and solutions.

9.2 Drawing together the study’s key findings

The study sought to answer two interrelated research questions by bringing together empirical data from MHNE in Scotland with concepts drawn from contemporary race/ism theory. These questions were:

1. How are race and racism being conceptualised and represented in pre-registration mental health nursing education (MHNE) in Scotland?
2. What knowledge and values are (re)produced in MHNE that shape how race and racism are being understood?

In responding to these questions, what the analysis has shown is clear antagonisms—tensions between different aspects of the discourse gathered and generated for the study, which were not immediately apparent. At first glance, there appeared to be congruence: participants claimed a total absence of race and racism in MHNE and this matched the absence of these topics from sanctioned knowledge within programme documentation and curricula across participating institutions. Indeed, the thread of absence seemed to move from the regulatory level (NMC guidance), into institutions (programmes and curricula) and the classroom (content delivery and everyday talk). From a surface-level reading, one might have thus reasonably concluded that race and racism simply *aren’t being conceptualised* at all, given their ostensible, and official, absence.

Yet, deeper analysis has demonstrated otherwise. The stories participants told about MHNE acted as breadcrumbs, showing how race and racism are—through routine, everyday practice (Fields & Fields, 2022)—being *done to* social actors in the educational environment; this ‘doing’ pointing to underlying conceptualisations that must be in play for action, including the ascribing of racial identities, to occur. These accounts contradict both the narrative of absence *and* the explicit or public problematisations of race and racism participants gave when asked directly about their understanding of these concepts. In other words, what participants said they (do not) know about race and racism diverged considerably from how their stories showed race/ism being enacted. Antagonism, then, exists between what is ostensibly absent (what participants say explicitly), and what their stories inadvertently reveal about the field of MHNE in Scotland, most notably in relation to how race is conceptualised and done. These tensions are illuminated only through a critical, abductive reading of the data together with theory, rather than one which simply ‘lets the data speak for itself’ via surface-level reading (Mazzei & Jackson, 2012).

When asked directly about their understanding of race, participants initially claimed to *not know* anything about it, lacking any knowledge with which to offer an understanding. Yet, almost invariably, participants went on to describe race, typically in ways resembling Outlaw’s (1996) multifactorial ‘cluster concept’ (a combination of culture, heritage, nationality, genetics, background, and so on). In this framing, race is posited as something everyone *has*: a matter of fact which naming—language—merely reflects. This is further evidenced in the data where race is invoked as variable-and-determinant, i.e., a causal ‘risk factor’ for particular ‘prevalences’ (STU 1) and ‘vulnerabilities’ (EDU 8) in health conditions and inequities. Indeed, this is the only way in which race (not racism) appears at all in official programme documentation. At the same time, participants emphasised that race is something people self-identify, implying some degree of personal agency. This emphasis on self-identification was rationalised through parallels with contemporary approaches to gender, particularly salient in Scotland where debates about gender self-ID have been prominent (Cook, 2022). In making this move, participants downplayed—high-on erased—the immediacy of racial appraisals made by others (Roth, 2018); that is, the process by which people are *race-ed* the moment they are perceived.

Further still, participants' public representations of race were quick to create distance from what they described as 'childlike' understandings of race based on visual cues, including skin colour. Visual cues were treated as irrelevant, superseded by the supposed complexity of the cluster concept. However, a clear disjuncture emerged between these explicit accounts and what participants' narratives revealed about how race was performed and enacted within the field of inquiry (MHNE in Scotland). These narratives revealed that within the education environment, participants, far from *not knowing*, do in fact *know* how to *do* race, and that this *doing* happens almost automatically, through the immediate apprehension of visual cues that confer racial appraisal (George, 2016).

This tacit knowledge was exemplified in participants' descriptions of how students sit in the classroom. When one participant claimed that the separation of students based on racial identities would be 'immediately obvious to anyone, if you walked in the room' (EDU 12), they inadvertently demonstrated how the practice of race is being enacted. Here, we see the workings of tacit knowledge being applied—knowledge that entirely contradicts participants' public accounts of race where judgement apparently rests on: (1) understanding a person's relationship to a complex set of factors (culture, heritage, nationality, etc.); and, (2) knowing a person's chosen racial self-identification. Whether unrecognised, or actively denied, it is this applied, yet tacit, knowledge that drives the reproduction of racial (racist) logic within the educational setting. This occurs similarly in participants' proposals about *who* should do the work of teaching about racism in MHNE (if teaching were to be done). That is, Black and Brown educators who have been determined, tacitly, to 'have race' (STU 5), and cast into the role of the *racial other*. Yet, this process of ascription is glossed over, as if it is *their* (perceived) difference that is obvious, innate and creates the racial ascription. In MHNE, race thus take on a descriptive gloss, as a seemingly neutral reflection of pre-existing characteristics. Meanwhile, the active processes by which social actors reproduce race—in the act of perceiving—remains outwith participants' explicit understandings of what is going on. So ubiquitous are these practices that they fail to register.

Contrary to the initial claims of 'not knowing' about race, participants were markedly more decisive when discussing racism. Their accounts consistently

problematized racism through the figure of *the racist*: an individual whose attitudes and behaviour mark them out as morally deviant. As such, racism was located at the register of *subjective violence* (Žižek, 2009), that is, discrete, immediately identifiable acts attributable to individual agents. In this framing, language emerged as the primary site around which participants' fear was fixated and organised. Participants feared that 'saying the wrong thing' would reveal them as a racist or lead to accusations of the same. This indicates a conceptualisation of racism less focused on pervasive societal conditions and more concerned with the threat of personal moral failure. For nurses, this prospect carries particular weight. Nursing is a profession built on moralistic discourse that positions nurses as figures of extraordinary moral standing (Sellman, 2011; Johnstone, 2023). Nursing education, in turn, socialises prospective nurses into 'correct thought and action' in alignment with preexisting values in the field (Lipscomb, 2022, p. 19). Within this context, to be labelled a racist is catastrophic, striking, as it does, at the core of one's professional identity as a 'good' nurse-subject. Thus, nurses may not possess a comprehensive understanding of racism; rather, the limits of this knowledge reflects the extent to which racism intersects with their own position and interests.

This narrow focus on subjective violence renders the conditions of racism in society largely invisible. The *symbolic violence* that shapes what is knowable and sayable—the 'universe of meaning' that makes certain ideas normative, while leaving others unthought and unsaid (Žižek, 2009, p. 1)—goes unrecognised in participants' accounts. Similarly, systemic or objective violence—the way in which racism is embedded into the smooth functioning of Scotland's, and the UK's, social and political order—receives little attention. Without recognising these underlying forces, participants see only the visible 'outbursts' of racism in interpersonal encounters, treating them as aberrations rather than symptoms of deeper, and more pervasive, racist logics. And yet, this must be unsurprising in an educational environment organised around compliance, rather than critical thought—a point I return to below.

These dynamics help shape how racism is understood in MHNE, and, by extension, what students are able, or encouraged, to understand. Participants' fear of being seen as *the racist* fosters not only self-monitoring, but a tendency to

monitor others. An emphasis on individual speech and conduct produces a policing dynamic in which correcting others' language becomes a public performance of one's own moral credentials—a way of proving oneself to be a 'good' nurse-subject. Yet this all-consuming focus on subjective violence, at the expense of recognising the symbolic and systemic, ultimately obscures the very conditions that continue to (re)produce racism, and leave the active practices of race/ism in the education unexamined and unchallenged. While policing speech may, on the surface, minimise the visibility of racism, it does not follow that the root cause of the (would be) speech has been 'tackled' and addressed. Indeed, if certain speech, and therefore ideas, are suppressed, can they really be subject to challenge and the prospect of change?

Until I inserted it at interview, the concept/object of antiracism was almost entirely absent from the data. Participants did not frame their understandings of racism through a lens that took antiracism into account, nor did they express a sense that something was missing. It is here that the real, totalised absence is located. This totalised absence is striking given the inextricable link between antiracism and racism: how antiracism is imagined inevitably shapes how racism can (and must) be understood, and vice versa (Shafi & Nagdee, 2022).

When antiracism was explicitly introduced during the interviews, participants revealed it to be a somewhat alien concept. The reader may have been surprised, if not shocked that antiracism could be confused with 'reverse racism', for example, and the idea that antiracism might be about 'treating white people worse' (EDU 9). More commonly, antiracism was framed—similarly to racism—at the individual level, as a matter of personal conduct and 'right action' (the liberal approach of individualising solutions for systemic problems, as exemplified in Kendi's bestseller, 'How to be an antiracist' [2019], perhaps being apparent). Here, the antiracist was imagined as someone who recognises and celebrates identity categories, and performs acts of deference, particularly toward those with marginalised identities. This celebration of identity stands in for antiracism. And, within nursing, where person-centred practice is sacrosanct, this framing enables seamless alignment with existing norms; the mantra of treating people as individuals gets equated with doing antiracism well.

In this sense, antiracism is reduced to living out 'good' values on a case-by-case basis (Lentin, 2008), rather than addressing the societal conditions in which

individual lives are shaped and lived (Bacchi, 2007). This individualisation mirrors the way racism is conceptualised through the figure of *the racist*, and again, entirely misses the symbolic and systemic dimensions. It is perhaps precisely because of the constrained understanding of racism, within MHNE, that antiracism, too, remains under-theorised, and the fixation on individual morality persists.

9.3 Considering the implications for MHNE and beyond

Having reflected on the central findings of the study, the question that follows is: *so what?* What are the implications for MHNE, both in Scotland and other parts of the UK that share the same regulatory standards? What do the findings reveal about if and how mental health nurses are being prepared to meet the challenge of racism in practice?

