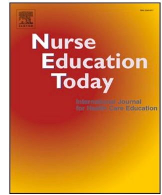
Nurse Education Today 131 (2023) 105980

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt



Research article

Student nurses' experiences of discrimination and racism on work placements: What can higher education institutions do?

Anna Caffrey [a,*], Julie Botticello [a], Philomena Esinam Quarshie [a], Luul Ali [a], Paul Watts [a], Xabi Cathala [b], Joshua Ferrante [a]

[a] *University of East London, School of Health Sport and Bioscience, University Way, E16 2RD London, United Kingdom.*
[b] *City, University of London, Northampton Square, London EC1V 0HB, University of London.*

A B S T R A C T

Background: There is persistent interpersonal, institutional and structural racism within the health sector and higher education. Such anti-Black and anti-Brown racisms are experienced by nursing students, nursing apprentices and fully qualified nurses. This discrimination intersects with other characteristics, namely gender and student status, which can make the nursing profession an unsafe environment for many.
Objectives: To understand student nurses' experiences of racism and intersecting oppressions, at university and on work placement.
Design: A qualitative descriptive study with individual interviews and focus groups.
Settings: A widening participation higher education institution in London, UK.
Participants: Twenty-four student nurses and nurse apprentices studying on an adult nursing programme.
Methods: Students were recruited through purposive sampling. In-depth data relating to student nurses' perspectives and experiences were gathered through two focus groups and three individual interviews conducted by student nurse peers. Interviews were transcribed verbatim and open coding was used to analyse transcripts using comparison and thematic analysis.
Results: Three key themes arose: safety and support in the university space; hierarchical treatment in work placements due to intersecting race and 'student' identities, and; direct racism by patients and staff in work placements.
Conclusions: Student nurses expressed their vulnerability to discrimination and racism whilst on placement in the National Health Service. More opportunities within university curricula are needed for student nurses to learn about, reflect on, and gain support for managing experiences of discrimination in the health system.

1. Introduction

There is persistent racism within the United Kingdom's (UK) health sector and higher education, in the form of interpersonal, institutional, and structural racism (BMA, 2022; UUK, 2021). Anti-Black and anti-Brown[1] racism is experienced by nursing students, nursing apprentices and fully qualified nurses (Miller and Nambiar-Greenwood, 2022). This racism intersects with other discriminations, namely gender and student status, making the nursing profession and its training grounds toxic and unsafe environments. Miller and Nambiar-Greenwood (2022) reflect that there remains an unwillingness among the nursing profession and nurse educators to address racism. For the nursing profession, this unwillingness runs counter to standards enshrined in the code of the UK's Nursing and Midwifery Council, where nurses and nursing associates agree to 'act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment' (NMC, 2018). For nurse education, this stance is reflective of the '[W]hite dominance, heteronormativity and classism' within nursing curricula and training (Ramamurthy et al., 2023, pp. 2) and how White educators continue to lack commitment to changing the status quo of Whiteness.

Morrison et al. (2021) suggest that aligning nursing practice with the principles of diversity, equity, and social justice is essential to achieving excellence in nursing practice and discuss these principles in relation to patient outcomes. It is especially important to examine student nurses' experiences of these principles within the nursing profession and at critical points in their nurse education and training. To do so, one must also tackle the apathy toward addressing racism within Higher Education (Mirza, 2018), where the power of Whiteness muffles the calls to

* Corresponding author.
E-mail address: a.caffrey@uel.ac.uk (A. Caffrey).

[1] We follow the APA guidelines (APA, 2022) to capitalise racialisations such as Black, Brown and White, as they are proper names. Further, The Center for the Study of Social Policy's argues, "To not name 'White' as a race is, in fact, an anti-Black act which frames Whiteness as both neutral and the standard. […] it is important to call attention to White as a race as a way to understand and give voice to how Whiteness functions in our social and political institutions and our communities." (CSSP, 2020).

https://doi.org/10.1016/j.nedt.2023.105980
Received 28 July 2022; Received in revised form 31 May 2023; Accepted 19 September 2023
Available online 2 October 2023
0260-6917/© 2023 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC license (http://creativecommons.org/licenses/by-nc/4.0/).