In response to these questions, I offer three central implications. These have relevance beyond nursing to other competency-based and vocationally-oriented forms of higher education, such as social work and allied health professions, which exist within similarly intense regimes of professional regulation and standardisation.

9.3.1 Mental health nursing education already does *something* (not *nothing*) in relation to race and racism

First, the findings directly challenge any assumption that the broad absence of race and racism from official programme content *is equal to* the total absence of any ideas, beliefs or practices about race and racism circulating and being (re)produced in and through the education. In essence, the findings undermine the veracity of the claims to absence which both participants described and which the wider nursing education literature purports. Instead, the study demonstrates that particular problematisations of race and racism *do* proliferate in the education, regardless of whether these are officially sanctioned or acknowledged (and indeed, only race-as-variable-and-determinant seems to feature, even in a minor way, within sanctioned content). These problematisations are particularly evident at the level of practice. Participants' stories provide us with access into what goes on.

Even while race and racism appear officially *absent*, there are numerous ways in which participants' stories show—and show precisely—how racist logics are operating between social actors in the educational environment and within the ideas socialised through taught content. Thus, while apparently doing *nothing*, the education is, in fact, *already doing something* in relation to these issues. Yet, because these ideas and practices do not form part of the official educational discourse or knowledge, they are harder to identify and grasp. Furthermore, their official absence makes them more slippery and provides plausible deniability for institutions; if complaints are made, institutions (and indeed the regulator) retain the defence that these ideas, views and practices do not represent an official position, meaning that responsibility is displaced onto individual educators.

But clearly the picture is more complex than this. What the study has shown is that, in the absence of explicit and critical engagement with the concepts of race and racism, other, more well-established, concepts within MHNE become the lens through which race/ism is understood—concepts like *lived experience*, *culture* and *person-centredness*, already formalised into the education, and, as such, familiar, legitimate and safe. The influence of this sanctioned knowledge has a constraining effect on what conceptualisations of race and racism are possible for those engaged in MHNE, at least in public if not in private.

Recognising that MHNE is already doing something in relation to race and racism invites a further question: is it doing what we want it to do? Near unanimously, student and educator participants (albeit a self-selecting group) expressed a clear desire to 'tackle' racism in all aspects of nursing, including nursing education—a finding which reflects similar urgency to 'confront' and 'combat' racism expressed in the nursing literature (Emami & De Castro, 2021; Waite et al., 2020). Yet, the data suggests that what is currently taught and practised may, paradoxically, be reinforcing, rather than disrupting, the very logics it seeks to challenge.

9.3.2 Failure to engage critically with concepts: Reproducing the very thing we say we want to 'tackle'

This leads us to the second key implication of the study's findings that, in failing to engage critically with the concepts of race and racism, MHNE may be perpetuating the very thing we say we want to tackle and combat. Current ideas, beliefs and practices that proliferate in this education reinforce racial (racist)

logics by reproducing racialised ways of thinking and doing. Nowhere is this more evident than in the administration and policing of racialised subject positions. When participants suggested that the topics of race and racism should, or might only, be taught by those identified as Black and Brown, they appear to be performing an act of enlightened deference (Táíwò, 2022a); what gets missed is the reproduction of racist logics, which this move inherently relies on. Black and Brown people are cast into the role of the *racial other*, and presumed to have certain interests, experiences and expertise in relating to their lived experience of race. Meanwhile, the *white/self* retains a universal position—un-raced—which enables us to make this move of deference, and maintain a position of silence and withdrawal, which the *racial other* is denied. In this rendering, race is naturalised and treated as a self-evident fact, rather than a historically contingent and politically charged construct.

At present, MHNE appears to treat race as separate from the problem of racism, as though the two are divorced. Yet, by considering what the prescription of race is *doing*, particularly in relation to subject positions as they are lived, this study has demonstrated just how integral race is to the everyday ways in which racial (racist) logics are sustained. When we reproduce, over and again, the impression that race is immutable and fixed—whether this is done in our description of social problems, or in our efforts to organise around ‘tackling’ racism—it is like we are ‘trying to lift the thing up whilst we’re standing on it’ (Denvir, 2017). We fall into this trap unwittingly when proper attention isn’t paid to the concepts that we are dealing with, and when we excavate them from their political and ideological context. Into this vacuum, other more well-established concepts stand in as justification for taking up a particular position. In MHNE, the concept of *lived experience* serves as the legitimising rationale for positioning the *racial other* as spokesperson, or expert, on race—a move that, whilst well-intentioned, reinscribes rather than disrupts the logic that racism relies on. By adopting a racial antirealist analytic lens in which race is seen as inextricable from the racist logic that produced it, the study disrupts such taken-for-granted assumptions about the banality and innocuousness of race (Fields & Fields, 2022). It casts a different light on the problem of racism; one untypical and largely unthought in the nursing literature. In doing so, the study resists the contemporary liberal tendency to celebrate marginalised identities as an end in itself (Malik, 2023), and instead

takes aim at the racial worldview which underpins these identities. This stance may be considered unfashionable, perhaps even unpalatable, by some; however, it is necessary if we are to unsettle the enduring system of raciology—the classificatory system of racial difference (Gilroy, 2000)—that continues to shape thought and practice in nursing education, and other institutions.

9.3.3 The incompatibilities of competency-based education and critical inquiry

The third implication concerns the structural limits of how MHNE is set up. The study's findings suggest that nursing education, as it currently operates, is ill-equipped to enable students—and, indeed, educators—to engage critically with complex and contested concepts, such as race and racism. Participants described programmes as saturated and busy, with educational standards often interpreted in narrow or literal ways. In the context of 'jam packed' curricula (EDU 6), one educator described that 'there's almost no meaningful, sort of, freedom or ability to shape something that feels meaningful for students' (EDU 3). Instead, what appears paramount is simply *checking off* the content: the 235 proficiencies mandated in the 'Future Nurse' standards (NMC, 2018/2024). Educators expressed concern that this positions nursing education as a kind of 'conveyor belt' (EDU 3), where education becomes a process of knowledge transference, socialising new nurses to think and act according to pre-determined, non-negotiable standards of professional conduct that are highly morally charged.

Having started with the end product—the 'good' nurse-subject—in mind, nursing education is structured according to moral and behavioural certainties that stand in direct tension with the uncertainties inherent in critical thought (and the contradictions inherent in race/ism). Critical inquiry opens up the possibility that sanctioned professional knowledge and values might be questioned or even rejected. Yet, in the context of a highly-regulated education—one which codifies correct thought and action at the level of the individual—such questioning is, in a real sense, impermissible (Lipscomb, 2022). For nurses, the 'values and principles' set out in 'The Code' (2015/2018) are 'not negotiable or discretionary' but professionally binding (p. 3). There simply isn't scope for nurses to refuse them. If nurses identify that the individualising nature of the 'The Code', and related standards like the 'Future Nurse', for example, do not properly attune nurses (as a collective) to the scale and challenge of systemic racism—indeed,

that the emphasis on individual responsibility may, in fact, be part of the problem—there is no clear mechanism for ‘speaking back’ to the regulator. Further, the individualising of morality and behaviour disincentives nurses to challenge the regulator, even as a collective, because this can and has resulted in ‘vocal’ individuals facing complaint and investigation. The founder of advocacy and campaigning group, Equality 4 Black Nurses (E4BN, n.d.), for example, has faced referral to the regulator by one of the NMC’s own senior representatives for her comments alleging institutional racism. It was her, as an individual, not the campaign group that was the target of investigation and whose nursing registration was brought into question (Thomas, 2024).

This situation is not unique to nursing. Other competency-based and vocational forms of higher education operate within parallel regimes of moral and regulatory constraint (Bagnall & Nakar, 2019). In settings such as social work, policing, and allied health professions too, students are positioned as prospective professionals whose agency is conditional: while they are individually responsible for their professional conduct, they are not individually free to determine what that conduct should be. Having been initiated, through education, into the rules and customs of their chosen profession, prospective professionals are granted agency about how to think and act so long as the *right* choice is made (Žižek, 2009).

The necessities of certainty and compliance in the professional subject thus narrows what can be said, questioned, or thought within the education of these future practitioners. Yet, in socially and politically charged fields, such as, nursing, social work, policing and so on—where professionals navigate the tensions of life lived in communities marred by wicked problems like racism—there is surely a need to cultivate the ability to work with uncertainty, complexity and challenge (Carey, 2021). These tensions cannot be solved by the introduction of yet more protocols, pathways or checklists. Rather, what the study has shown is how intense manualisation and standardisation of professional knowledge and values can become a breeding ground for fear, insofar as expectations of hyper-morality raise the stakes for professionals and discourage debate about professional norms.

It is within this context that the absence of antiracism in MHNE becomes not only intelligible, but almost inevitable. Antiracism is not simply missing; its very

premise—questioning and unsettling the status quo—conflicts with the epistemic and moral structure of nursing education. Meaningful antiracism could not be achieved by simply ‘making room’ from some additional, standalone sessions in an already crowded curriculum. Such additions would likely reproduce the very tendencies that this study has highlighted: the desire to provide students with the ‘correct’ way to think—of understanding these issues—rather than cultivating the capacity to interrogate what is being presented. Instead, to introduce antiracism meaningfully, would require deeper examination of nursing’s foundational assumptions and moral certainties.

Furthermore, so long as these foundations remain rigid, it is difficult to imagine how MHNE could simultaneously produce ‘good’ nurse-subjects (as currently defined) *and* nurses capable of questioning long-held assumptions about what *good* means, particularly if this implicates the ways in which sacred values, such as person-centredness, may be obscuring a focus on systemic issues (like racism). This critical tension is revealed and given shape by the study’s findings. They suggest that nursing education cannot meaningfully engage with race and racism through adding content alone, rather, what is required is a reorientation of how knowledge, morality, and professional identity are conceptualised and enacted within the educational project.