address gross inequities. This is especially significant in relation to the Global Majority, who although racialised as ethnic minorities within the UK, constitute the majority on a global scale (DaCosta et al., 2021). This need arises in part from the trend for garnering students from 'widening participation' (Connell-Smith and Hubble, 2018) backgrounds those (i.e. from low-income households, diverse ethnic groups, with disabilities, or who are mature (Moore et al., 2013), and underscores the imperative to ensure that higher education and nurse training are anti-racist and pro-belonging. The disparities that students perceived as ethnic minorities in the UK encounter within academic settings, including factors such as academic attainment and attrition, have been extensively researched and reported (UUK and NUS, 2019). Numerous studies have shown that Global Majority nurses are offered fewer career development opportunities, have a reduced likelihood of being shortlisted for jobs, have excessive requirements to attend non-mandatory training sessions and are disproportionately targeted for disciplinary processes (Coghill, 2019; National Health Service (NHS), 2019; Spinks, 2014; Likupe and Archibong, 2013). Each of these point to ethnically discriminatory practices.

In line with diversification of student populations are the decolonising the curriculum and student led initiatives ['Why is my curriculum White?' (Peters, 2015) and 'Why isn't my professor Black?' (Black, 2014)] which advocate for the diversification and valuation of different knowledge bases within academia. Arday et al. (2021) recommend a reconceptualisation of who makes knowledge and whose knowledge is worth knowing. This means that anti-racist and anti-oppressive teaching and education should be integrated in higher education curricula and professional practice to challenge the lacks in diversity, equality, and social justice (Arday et al., 2021; Bell, 2021; Botticello and Caffrey, 2021; Pack and Brown, 2017). Reconceptualisation means providing support for dealing with interpersonal and structural discriminations as and when these arise. Jakubec and Bearskin (2020) stressed that positive actions for anti-oppressive practices should not only be within modules, but should run throughout the organisational structure within HE, as embedded practice across all levels of the organisation. This applies to nursing education, which developed from a practical vocation to a degree-qualified profession (Cathala et al., 2021). While nursing curricula are regulated in the UK to ensure modern, safe, and effective care (NMC, 2021), attention to clinical skills does not necessarily translate into curricula and training which are commensurate with social justice values.

Within the NHS, legislation has been introduced to reduce the racial abuse nurses face from members of the public (Brathwaite, 2018), yet Global Majority nurses especially Black African nurses, endure racist abuse at elevated levels (Kapadia et al., 2022). Racism is also experienced from colleagues and various levels of management, whether direct or indirect (BMA, 2022). White management dominates a diverse workforce: 88.7 % of very senior management are white (National Health Service, 2023b) and racial discrimination holds Global Majority nurses back from professional development and career progression (Kapadia et al., 2022). The Royal College of Nursing (RCN) Chief executive, Dame Donna Kinnair, laments, 'The leadership of the NHS is not reflective of the workforce, or the communities we serve' (Kale, 2020). Although a diverse and valued workforce is linked to improved staff wellbeing and patient care (Quirk et al., 2018), structural and interpersonal racism in the NHS remains.

1.1. Rationale

The purpose of this research is to enable the voices of ethnically diverse cohorts of student nurses to reflect and share their experiences within their university and while on placement. This is so that the challenges they face can be highlighted and more importantly, addressed through support and intervention, both at the university and within the health care sector.

1.2. Research questions

A heuristic approach was used to develop our research questions, co-producing them with participants (Onwuegbuzie et al., 2009). During an initial discussion with the participants, students shared that racism and sexism in HE and work placement settings were most important to discuss.

Two research questions drove this project:

- 'How do adult nursing students in predominately Global Majority cohorts conceptualise diversity and inclusion of race, ethnicity and gender in university and work placement settings?'
- 'What improvements can students identify in their university and work placements, in terms of inclusivity and diversity?'

2. Methods

2.1. Overview of research methods

A qualitative descriptive design (Doyle et al., 2020) was selected for this study. Chafe (2017) argues this design is well suited to healthcare research that aims for improvement to policy or practice, rather than generating theory. A combination of inductive focus groups and interviews generated in-depth data (Onwuegbuzie et al., 2009). Additionally, the study design was framed within an ecological paradigm (Botticello and Caffrey, 2021) to consider nursing education at multiple levels including interpersonal relationships with staff and other students, formal teaching activities and wider institutional structures and policies that may impact the experiences of diversity and social justice in education (Fig. 1). It is important to approach racial discrimination ecologically rather than with a compartmentalised view, because complex, multi-level problems require understanding at each level and at the intersections of the various levels (Lee, 2017, p. 262).