While it could be argued that even some addition of content to address racism is a step in the right direction, the existing nursing literature provides little evidence about the transformative impact of standalone initiatives (see section 2.4). And, if discussions about racism are not done in such a way as to encourage dialogue, debate and challenge, I fear it might only entrench ‘good’ liberal ideas that can turn the teaching of antiracism into a moral lesson. For instance, teaching these issues through the lens of lived experience, and deferring to Black and Brown educators, may appear good and progressive, yet the (unacknowledged) shadow side of this is the reinforcement of racial subject positions and the tacit enactment of the *white/self*’s power to disengage from the conversation. The effect, then, is to preserve, rather than disrupt, the racial order.

9.4 Reflecting on the limitations of the study and associated challenges

The research process was not without its challenges, and the findings are not without limitations. Having discussed the key findings and their implications, I now turn to reflect on these challenges and limitations, offering these in spirit of transparency and as a window onto my ongoing development as a researcher. To emphasise learning, I consider not only what I might have approached differently, but what the challenges encountered suggest for future directions in similar research inquiries.

9.4.1 What quality looks like: From reproducibility to coherence and transparency

Quality has long been a subject of debate in academic research, with the issue of what counts as quality remaining contested. In the discipline of nursing, subjectivity has been treated as an inherent limitation of qualitative research approaches, in light of nursing's traditional alignment with the 'health sciences', or what is known as 'nursing science' in the US (Dreisbach et al., 2022). Seeking the scientific 'rigour' of quantitative methods, nursing researchers have attempted to minimise the interference of subjectivity by utilising mixed-methods approaches (Thorne, 2013), and drawing on various criteria that assesses research validity and trustworthiness to a universal standard (Cena et al., 2024). The pursuit of a positivist objectivity shadows these efforts—implicit in calls to ensure 'findings are shaped by the data and not researcher bias' (Lim, 2024, p. 224), and in methods which codify and distil qualitative data, testing 'reliability' through inter-rater measures (Cena et al., 2024).

Against such standards, this study—which inquires into nursing from a humanities and social sciences standpoint—can certainly be charged with subjectivity: *I am present throughout*. Far from conceal this, discussion in 'Chapter 3: Methodology, theory and methods' aimed to make its partiality visible by accounting for the micro- and macro- decisions made across the study's lifespan. Nevertheless, despite this tracking of decision-making and thinking, the study is not easily 'reproducible'—another measure of quality (Lim, 2024)—in the traditional sense. There are several reasons for this. First, access relied on my pre-existing relationships as a partial insider in the field. Were another researcher

to conduct the same study, access may prove more or less difficult, depending on their position in relation to mental health nursing in Scotland. Second, the abductive analytic approach quite deliberately eschews the mantra of ‘letting data speak for itself’, instead, reading data *through* and *in relation to* theory (Mazzei, 2014; Mazzei & Jackson, 2012). As the analyst, I inevitably brought myself to this practice; my understanding, and my reading, of theory influenced how it was read into the data. Thirdly, analysing absence is inherently challenging—it generates presence where there was none (Rappert, 2014). Tracing the (illusory) face of absence requires lateral and creative thinking, yet, because this insertion is generated from what is missing, the shape I generate may look different to what another would discern.

In light of this, I have attempted to embed quality not through reproducibility, but through *coherence*: alignment between aims and methods, and meaningful connection between theoretical concepts and data, and *transparency*: honest accounting of decision-making and challenges. These concepts form part of Tracy’s (2010) ‘Big-Tent’ criteria for excellence in qualitative research, which identifies honesty, not objectivity, as key. For me, honesty means, for example, acknowledging that there is selectivity involved in the process of analysis (Machin & Meyer, 2012). In keeping with the study’s aim of building a national level picture, I selected for commonality across the dataset, rather than analysing comparatively between different regions. To provide transparency, I have used quotes from the empirical data throughout the findings chapters, enabling the reader to ‘test’ the claims being made (Phillips & Jørgensen, 2002).

9.4.2 Challenges in recruitment: Tensions between risk of coercion and denial of opportunity

As discussed in ‘Chapter 3: Methodology, theory and methods’, section 3.3.2.3.2, a significant challenge in the research process was the recruitment of student participants, and the recruitment of Black and Brown participants. The effect of these challenges creates particular limitations; namely, there are fewer student voices than educator voices in the dataset, and there is a high degree of homogeneity in racialisation, with 24 out of 25 participants either self-identifying or being perceived as white. At the same time, this does reflect participating institutions, remembering that of the educators approached ($n=30$), almost all *appeared* to be racialised white (Freedom of Information [FOI] requests for

information were denied due to low numbers), and that 91% of final year mental health nursing students across Scottish programmes were officially recorded as 'white' (of 'any nationality') during the data collection period (see 'Appendix 8'). So, while I sought to diversify the sample, including targeted recruitment, the homogeneity of the sample is not, in and of itself, unrepresentative of the broader population. What the research became, then, is a study concerned primarily with the majority's conceptualisations of race and racism, and how these shape and sustain practices of race(ism)—an orientation still aligned to the study aims. Yet, the lack of Black and Brown voices cannot be dismissed as mere demographic inevitability. It should also prompt reflection on the conditions of participation in relation to positionality and risk.

While speculative, I suggest that my positionality as a white researcher will have influenced participation by, on one hand, creating a sense of safety for white participants, and, on the other, causing feelings of risk or exposure for prospective Black and Brown participants. This reflects how differently positioned groups within the racial order may experience the risks of engaging with discussions about race and racism in profoundly different ways.⁵⁸ Discourses of progressivism and distinctiveness in Scotland may also play into this and make it harder to speak out about racism, challenging as it does the national narrative that there is 'no problem [with racism] here' (Goldie, 2018; McBride, 2018).

For educators, institution-based recruitment proved effective. Familiarity with trusted intermediaries helped to enhance the study's credibility before I issued direct invitations (Coyne et al., 2016). Original attempts to recruit student participants through institution-based means, however, were entirely unsuccessful. No students expressed interest in the study. Each participating institution limited recruitment to advertisements on the virtual learning environment (VLE)—a process mediated by gatekeepers and over which I had

⁵⁸ As discussed in 'Chapter 7: Conceptualising racism', section 7.3, white participants often articulate fear in relation to being labelled a racist—an anxiety tied to their personal and professional reputations. While this fear is experientially real for white people concerned about 'getting it wrong', it must be differentiated from the fear that may be experienced by those who are racialised as Black or Brown and, on that basis, subjected to threatened or actual harm. For those who experience racism, speaking about race and racism risks reinforcing or increasing vulnerability to systemic and personal harms.

little control. As a result, I shifted to community-based recruitment, generating interest through social media and word of mouth recommendations.

Reflecting on the overall student recruitment process, a tension emerges between avoiding coercion and genuinely ensuring peoples' awareness that an opportunity to participate exists. Ethical guidelines rightly emphasise non-coercive practice, particularly with students, where underlying power dynamics could afford institutions and researchers undue influence. Yet the assumption that simply issuing a recruitment call—especially within busy VLEs—is sufficient neglects the necessity for such invitations to be engaging, meaningful, and, crucially, visible. By contrast, the public nature of social media enabled student recruitment to become a networked process of building engagement, flattening power dynamics by removing institutional gatekeepers from the process.

Overall, my experience of recruitment underscores the need for critical reflection on strategies that are both ethical *and* proactive. A balance must be struck between the risk of coercion and the risk of denying opportunity—a risk made manifest when recruitment calls are insufficiently visible. Arguably, if students' agency to participate in research concerning their own experience is curtailed by institutional practices, this itself risks straying into a form of paternalism.

9.4.3 Enriching discursive material with ethnographic insights

Data for the study was limited to discursive materials only. Discourse was gathered and generated to form the 'practical texts' for analysis (Bacchi, 2009), as socially produced knowledge that provides insight into how people make sense of the world (Macdonell, 1986). Curricula and programme documentation acted as primary data sources, while interviews with educators and students were hybrid material. While the stories participants told were secondary representations of what happens in MHNE, the framing and perceptions within those accounts offered primary insights into how they constituted the problems of race and racism (Bacchi, 2012a). And while there may be gaps between stated and actual behaviour (Bryman, 2016), the choice of language, and what this reveals about underlying assumptions and understanding, was of utmost interest to the study.

To compliment and enrich the data, future research could include direct observation within the educational settings—i.e., spending time in classrooms,

attending to what people see, hear and feel, and considering how these dynamics shape what is said (or not said) at interview (Machin & Mayer, 2012). Such immersion would provide insight into how race is practiced and lived situationally. Given the limited official content around race and racism (topics largely absent from curricula and programme documentation), this would likely require extended periods of observation, as no sessions or modules substantively devoted to these issues appear to exist that could be targeted specifically.

I was acutely aware during the interviews that, because the focus was on race and racism, these topics might appear more foregrounded in participants' accounts than they actually are in day-to-day practice. Indeed, several participants' hinted at this, with one educator stating, 'I'm not familiar with speaking about these things' (EDU1), and a student reflecting that, 'it's interesting to kinda like... vocalise some of these thoughts and like, I guess just sit with them... 'Cause it's nae something that you really, like, get the space to think about or consider' (STU1). What an ethnographic component would enable is access to naturalistic classroom discourse, and the chance to witness whether these topics spontaneously emerge in the weeks or months of being embedded. In addition, being embedded in the environment may have enhanced engagement by enabling me to become a familiar face, and to interview participants within their own environment. As such, an ethnographic approach could have practical benefits to the study, while also surfacing tensions and realities—beyond those which discourse captures—that may be playing into the absence of discourse on race and racism in the education (Blommaert, 2005).

9.5 Final thoughts

This study has examined how race and racism are conceptualised and represented in pre-registration MHNE in Scotland and explored the knowledge and values that shape these understandings. On the surface, race and racism appeared entirely absent from official curricula and everyday discourse, a narrative echoed by participants' initial claims of 'not knowing'. The study's findings, however, undermine and challenge this straightforward account, revealing instead how race and racism are actively reproduced through tacit knowledge and routine practices, even while unacknowledged.

The conceptualisations unearthed can be summarised as follows. Race was publicly framed as multifactorial and individually self-determined, yet participants' stories revealed the immediate processes of racialisation—reliant on visual cues—at work in the classroom. Racism, meanwhile, was problematised narrowly through the figure of *the racist*, and made into an individualised moral failure, observable at the level of interpersonal interactions. The concept of antiracism was almost entirely absent, and, when introduced, was similarly individualised. This reduced antiracism to individual responsibility for living out 'good' values, rather than a collective responsibility for structural transformation.

These findings highlight a fundamental tension between the official absence of race and racism in MHNE and their tacit everyday reproduction. This unacknowledged tension has real implications for what students come to understand, and fail to understand, about racism and antiracism through their education. The study has shown how the moralising frame of nursing knowledge and values constrains discussions about race and racism in the education. It has also shown how the problematisations that are circulating are situated within the particular geographic and political context of Scotland. By deliberately resisting making a comparative study between Scotland and its 'significant Other', England, the focus has instead been on comparing a slice of reality in Scotland with the idealised, progressive narrative that the nation tells to and about itself.

At the risk of disappointing the reader, this thesis has not proposed neat 'solutions' to the problems in conceptualisation uncovered. Instead, I have sought to create a different route into the conversation about racism in nursing—one premised on careful and deliberate conceptual work that is too often overlooked. The study's contribution is primarily diagnostic. It seeks to identify the problematisations of race and racism circulating in MHNE, and subjects these conceptualisations to critical analysis, examining how they may in fact be sustaining the racial (racist) logic we say we want to 'tackle'. Attending to concepts in this way is not mere theorising, but a necessary first step in understanding where we are as the basis for what we might do next. Practically, this means seeking conceptual clarity about the problem first, before rushing to propose solutions. Yet this is often difficult to do in practice, particularly in a field like nursing where nurses are expected to act fast and 'have the answer'.

The study, then, has been an exercise in slowing down, in pausing to look closely at how race and racism are imagined in MHNE, and to surface what is unspoken and taken-for-granted in these imaginaries. The findings point to a disconnect between what is said and what is done, between knowledge and practice. This disconnect is unlikely to be remedied by simply accumulating *more* content in nursing education; rather, it will likely rely on engaging with the underlying conceptual terrain that makes nursing what it is. Adding in what appears, superficially, to be missing, may not surface and address those ideas about race and racism which already proliferate in the field; ideas whose presence plays out at the level of practice whilst being obscured by a veil of absence, as this thesis has exposed. If genuine antiracist formation demands room for uncertainty and contestation, then there is currently a profound incompatibility between this aim and how nursing education is configured. To confront racism in nursing will not simply require strong rhetoric that reflects good intentions, or the layering over of old knowledge with new additions, but must include the willingness to reexamine foundational certainties which define the profession.

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Appendix 1: Literature review method, sources and selection

Critical interpretive synthesis (CIS)

Departing from purely qualitative forms of inquiry, CIS is *critical* in that it questions the (often) hidden aspects of the literature's agenda: who or what controls and constructs the 'problems' discussed; the underlying assumptions and traditions that shape and delimit these narratives; and the discourse(s) that work through the texts (Dixon-Woods et al., 2006). Where an absence or discursive silence is identified in the literature base, this is considered valuable precisely because of how the rules of a discourse manifest, even—perhaps especially—when rendered invisible. Thus, in developing a critical review, what *is not said* is as important as what *is said* explicitly. CIS is an *interpretive* endeavour, in that lines of argument emerge from the author's particular critique of the literature. Thus, I have not presented review findings and discussion separately—as if one (findings) exists exogenously to be 'found', while the other (discussion) is the sole interpretive aspect—rather, they are advanced together, and presented as intertwined, to acknowledge that knowledge production involves (my) interpretive decisions at every stage. This pushes against an established convention in the nursing literature—enforced, until recent moves towards free format submission, in nursing journals—to present review 'results' and 'findings' separately to their 'discussion'. Indeed, this convention is borne out in the two reviews already discussed (Thurman et al., 2019; Iheduru-Anderson et al., 2021).⁵⁹ Finally, CIS *synthesises* by developing arguments that draw on lines of reasoning from within the literature (i.e., the reasoning and evidence put forward therein) as well as

⁵⁹ In 2022, the decision to publish with *Nursing Inquiry* was made, in part, because of its free format submission which enables authors greater freedom in 'reporting'. To reach nursing audiences, it felt pertinent to publish the review in a nursing journal, yet at the time few of these journals would consider manuscripts structured outside typical, mandated conventions. This has since changed, and today other high-profile journals such as the *Journal of Advanced Nursing Studies* and *Nurse Education Today* accept free format submissions providing the article structure makes sense to the methods employed. Despite this, it is not unusual to see review articles formatted according to earlier conventions. See, for example, Wiapo et al.'s (2024) review of literature on racism in nursing in the *Journal of Clinical Nursing* which parses 'findings' from 'discussion' under separate headings.

meta-analyses that I, the author, have identified through analysing the literature as a whole.

Sources and selection

Though CIS does not call for strict systematic literature searching, systematised search processes were used to capture literature in scope of the review. This search took place in CINAHL database using Boolean search terms, including ‘nurs*’, and ‘racis*’, ‘race’, ‘racial discrimination’, ‘ethnicity’, ‘minorit*’, ‘raciali*’, ‘whiteness’ or ‘white supremacy’, and ‘concept*’, ‘understand*’ or ‘theor*’. In the original search of 2022, a total of $n=200$ articles were retrieved. From this initial search, a total of $n=128$ articles were included in the review process, of which: literature review $n=4$, empirical $n=47$, discussion $n=28$, theory $n=8$, editorial $n=18$, and comment or opinion $n=23$. Articles were included if they focused substantively on the nursing profession or nursing education and engaged with discussions of race, racism and or antiracism within the text.⁶⁰ Beyond this, no fixed inclusion and exclusion criteria were applied. It was not only ‘evidence’ or empirical studies that were of interest, but a more general examination of discourse across the nursing literature. In keeping with the explorative nature of CIS, the review was not limited to literature from the initial search process; rather, reference-chaining augmented the review as it progressed.

⁶⁰ Originally, I attempted to review the general ‘nursing’ literature and specific ‘nursing education’ literature separately. However, it became clear that to do so would be to impose an artificial division. There is significant overlap between the two—discussions of nursing education frequently expand into discussions of the nursing discipline as a whole and, in turn, these wider discussions often focus in on the role that nursing education plays in the profession. Furthermore, and given this interdependence, the ways in which race and racism are discussed across these literatures—whether substantively focused on nursing or nursing education—is consistent. There are no significant differences that would suggest separate treatment in this review.

Appendix 2: Antiracism initiatives in nursing education

Author(s)	Participants	Summary
Baldwin & Nelms (1993)	Doctoral students (concurrently nursing educators), <i>n</i> =18	3-week doctoral course exploring “difficult dialogues” around race and racism in nursing. Class discussions focused on two textbooks: a white history of nursing, and a Black history of nursing Evaluation: Author reflection
Bennett, Hamilton & Rochani (2019)	Nursing students (undergraduate), <i>n</i> =51	Standalone lecture and discussion on the history of nursing, highlighting issues of race and health in the US from 1883-2016 Evaluation: Quantitative survey data
Dancis & Coleman (2021)	Nursing students (undergraduate, white only), <i>n</i> =49	Semester course, <i>Systemic Racism Curriculum Project (SRCP)</i> , aimed at transforming participants’ understanding of systemic racism. Interactive mapping, readings, lectures, discussions, written assignments Evaluation: Qualitative analysis of written assignments
Drevdahl (2001)	Nursing students (graduate), <i>n</i> =unreported	8-week course on topics of race, racism and health. Seminar format using reading and video prompts, journaling and written assignment Evaluation: Not reported
Schroeder & DiAngelo (2010)	Nursing academics, <i>n</i> =8	Institution-wide project aimed at addressing the psychological, behavioural, and structural dimensions of institutional whiteness and

		<p>changing the institutional climate of the university. 2-day workshops for key faculty, followed by 12 half-day workshops over the academic year, development and implementation of an accountable diversity statement for the institutional, participant “action plans”</p> <p>Evaluation: qualitative surveys completed at intervals</p>
Garland & Batty (2021)	Nursing students (undergraduate), <i>n</i> =unreported	<p>Semester course on Community and Population Health Nursing addressing racism and Indigenous population. Educator reflective practice, creating a ‘relational’ classroom, <i>21 Day Racial Equity and Social Justice</i> habit challenge, class discussions, Indigenous Knowledge Keeper sessions, peer-reviewed group presentations</p> <p>Evaluation: Author reflections</p>
Mayoum et al (2024)	Nursing students (undergraduate) and nursing educators	<p>Collaborative development of an ‘anti-racist action plan’ for School’s nursing department. No detail provided on the shape and scope of the resulting action plan, nor if/how it was implemented.</p> <p>Evaluation: Thematic analysis of autoethnographic reflections</p>
Van Bower et al (2021)	Nurses, nursing educators and allied health professionals, <i>n</i> =6	<p>2-day workshop based on Boal’s <i>Theatre of the Oppressed</i> exploring racism with nurses, nurse educators and allied health professionals. Participatory theatre techniques and games, Indigenous sharing circles, discussions</p>

		Evaluation: Author reflections
Allen et al (2013)	Nursing students (undergraduate), <i>n</i> =251	8-week course on cross-cultural care and impact of discrimination on health. Lectures, class debates and discussions using case scenarios, multiple choice exam, written assignment Evaluation: Quantitative survey data
Key:		
United States		
Canada		
Australia		

Appendix 3: Sample of raw data

For the purposes of analysis, I worked initially with printed transcripts formatted to have large margins for ease of making notes.