2.2. Sampling and recruitment

Purposive sampling (Campbell et al., 2020) was used to identify eligible participants, who were recruited via an introductory meeting and through invitation after. Recruitment began in September 2021 and ended in December 2021. At the first focus group, which 20 students attended, academic staff described the research project and prompted a discussion around diversity, equity, anti-oppression, and anti-racism. Following an interview and selection process, two undergraduate nursing students, whose gender and racialisation were representative of the nursing cohort, were recruited as researchers/interns to conduct the research. As well as shifting the power balance toward students to speak in their own voices (Wilkinson, 1999; Freire, 1970), student researchers could more easily to relate to participants and potentially increased the participants' willingness to elaborate on personal experiences. Further, the student-researchers provided an autoethnographic component, able to share their experiences during data collection (Peterson, 2015).

2.3. Data collection

Participants were informed that the aims of the research were to understand how to better support nurses from diverse backgrounds to progress their career, work in a safe environment and feel valued as part of a workforce. Table 1 provides a list of the questions asked. As potential participants were engaged in placements, it was necessary to offer a range of times convenient and to participate either individually or in groups.

Two focus groups, with 20 participants and 10 participants respectively, each lasted 90 minutes. Additionally, four semi-structured individual interviews were conducted, lasting about an hour each. One student subsequently withdrew consent – the student was supported and affirmed in this decision and their data were deleted. Therefore, data

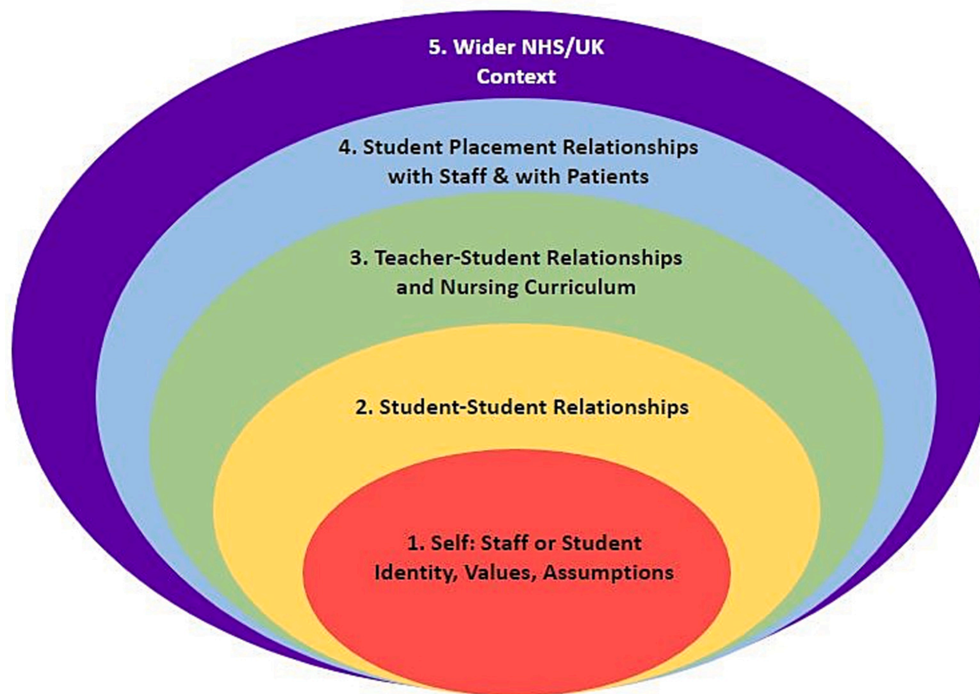


Fig. 1. Diversity and Inclusion in adult nursing programmes and work placement (Adapted from Botticello and Caffrey, 2021).

Table 1
Focus group and interview questions

Question 1	*Thinking of your own identity, can you give an example from the last week (or month) where you felt safe or unsafe as a student nurse?*
Question 2	*Can you give us an example of a time you felt valued / undervalued as a student nurse?*
Question 3	*How has your course included social justice and equity practices in teaching and learning?*
Question 4	*What advice would you give to increase social justice and equity in the nursing programme?*
Question 5	*How is the nursing programme supporting diverse students to achieve their career goals?*

from three individual interviews were used for analysis. All data were collected and recorded online via Microsoft Teams. There was overlap of participants between focus groups an individual interviews, for a total of 24 participants.