FC-S

Okay super well, I suppose, just to kick us off, I wondered briefly if you could tell me a little bit about why you decided to do mental health nursing.

STU

It's because I had a background in psychology, and I had an interest in this field and I used to work for the psychiatric hospital and I decided that I would like to go further and enhance my career and I couldn't really get a job in psychology. So, I thought the next step would be to be a mental health nurse, which also has a lot of input from psychology. And I just like to work with people with mental health issues, because of my experience and interest, psychological interest and interventions and... yeah, I just felt that would be the right thing for me to progress in my career.

FC-S

That's really interesting. So it's like a hands on way of using some of your existing skills and knowledge. Brilliant. And how do you feel about talking about the topics of race and racism today?

STU

Mhm, I think it's very important topic and I think we should talk more. And, I feel that sometimes we don't talk enough – sometimes it can be uncomfortable and can be a taboo topic. And I don't think people always feel... yeah, that this is the right topic to... yeah, maybe explore and people think maybe everything is fine. And as far as I know Scotland is not really a racist place. And so... yeah, I think it could maybe be talked more about.

Ashley -

Scotland

FC-S

OK, yeah. That's really interesting. Do you... do you have any sense of why people might be reluctant to talk about it?

STU

If people are uncomfortable, because of their feelings and... maybe people have like, you know, unconscious beliefs and they don't want to reveal them, so they feel safe not to talk about this... and, depending on their race, and how the culture, the values, the families or... how they were brought up... yeah, some people think it's maybe not an appropriate subject to talk about or not politically correct. Not everyone knows how to talk about it, so that you don't hurt anybody

Fear.

STU
ED09

1

Appendix 4: Original rationale for different data collection methods

The study was originally designed differently to how it was actually conducted when the research went live. Originally, I proposed that the data collection mechanism for educators would be interviews, but for students would be focus groups. This plan was informed by the nursing literature which demonstrated successful use of interviews to engage nursing educators and practitioners in conversations about racism (Nairn et al., 2012; Malat et al., 2010) while focus groups had proven effective with students (Markey et al., 2019; Nightingale et al., 2022). Furthermore, this design referenced the distinctiveness of each participating group's social context.

During their education, nursing students frequently work in peer groups, with collaborative learning and group reflective practice forming core elements of the learning experience. It was thus speculated that focus groups might provide a more naturalistic setting for gathering student perspectives (Lincoln & Guba, 1985). Furthermore, the format would allow student participants time to listen, reflect and formulate responses, benefitting those less confident about discussing race and racism (Barrett & Twycross, 2018; Bryman, 2016).

Conversely, educators are expected to function autonomously in the university and within their role in delivering nursing education. They are both an authority figure in the education, *and*, in their speech and conduct, are expected to represent their employing institution. Thus, for educators, participating in group discussions with colleagues could reasonably raise work-related anxieties that could hamper free expression. Their role is tied to their employment—their livelihood—and their existing professional registration, none of which prospective participants would want to risk by being seen to 'say the wrong thing'. As such, individual interviews were considered more ethically appropriate to educators' circumstances from the study's earliest inception.

Appendix 5: Interview guide

Opening the conversation

At the start of the interview, the researcher will re-introduce the study scope and purpose, and re-state the confidentiality and anonymity agreements.

Below are the main sorts of questions that will be asked. Subsidiary questions are also indicated, though there may be variations on subsidiary or follow-up questions depending on participants' responses and in line with the semi-structured nature of the approach taken.

Questions/prompts

Tell me a bit about why you chose to get into mental health nursing?

How do you feel about talking about the topics of race and racism today?

What has motivated you to participate?

[I'm interested to understand] what does the term 'race' mean to you?

- Is 'race' a concept that you identify with?
- How do you understand what 'race' is?

[I'm interested to hear about] what does the term 'racism' mean to you?

- What does the term racism bring to mind?
- How would you define or understand racism?

What has influenced your understanding of race and racism? To what extent has mental health nursing influenced your understanding?

In what ways do you think the topics of race and racism are reflected in mental health nurse education?

- In what ways does mental health nurse education engage with the topics of race and racism?
- In your experience, are there particular aspects of mental health nurse education where the topics of race and racism are addressed or discussed?
- (students) Did you learn anything about race and racism during your training?
- (educators) What are your experiences of teaching about race and racism?

Do you think ideas around race and racism should feature in mental health nurse education? Tell me more about why you think that?

What are your experiences of racism in the classroom?

- Can you recall a time when race/racism was a factor in the classroom?

- What did that look like? / What do you think that would look like (hypothetical)?
- How did you respond to that? / How do you think you would respond (hypothetical)?

[Could you tell me about] what 'anti-racism' means to you?

- What does the term racism bring to mind?
- Where have you seen this in practice?

Do you think there is space to further develop the topics of racism and antiracism within mental health nurse education?

- What opportunities are there?
- What do you think this might look like?
- Do you foresee any challenges?

Have you had any mentors or role models in education who've tackled these issues in the classroom?

Do you think your views are typical of your colleagues? If, not why not?

Do you think ideas around race and racism should feature in mental health nurse education?

- Tell me more about why you think that?

Do you think there's anything particular about the Scottish context that impinges on talking about these issues?

Is there anything else we haven't touched upon that you'd like to share or discuss?

Closing the conversation

How did it feel to talk about race and racism today?

- Is this a familiar experience, or an unfamiliar experience?

Thank participant for their time and contribution.

Explain what happens next (debriefing materials and shopping vouchers [students]).

Final clarifying questions that obtain: length of involvement in mental health nursing education (educators) / year of study (students); and, how the participant chooses to self-identify in terms of their ethnicity/race.

Appendix 6: Guidance for online participation

Information on online participation provided to all participants pre-interview.



GUIDANCE FOR ONLINE PARTICIPATION

Dear Participant,

This guidance is designed so that you know what to expect from participating in an online interview or focus group.

What will happen before the meeting?

In advance of the meeting, I will send you an email with a link and joining instructions. To keep the meeting secure, please do not share the link and passcode with anyone else.

Once you have used the joining instructions, you will enter a waiting room. This is so that I can screen entrance to the room to make sure that only those who are invited can enter.

If you have any difficulties understanding or using the joining instructions, or when attempting to enter the room, please email me: Freya.E.Collier-Sewell@student.shu.ac.uk

What will happen during the meeting?

As part of engaging, I ask that participants have their camera on during the meeting. If you anticipate any difficulties with this, please get in touch with me in advance of the meeting.

The meeting will be recorded and this recording will be saved securely on Sheffield Hallam University's electronic storage system, to which only myself and my supervisory team have access.

If you are somewhere where there is background noise, please mute your microphone when you are not speaking.

The online space is a principled space in which I want us to respect each other's points of view, practice active listening and turn-taking, and maintain confidentiality. Please ensure that what is said in the space remains in the space.

Any questions?

I look forward to meeting with you. If you have any questions about the above guidance, or anything else relating to participating online please get in touch on the email above.

Thank you for reading!

Freya Collier-Sewell
PhD Researcher, Sheffield Hallam University

Guidance for Online Participation

Appendix 7: Debriefing sheet

Debriefing sheet for student participants, including information about confidential support services and voucher payment arrangements.

Participant Debrief Sheet

Thank you for participating in and contributing to this research study: *Well prepared: Race and racism in mental health nurse education in Scotland*. Your insights are valuable to the research and I appreciate your time and energy.

What happens now?

As a thank you for your participation, I will now have provided you with two shopping vouchers to the total value of £20. If you have not received these, or you have any difficulties accessing or using the vouchers please get in touch.

A transcript of our interview will be produced in the weeks following our meeting. In the three weeks following our conversation, you may still choose to withdraw from the study if you no longer wish your data to be used. If this is the case, please contact me on F.Collier-Sewell@shu.ac.uk. After this three-week period, the anonymised transcript will be collated and analysed alongside other interview data to examine a national picture of how race, racism and antiracism are being discussed, taught and learnt about in mental health nurse education in Scotland.

What if I need to speak with someone following interview?

I hope you found the interview a positive and interesting experience. If, however, the experience has brought up difficult feelings, or you have been affected by any of the topics raised, the following support services are available:

[Equality Advisory and Support Service \(EASS\)](#) advises and assists individuals on issues relating to equality and human rights across England, Scotland and Wales.

Phone: 0808 800 0082

[Breathing Space Scotland](#) is a free, confidential, phone and webchat service for anyone in Scotland over the age of 16 experiencing low mood, depression or anxiety.

Phone: 0800 83 85 87

If you have any further questions about the research, please contact me: F.Collier-Sewell@shu.ac.uk. If you have any concerns about your participation in the project and would like to speak to an independent person please see the contact details at the bottom of your participant information sheet.

Appendix 8: Eligible student population across Scotland

Information obtained via Freedom of Information (FOI) requests to all Scottish HEIs that offer pre-registration mental health nursing programmes. The figures relate to final year pre-registration mental health nursing students in Scotland for academic year 2022/2023.

Course	Total student number	'white (any nationality)'	'any other ethnicity'	Undisclosed
UWS <i>BSc Mental Health</i>	135	125 (93%)	10 (7%)	-
<i>MSc Mental Health</i>	20	20 (100%)	0 (0%)	-
RGU <i>BSc Mental Health</i>	51	42 (82%)	9 (18%)	-
Abertay <i>BSc Mental Health</i>	64	55 (86%)	9 (14%)	-
Stirling <i>BSc 3rd yr</i>	111	102 (92%)	<5 (~4%)	<5 (~4%)
<i>BSc Hons yr (optional)</i>	4	<5	<5	<5
ENU <i>BN Mental Health 3rd yr</i>	110	99 (90%)	9 (8%)	2 (2%)
<i>MSc Mental Health 2nd yr</i>	8	<= 5	<= 5	
Dundee <i>BSc Mental Health</i>	60*	58 (94-98%)	<5 (2-6%)	-
GCU <i>BSc Mental Health</i>	68	61 (90%)	7 (10%)	-
UHI	28	Undisclosed**		
Totals	~620	(Approx) ~91%***	~8%***	

*Approximate; actual figure is between 59-62 based on information provided

**UHI invoked section 38(1)(b) of the Freedom of Information (Scotland) Act 2002 to advise that they would not disclose ethnicity of the 28 students enrolled

***Percentages based on approximate total of $n \sim 620$ students, in reference to the following calculations: (a) the total number of students ($n \sim 659$) minus course categories where data is incomplete (namely UHI, ENU MSc, Stirling BSC Hons yr), resulting in a range of $n=618$ minimum; $n=621$ maximum; and (b) the minimum number of 'white (any nationality)' students across all included course categories ($n=562$); and (c) the maximum number of 'any other ethnicity' across all included course categories ($n=52$).

Appendix 9: Professional BME/BAME forums, groups and networks

List of professional BME/BAME forums, groups and networks in Scotland approached to share the participant recruitment call, including the mechanism via which the call was then distributed.

NHS Scotland regional healthboards (14)		
Board	Relevant staff network or point of contact	Distributed via
NHS Ayrshire & Arran	Equality and Diversity Advisor	Email
NHS Borders	<i>Equalities Group for Staffing</i>	Email
NHS Dumfries & Galloway	<i>Ethnic Minority Staff Network</i>	Email
NHS Fife	Equality & Human Rights Lead Officer	Email
NHS Forth Valley	<i>Minority Ethnic Network</i>	Email
NHS Grampian	<i>Staff Equalities Network</i>	Email
NHS Greater Glasgow & Clyde	<i>BME Network</i>	Email
NHS Highland	Public Health Coordinator	Email
NHS Lanarkshire	<i>BME Network</i>	Email
NHS Lothian	<i>BME Network</i>	Email
NHS Orkney	Head of People & Culture	Email
NHS Shetland	HR Manager	Email

NHS Tayside	Equality and Diversity Manager	Email
NHS Western Isles	Operational Diversity Lead & Volunteer Co-ordinator	Email
Other professional networks		
Network / organisation		Distributed via
Council of Deans Student Leadership Programme		Social media; email
Incubator for Nursing and Midwifery Research		Social media
Mental Health Deserves Better campaign		Social media
RCN Newly Registered Nurses network		Social media
RCN Mental Health Forum		Social media
Scottish Personality Disorder Network		Social media
Student Mental Health Nurses (MHN) Forum Scotland		Social media; email
Unison National Race Equality Officer		Email

Appendix 10: Recruitment flyer

Recruitment flyer distributed at an NHS Lothian BME Staff Network event for network members.



Are you a final year mental health nursing student or newly qualified mental health nurse in Scotland?

How was racism discussed on your programme?
What changes would you like to see?

Please participate in this research!
Your insights can help us to understand how these issues are approached in nurse education, and what we could do differently.

What's involved?
A 30-60 minute one-to-one conversation at a time that suits you

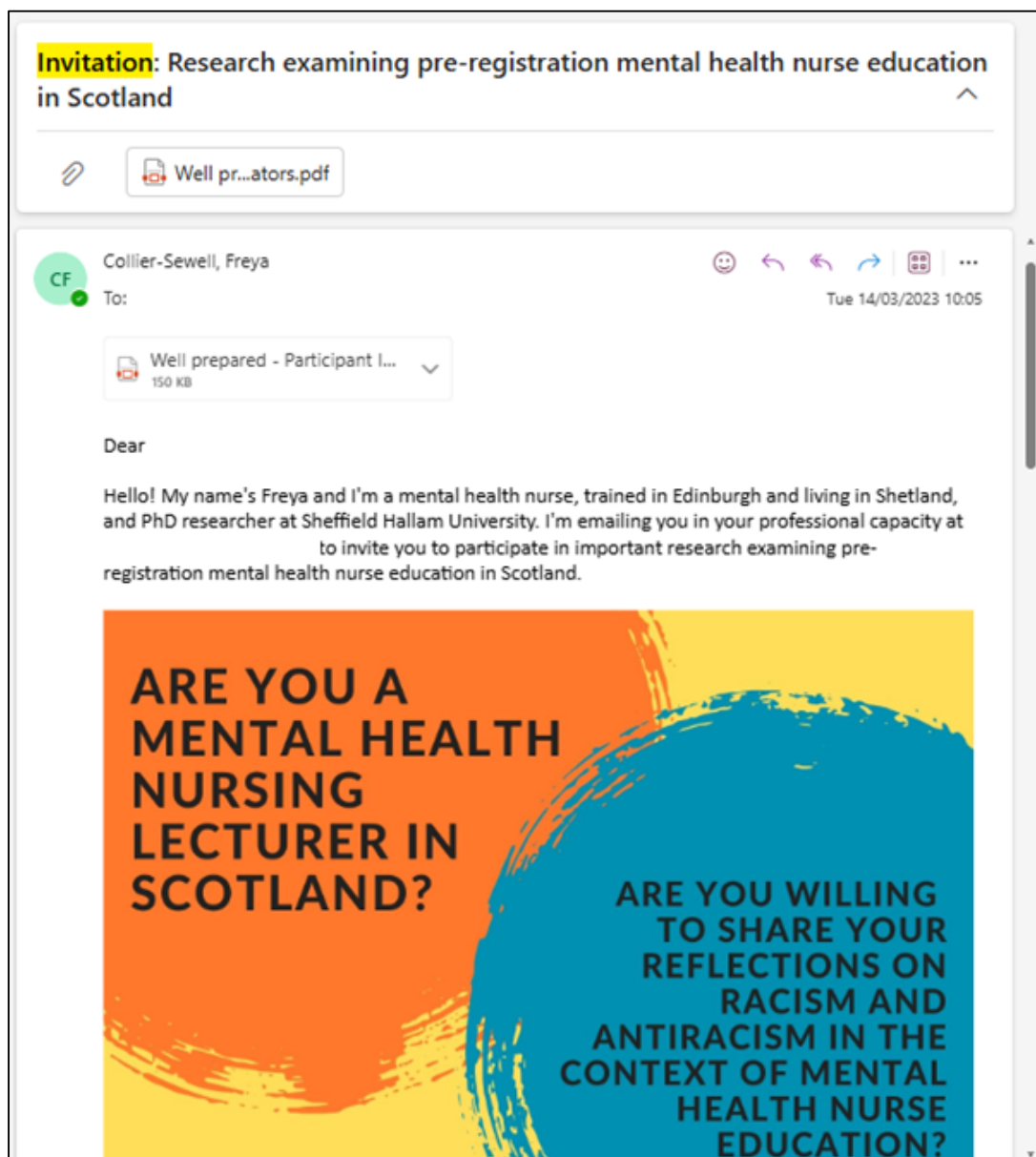
You will receive a £20 shopping voucher as a thank you



INTERESTED? Scan the QR code or contact Freya at:
F.Collier-Sewell@shu.ac.uk

Appendix 11: Invitation email sent to staff

Sample email which was individualised and sent to all eligible educators (staff), in participating HEIs, inviting them to take part in the study. The email contained the educator recruitment poster and the study information sheet was provided as an attachment.



Invitation: Research examining pre-registration mental health nurse education in Scotland



Well pr...ators.pdf

**Please consider taking part in this important research*!
Your participation can help us to understand how racism and antiracism are currently approached and understood in pre-registration mental health nurse education, and what we might do differently.**

If you choose to take part, you will be invited to a one-to-one, conversational interview. This could be online or in-person, based on your preference, and at a time that suits you. All data from participating lecturers across Scotland will be anonymised.

*Please see participant information sheet for details



**INTERESTED?
EMAIL FREYA FOR MORE INFO AT:
F.COLLIER-SEWELL@SHU.AC.UK**

Your reflections and insights will be valuable to this Scotland-focused research, and I hope you will consider taking part. Conversations can take place online, and at a time that suits you.

Please reply to this email or get in touch with me directly at F.Collier-Sewell@shu.ac.uk to express your interest. I'd be delighted to hear from you, and to answer any questions you might have about the research and taking part.

With best wishes,

Freya

NB: This study has received ethical approval from Sheffield Hallam University (ER45112138) and permissions to recruit from


Appendix 12: Recruitment information for virtual learning environments

Sample of the text, poster and student participation information sheet provided to participating institutions for posting as an announcement on relevant virtual learning environments (VLE) module and programme sites.

BN programme announcement

Well ...STUDENT.pdf Well ...STUDENT.jpg

Collier-Sewell, Freya
To: Mon 20/02/2023 09:40



Well prepared - Participant I...
152 KB

2 attachments (590 KB) Save all to OneDrive - Sheffield Hallam University Download all

Hi

Below is a post to go out on the BN programme announcements page. If you could embed the image that would be great. I've attached the jpeg in case it doesn't transfer easily from email. I also attach the PI sheet which can be uploaded as an attachment.

Announcement subject line:
Calling all final year mental health nursing students!

Announcement body text:
Are you a final year mental health nursing student? Are you willing to share your insights and reflections on racism and antiracism in mental nurse education in Scotland?