2.4. Participants and setting

Participants were equally split between BSc nursing students in their second or third years, and Registered Nurse degree apprenticeship students (DANs) who were completing a two-year top up programme to become registered nurses. The programmes combine theoretical modules and clinical placements. Participants were asked to self-identify their ethnicity and gender (Table 2). Out of 24 participants, 17 identified as Black (Black, Black African or Black Caribbean), four as White or White Irish, two as Mixed Race and one as Asian. These generalisations are in keeping with data collection categories in England and Wales (UK Gov, n.d.).

2.5. Data analysis

Interview and focus group recordings were transcribed verbatim, using MS Teams transcripts as a starting point. These were checked and edited for accuracy in alignment with the recordings. Two teacher-researchers [AC and JB] analysed and coded the transcripts using a process of constant comparison and thematic analysis (Braun and Clarke, 2006, 2019). Emerging themes and sub-themes were discussed and agreed among the research team.

Table 2
Participant characteristics.

Participant ID	Gender	Ethnicity
1	Woman	Black
2	Man	Black African
3	Woman	Black African
4	Woman	White
5	Woman	Black Caribbean
6	Woman	Mixed Race
7	Woman	Black
8	Woman	Black Caribbean
9	Woman	Black Caribbean
10	Woman	Black
11	Woman	Black African
12	Woman	Black African
13	Woman	White Irish
14	Woman	Black African
15	Woman	White Irish
16	Woman	Black African
17	Woman	Mixed Race
18	Woman	White
19	Woman	Black
20	Woman	Black African
21	Woman	Black Caribbean
22	Woman	Black African
23	Man	Asian
24	Woman	Black Caribbean

2.6. Ethical approval

Ethical Approval for the study was granted by the University ethics committee (REF: ETH2122–0003). All participants provided written informed consent prior to participation in the research. We let the students know, via the participant information sheet, that while no adverse outcomes were expected, 'all research entails the risk of self-awareness which can be unsettling' and a support process was signposted, including being connected to our university's health and wellbeing

team. The student-researchers were also offered regular check-ins and support as they shouldered the burden of holding the space for their student colleagues.

3. Results

Across the data set, three themes emerged: safety and support in the university space; treatment in work placements due to student status, and; direct racism by patients and staff in placements.

3.1. Experience of safe spaces

When asked about their safety at university or on placement, there was a consensus of feeling 'safe' at university, even late at night. This contrasted with being witness to violent or threatening behaviour in hospitals, namely in A&E, from agitated patients who are overtly racist (Participant 2 and Participant 13):

If someone is coming in, uh, yeah, they have dementia and stuff like that, if they're a little bit racist, like I said it's you know what? It's fine, you know, like if they have family members, they're like, "You know it's not like this…" Whatever excuse they [are] giving you. I'm like it's understandable. It's fine. I'm not really taking that too heart. It doesn't affect me that way as long as you're not trying to be physical with me.

(Participant 2)

In relation to their lived experiences as minoritised students, moving in environments infused with Whiteness, participants were prompted further to broaden their idea of 'safety' to their own diverse identities. With this caveat, they still felt safe at university:

In terms of the university, I don't find anything unsafe because we [are] all different coloured people and we will protect each other and help each other.

(Participant 23)

When similarly prompted to expand the idea of 'safety' at work, one Mixed-Race student explained it wasn't unsafe for her, but neither was it comfortable or acceptable:

I'm right in the middle, so I might hear some patients maybe complain to me about Ethnic minorities like Black or Asian member of staff, thinking 'I'm gonna say something back because I'm one of them'. And then likewise if somebody knows that I'm Mixed Race they might complain about someone White because I am 'one of them' […] so, it's not unsafe, but it's still something […] that is definitely wrong.

(Participant 17)

University was considered 'safe' physically and emotionally, due to a critical mass of Black and Brown people, who protected one another. Aspects of the workplace were considered unsafe physically, with vulnerabilities based on ethnicities also raised.

3.2. Challenges of hybrid identities

While on placement, participants expressed their frustration with being treated as 'students' who were perceived as burdens to higher-grade nurses, extra labour to manage staff shortages, or undesirable students due to racial of gender discrimination. Students revealed a lack of interest in their development and a lack of interest in themselves as people. A White Irish student reflected on this, equating a lack of knowing her name as being dismissive of her as a person, and being just a 'student':

Even on the last day, they still didn't know my name. […] and I was Like, "You do know my name is [Student's name], not "the student" It was like, "Yeah, yeah, we know you."

(Participant 13)

Another participant who felt dismissed as a student, reiterated that she has knowledge and something to contribute:

It shouldn't matter what Qualification [we have …] We shouldn't be frowned upon even as a student, because […], we can still see things that maybe the HCAs are not seeing, and maybe that's what the nurses are not seeing.

(Participant 15)

Some participants highlighted out student status intersects with race and gender oppressions, amplifying them. For example, a Black African male also felt unwelcome as a student at times, seeing the challenges he faces also around his gender, in addition to his racialised identity:

The main thing is just like, "Uhm oh you're male...oh we've not had a male student here for some time." And then "you're Black", it is the second thing that comes in."

(Participant 2)

Nursing apprentices were at times expected perform their duties as nursing associates, despite having ringfenced time for the former:

The first day I walked into there, they actually asked me to take off my uniform and wear scrubs. Yeah, "can you act as a nurse because we're short staffed" and I'm like, "I am not insured to work as a nurse here today. I'm coming here to be a student so I'm not taking my uniform off."

(Participant 14)

Student experiences ranged from a lack of regard for their professional development, at times due to staff shortages, to frustration at not being considered skilled enough to be mentored or have time dedicated to their training. In both cases, a culture of disregarding student skill development was expressed. Overlaid with these training challenges were experiences of anti-Black and anti-Asian discrimination, an intersection of identities resulting in the sense that some staff were bullying, neglectful, reluctant to mentor them, or fair with distributing duties.

3.3. 'Indirect' and 'direct' racism

Experiences during placements varied, but the participants agreed that discrimination, in-group bias, and direct and indirect racism were everyday experiences on the ward. One Black participant shared being rejected by a senior nurse ('Band 6' in the UK system), due to being perceived as inexperienced, with an overlay of racial discrimination:

She took the one look at me, and she went, "I don't think so." And I was a bit shocked! 'cause I didn't expect from a band six to say that. And I said, "What do you mean, you don't think so?" […] She just looked at me […] and thought, "I don't want to take you as a student".

(Participant 14)

The nurse seemed keen on working with a White student, who had just a few months' experience, which led Participant 14 to surmise it wasn't lack of experience, but racial discrimination. A White student interjected that this was just, 'indirect racism' (Participant 15), because it was a conversation and not an interpersonal attack. An Asian male participant also used this term 'indirect' racism, noting again the challenges around racialised hierarchies and preferential treatment:

Allocation wise I find that my […] White colleagues always get the easy patient. […] [My previous] White manager, she always asked me to [clean up the ward]. And my colleague is White, and she never had to do that […] Sometimes you find this indirect discrimination.

(Participant 23)

Participants responses indicated intolerance for staff who have the same skills, but who are perceived differently, due to their skin colour. Another participant elaborates on this latter experience:

As a nurse, you feel why would someone be discriminating you, not because you are not capable, not because you're not experienced, but

just for the colour of your skin. […] It upsets you.

> *[One time] the patient asked me, "Are there no White nurses?" and I said to them, "All the nurses here are British. They have British passport". So that was my response because […] she asked me for a British nurse, and they have British nurses […She] never again asked for White.*
>
> (Participant 19)

A male participant recounted a similar experience he had with a patient:

> *I remember some patients, will ask me, 'You don't want to go back to your country?' […] And then 'how long you want to stay in the UK?'*
>
> (Participant 23)

This participant further expressed that tolerating and responding to these discriminatory patient preferences were upholding policy protocols:

> *At the end of the day, patient is right, that's what they say […] sometimes you get some patients [who] really discriminate and we have to keep quiet.*
>
> (Participant 23)

A White participant agreed and said that when any racist incident arises, senior staff do not act:

> *They don't do anything about it. They will listen to you. But they won't do anything about it yet.*
>
> (Participant 15)

Recognising that the apathy within the NHS, among staff, and the racist demands by patients are shaped by public perception of structural racism in the media, Participant 19 reflects:

> *Around this time of Covid and when they were showing […] on TV or newspapers you know the heroes. If you check all the newspapers, they were only the faces of White people. […] In the last 50 years [since] the Windrush the NHS doesn't look like that, and they didn't put all the faces […] that is really disheartening.*
>
> (Participant 19)

Participants felt more support within the university environment would help them to deal with the various challenges faced whilst on placement. Participant 13 imagines debriefing sessions would be helpful:

> You can just actually talk about what happened in placement and then […] another student shares the experience, and you could just kind of bounce off each other and say 'ok, this is what I did when I was in that position' or a lecturer 'OK you should do this in this next time.'