I'd like to hear from you!

Please consider taking part in this important research. To express interest or to find out more, please contact Freya at F.Collier-Sewell@shu.ac.uk

***Please see Participant Information Sheet for more details**

This research has received ethical approval from Sheffield Hallam University and permissions from Ethics Committee.

Reply Forward

Appendix 13: Revised poster for student recruitment on social media

Updated poster for student recruitment (ethics approved) which expanded the eligibility criteria for participation.



Are you a final year mental health nursing student or newly qualified mental health nurse in Scotland?

How was racism discussed on your programme?
What changes would you like to see?

Please participate in this important research!

Your insights can help us to understand how these issues are approached in nurse education, and what we could do differently.

What's involved? A 30-60 minute one-to-one conversation at a time that suits you

You will receive a £20 shopping voucher as a thank you

INTERESTED?
Contact Freya at:
F.Collier-Sewell@shu.ac.uk
<https://tinyurl.com/37798a3e>

Appendix 14: Sample social media post for student recruitment

Sample of social media post on X/Twitter, using #tags and @tags to connect with popular nursing networks and influential nursing academics in Scotland.

Freya Collier-Sewell (verified) · May 29, 2023
Call for participants

Please share with your [#mentalhealth](#) [#studentnurse](#) and [#nurseeducation](#) networks 🙋 and consider participating!

tinyurl.com/37798a3e

Are you a final year mental health nursing student or newly qualified mental health nurse in Scotland?

Are you willing to share your reflections on racism and antiracism in mental health nurse education?

Please participate in this important research!

Your insights can help us to understand how these issues are approached in nurse education, and what we could do differently.

What's involved? A 30-60 minute one-to-one conversation at a time that suits you

You will receive a £20 shopping voucher as a thank you

INTERESTED?
Contact Freya at:
F.Collier-Sewell@shu.ac.uk
<https://tinyurl.com/2utv823v>

4 62 34 12K

Freya Collier-Sewell (verified) · May 29, 2023
Please share with your networks 🙋👏

4 5 408

Appendix 15: Ethics ‘pack’ navigation tool

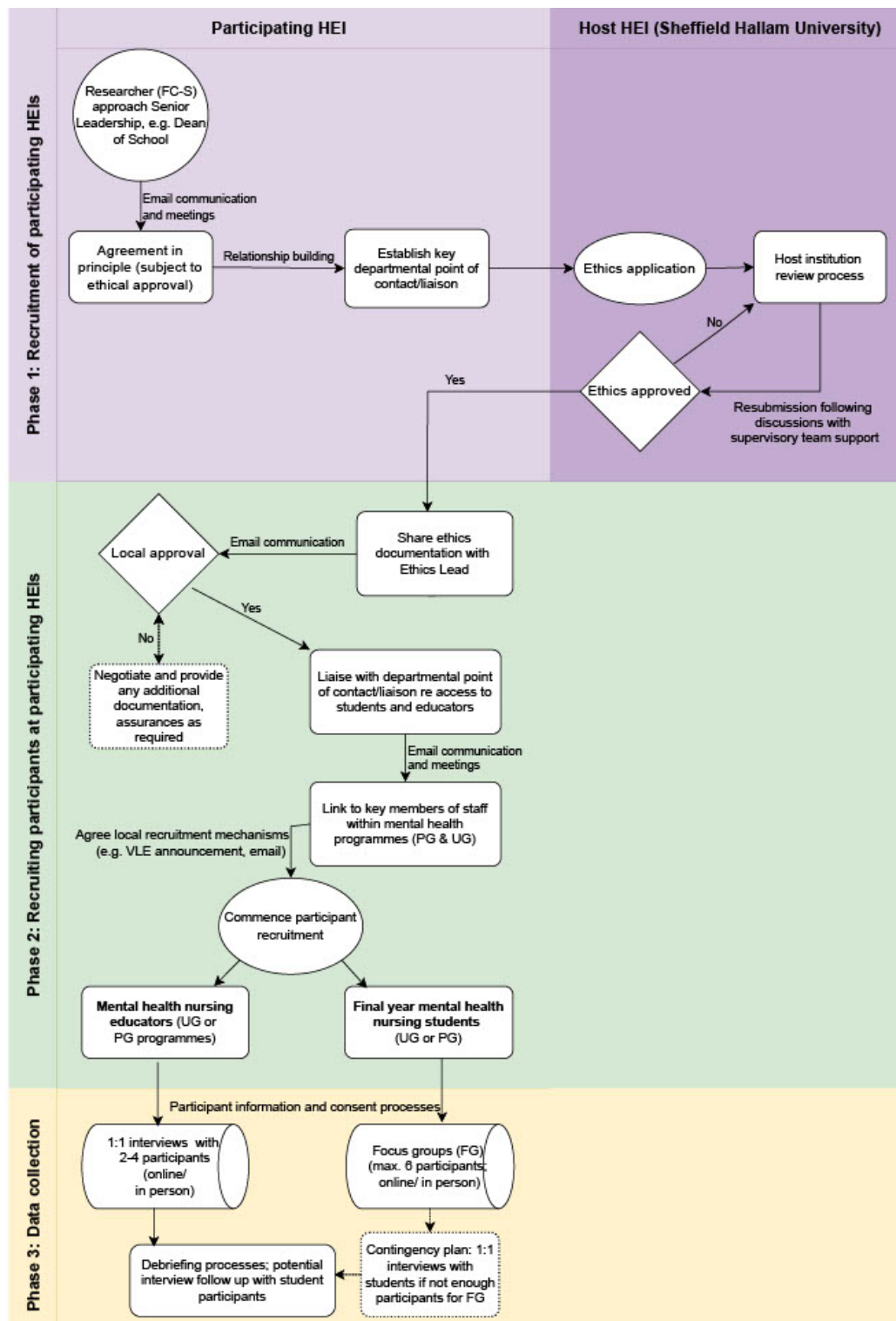
This table lists the documents provided to each participating institution’s gatekeepers or ethics panel for review. It anticipates their needs by highlighting critical aspects of the study procedures and ethical arrangements that would inform their approval of the study.

Item	Document name	pg
Recruitment protocol	<i>Recruitment Flowchart F Collier-Sewell.pdf</i>	
Ethics documentation and opinion	<i>Ethics application – Approved 28.11.22.pdf</i>	
Ethics review ID ER45112138		1
Ethics approval notice		1
Reviewer comments and responses		15-16
Data collection methods		4
Data anonymisation, storage and disposal		5
Recruitment, selection and sampling of participants		6
Participant activities		7
Arrangements for consent and withdrawal		9
Confidentiality arrangements		10

<p>Accompanying documents (Zip file)</p> <p>Student participant information sheet Staff participant information sheet Consent form Data management plan Health and safety risk assessment Interview guide (for both 1:1 interviews and focus groups) Debriefing materials Recruitment materials Guidance for online participation (Zoom/Teams) Response to reviewers table</p>	<p><i>Participant Information Sheet STUDENT.docx</i> <i>Participant Information Sheet EDUCATOR.docx</i> <i>Participant Consent Form.docx</i> <i>Data Management Plan – FCollier-Sewell.docx</i> <i>Risk Assessment Form.docx</i> <i>Interview and FG guide.docx</i> <i>Debriefing materials.docx</i> <i>Recruitment materials.docx</i> <i>Guidance for Online Participation.docx</i> <i>Response to Reviewers Table.docx</i></p>	
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Appendix 16: Recruitment protocol flowchart

Flowchart outlining the study's recruitment protocol. This was sent to gatekeepers at participating institutions as part of the ethics 'pack', devised to highlight and reassure on key aspects of the study procedures and ethical arrangements.



Appendix 17: Ethics 'pack' covering email

Sample of the covering email sent to gatekeepers at participating institutions.

Re: PhD Ethics review approval

Cover s...ation.docx Ethics ...11.22.pdf Recruit...ewell.pdf
Accompa...ments.zip

Collier-Sewell, Freya
To: .
Cc: .
Wed 14/12/2022 08:53

Cover sheet - Ethics docume... 19 KB
Ethics application - Approve... 91 KB

4 attachments (549 KB) Save all to OneDrive - Sheffield Hallam University Download all

Hi

I hope you're keeping well in this weather!

Thank you for confirming that I can send the documentation to you. For ease, I've attached a Cover Sheet as a navigation tool for finding the key elements within the ethics document and accompanying materials. I also attach a recruitment protocol that outlines, at a glance, the target recruitment processes and data collection for the project.

You'll note that I'm in the process of requesting £10 shopping vouchers from Sheffield Hallam University as recompense for student participants. This will of course be resolved - and the outcome reflected in the recruitment materials - before any recruitment commences.

Please let me know if you have any queries about the information provided. I've cc'ed in Dr Catherine Mahoney, Associate Professor in the School of Health and Social Care at ENU, who is part of my supervisory team and whom I've been working closely with through the recruitment processes at participating institutions.

Once you're satisfied that everything is in place, I look forward to getting back in touch with to start looking at local recruitment mechanisms and timelines.

With best wishes,

Freya

Appendix 18: Student participant information sheet

Study information provided to prospective student participants.



STUDENT PARTICIPANT INFORMATION SHEET

Dear Participant,

I invite you to take part in my research project: *Well prepared? Race, racism and mental health nurse education in Scotland*. This information sheet explains the purpose of the research and what you can expect from participating.

What is the research about?

The project critically examines how mental health nurse education in Scotland engages with and conceptualises race, racism and anti-racism. To explore this, I am talking to student and staff participants from universities across Scotland and looking at key agenda documents such as the NMC Code of Practice (2015). The findings of this research will help us to consider how mental health nurse education might develop differently into the future.

Who is undertaking the research?

My name is Freya Collier-Sewell and I am a PhD Researcher in the Culture & Creativity Research Institute (CCRI) at Sheffield Hallam University. This research is conducted under the supervision of Professor Anandi Ramamurthy.

Why have I been asked to take part?

I am looking for final year mental health nursing students (undergraduate and postgraduate) at Scottish universities or newly qualified mental health nurses who graduated from a Scottish university within the last 12 months. There is no other eligibility criteria. If demand for participation is high, I will select participants on the basis of ethnic diversity.

Do I have to take part?

Your participation is voluntary and entirely separate to your studies on the mental health nursing programme and or your employment. Your participation is confidential and will not be disclosed to the university or to your employer. You are free to withdraw from the study at any time before, during, and up to 3 weeks after you participate. There are no negative consequences for withdrawing.

What will I be asked to do?

I am interested in hearing your insights and perspectives on race, racism and antiracism in the context of your mental health nursing programme. If you choose to take part, I will invite you for a one-to-one, conversational interview expected to last between 30-60 minutes.

Where will this take place?

Depending on your preference and availability, you can choose to take part on the university campus or online. If you would prefer to meet on campus, I will book a private room/meeting space.

What are the possible benefits of taking part?

By taking part, you are helping to create knowledge in nursing and nurse education that has the potential to positively influence nurse education of the future. To recognise your time and contribution, you will receive a £20 shopping voucher following participation.

Are there any possible disadvantages of taking part?

Talking about race and racism can feel sensitive or difficult if we are not used to it. The aim is to focus on your insights and perspectives rather than experiences. There are no 'right' or 'wrong' answers. If you do not wish to answer a question you do not have to, and you do not need to provide a reason.

Will I be identified in the project?

All participants' data, from across participating universities in Scotland, will be pseudonomised to protect your anonymity. Your name will be replaced with a participant code number ['Student x'] and your university will be replaced with a university code number ['HEI x'] in all storage and reporting of the data. Details of who participates in the study will not be shared with anyone, including your university.

How will the data be stored?

Interviews will be recorded. Data will be stored in Sheffield Hallam University's electronic storage system, to which only myself and my supervisory team have access. Audio recordings and interview transcripts will be labelled using replacement participant code numbers, not your name. Identifying information in your consent form is confidential. It will be stored separately under encryption and will not be linked to the raw interview data. Data will be archived securely for 10 years once the study is completed. It will not be accessible to anyone outside the team and will not be used for any purposes outside the current study.

How will you use what you find out?

Findings from the project will form the basis of my PhD thesis and may be reported in journal articles and or at relevant conferences.

How can I find out about the results of the study?

Once the research is complete, I will share the findings at participating universities. I will invite you to attend but your attendance is voluntary. If you choose to attend, you do not need to disclose that you were a participant in the study, nor will I identify you as a participant.

I'd like more information, who can I contact?

It is important to me that you make an informed decision about participating. If you have further questions or require any clarification, please get in touch with me:

F.Collier-Sewell@shu.ac.uk

What is the legal basis for the research?

The University undertakes research as part of its function for the community under its legal status. All University research is reviewed to ensure that participants are treated appropriately and their rights respected. A full statement of your rights in accordance with the UK GDPR can be found at: www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research. This study was approved by UREC with Converis number ER45112138. Further information at: www.shu.ac.uk/research/excellence/ethics-and-integrity. Data will be collected, handled and stored in line with UK-GDPR regulations.

I have concerns, who can I contact?

If you have any concerns about your participation in the project and would like to speak to an independent person please see the contact details at the bottom of the sheet. Alternatively, you can contact my Director of Studies, Professor Anandi Ramamurthy: a.ramamurthy@shu.ac.uk

Thank you for your time and interest. I hope you will participate in this important research!

You should contact the Data Protection Officer 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

DPO@shu.ac.uk

You should contact the Head of Research Ethics (Dr Mayur Ranchordas) if:

- you have concerns with how the research was undertaken or how you were treated

ethicssupport@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WB Telephone:

Appendix 19: Staff participant information sheet

Study information provided to prospective educator (staff) participants.



STAFF PARTICIPANT INFORMATION SHEET

Dear Participant,

I invite you to take part in my research project: *Well prepared? Race, racism and mental health nurse education in Scotland*. This information sheet explains the purpose of the research and what you can expect from participating.

What is the research about?

The project critically examines how mental health nurse education in Scotland engages with and conceptualises race, racism and anti-racism. To explore this, I am interviewing student and staff participants from universities across Scotland and looking at key agenda documents such as the NMC Code of Practice (2015). The findings of this research will help us to consider how mental health nurse education might develop differently into the future.

Who is undertaking the research?

My name is Freya Collier-Sewell and I am a registered mental health nurse and PhD Researcher in the Culture & Creativity Research Institute at Sheffield Hallam University. This research is conducted under the supervision of Professor Anandi Ramamurthy.

Why have I been asked to take part?

I am looking for mental health nurse educators involved in undergraduate and postgraduate mental health nursing programmes to take part. There is no other eligibility criteria.

Do I have to take part?

Your participation is voluntary and entirely separate to your employment. Your participation is confidential and will not be disclosed to the university. You are free to withdraw from the study at any time before, during, and up to 3 weeks after you participate. There are no negative consequences for withdrawing.

What will I be asked to do?

I am interested in hearing your insights and perspectives on race and racism in the context of the mental health nursing programme you teach on. If you choose to take part, I will invite you for a one-to-one, conversational interview expected to last up to 60 minutes.

Where will this take place?

Depending on your preference and availability, you can choose to take part on the university campus or online. If you would prefer to meet on campus, I will book a private room/meeting space.

What are the possible benefits of taking part?

By taking part, you are helping to create knowledge in nursing and nurse education that has the potential to positively influence nurse education of the future.

Are there any possible disadvantages of taking part?

Talking about race and racism can feel sensitive or difficult if we are not used to it. The aim is to focus on your insights and perspectives rather than experiences. There are no 'right' or

'wrong' answers. If you do not wish to answer a question you do not have to, and you do not need to provide a reason.

Will I be identified in the project?

All participants' data, from across participating universities in Scotland, will be pseudonomised. Your name will be replaced with a participant code number ['Educator x'] and your university will be replaced with a university code number ['HEI x'] in all storage and reporting of the data. Details of who participates in the study will not be shared with anyone, including your university.

How will the data be stored?

Interviews will be recorded. Data will be stored in Sheffield Hallam University's electronic storage system, to which only myself and my supervisory team have access. Audio recordings and interview transcripts will be labelled using replacement participant code numbers, not your name. Identifying information in your consent form is confidential. It will be stored separately under encryption and will not be linked to the raw interview data. Data will be archived securely for 10 years once the study is completed. It will not be accessible to anyone outside the team and will not be used for any purposes outside the current study.

How will you use what you find out?

Findings from the project will form the basis of my PhD thesis and may be reported in journal articles and or at relevant conferences.

How can I find out about the results of the study?

Once the research is complete, I will share the findings at participating universities. I will invite you to attend but your attendance is voluntary. If you choose to attend, you do not need to disclose that you were a participant in the study, nor will I identify you as a participant.

I'd like more information, who can I contact?

It is important to me that you make an informed decision about participating. If you are interested in participating, or have any questions, please get in touch with me:

F.Collier-Sewell@shu.ac.uk

What is the legal basis for the research?

The University undertakes research as part of its function for the community under its legal status. All University research is reviewed to ensure that participants are treated appropriately and their rights respected. A full statement of your rights in accordance with the UK GDPR can be found at: www.shu.ac.uk/about-this-website/privacy-policy/privacy-notice/privacy-notice-for-research. This study was approved by UREC with Converis number ER45112138. Further information at: www.shu.ac.uk/research/excellence/ethics-and-integrity. Data will be collected, handled and stored in line with UK-GDPR regulations.

I have concerns, who can I contact?

If you have any concerns about your participation in the project and would like to speak to an independent person please see the contact details at the bottom of the sheet. Alternatively, you can contact my Director of Studies, Professor Anandi Ramamurthy: a.ramamurthy@shu.ac.uk

Thank you for your time and interest. I hope you will participate in this important research!

You should contact the Data Protection Officer 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

DPO@shu.ac.uk

You should contact the Head of Research Ethics (Dr Mayur Ranchordas) if:




- you have concerns with how the research was undertaken or how you were treated

ethicssupport@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT Telephone: 0114 276 4411

Appendix 20: Participant consent form

Consent form which was provided to and completed by all participants prior to interview.

		
PARTICIPANT CONSENT FORM		
TITLE OF STUDY: <i>Well prepared: Race and Racism in mental health nurse education in Scotland</i>		
Please answer the following questions by ticking the response that applies		
	YES	NO
1. I have read the Information Sheet for this study and have had details of the study explained to me.	<input type="checkbox"/>	<input type="checkbox"/>
2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that I am free to withdraw from the study within 3 weeks of participating (as outlined in the Information Sheet) without needing to give a reason for my withdrawal. I may withdraw part or all of my contributions. I am also free to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet and	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand and agree that my participation will be recorded for the purposes of the research. All data will be pseudonymised and stored securely.	<input type="checkbox"/>	<input type="checkbox"/>
6. I wish to participate in the study under the conditions set out in the Information Sheet.	<input type="checkbox"/>	<input type="checkbox"/>
7. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes.	<input type="checkbox"/>	<input type="checkbox"/>
Participant's Signature: _____	Date: _____	
Participant's Name (Printed): _____		
Contact details: _____		
Researcher's Name (Printed): EREYA E COLLIER-SEWELL		
Researcher's Signature: 		
Researcher's contact details: _____		
		
Please keep your copy of the consent form and the information sheet together.		
Participant Consent Form	1	V1