The Global Majority participants reported differing and frequent experiences of racism on their NHS placements. They reflected that at policy level and in the public consciousness 'structural' racism is at best tolerated and at worst, promoted. Change at the local level was not perceived as an option. One student acknowledged that more needs to be done outside the health system to change understanding the ethnic make-up of the healthcare workforce and recognition for the work they do.

4. Discussion

This research set out to understand students' perspectives on diversity and equality within their nursing education, at university and on work placement. The findings reveal that participants felt safe at the university, both physically and emotionally, regarding their identities. This feeling did not extend to their work placements. Participants experienced status-based dismissiveness, which for some overlapped with their racialised identity and gender. Students revealed that some staff and patients expressed preferences for White, 'British' staff and this preference was the status quo, and with discriminatory behaviour from patients accepted based on the principle of the 'patient always being right'. Participants also called for some interconnection between their studies and the discrimination and barriers they experience on placement, to help them deal with this challenge and not focus solely on clinical skills.

The implications of these findings suggest that there are significant and egregious challenges in the health sector, across all levels, around social justice and equality, in relation to ethnicity and race (BMA, 2022). These challenges strain the student experience, patient care, and enthusiasm for future career progression and enjoyment. As noted earlier, the NHS is dominated in its middle and highest ranks by White people (Kline, 2014; National Health Service, 2023b), revealing a significant structural inequality. This underpinning of racial preferencing cascades down throughout the system. It enables higher ranking nurses to refuse working with Global Majority student nurses, and patients to feel justified in expressing ethnic and racial preferences for their care.

The findings also suggest, that despite feeling 'safe' in their academic programmes, the students do not feel the same while on placement. Students reported that the university neither prepares them for the discrimination they may face in placements nor offers a support system for when discrimination or racial abuse arises. The student complaints policy in our HEI does not mention placements. A Student Union representative revealed that the university tends to shift blame to the placement provider when a complaint arises, even though placements are a contractual arrangement between students and the university, with the university as the responsible host (personal communication, 14 April 2023).

There is clear tension between the idea of 'the patient is always right', which follows a neoliberal 'customer' centred approach to health systems (Glasdam et al., 2015) and the recognition that some patients racially abuse nurses and threaten their mental, spiritual and sometimes physical wellbeing. In 2012, patient's rights were outlined in the NHS constitution, to protect, help and support patients (National Health Service, 2023a). While a policy stating that 'the patient is always right' has not been identified, the language of 'patient-consumer' or patient as customer arose in the 1960s and was held up as a 'modern' ideal in NHS reforms in the 1990s (Mold, 2015). Mold (2015) argues that this shift entailed an enhancement of patient rights, voice and choice, with complaints being one vehicle through which patients' consumer status was enacted. Our study reveals that this patient empowerment has derailed from having more information about their health to entitlements to express racist views, which impacts on the nurses, not only personally, but also professionally. In a recent Canadian nursing study, Beagan et al. (2023) found that minoritised nurses faced professional risks in complaining about patient racism, which led them to stay silent. Student nurse experiences in the present study raise important questions around NHS organisational culture, especially around power dynamics between patients and student nurses, and the difficulty of responding to racist abuse in an organisational culture that does not address racism (BMA, 2022).

There is political momentum around understanding the wider structural issues at the root of racialised disparities. The recent BMA report on doctors and medical students is a clear indictment of the NHS around racism (BMA, 2022). Overseas trained doctors revealed experiencing racism more often yet did not report it due to lack of confidence in the incidents being addressed or backlashes arising once reported, and career progression impinged upon (BMA, 2022). The Kings Fund (2021) previously identified racial discrimination within the NHS, stating that the NHS must act equitably as an employer. The earlier report from the UK government's Commission on Race and Ethnic Disparities (CRED) offers some generalised recommendations for overcoming racism in the workplace, including challenging racist and discriminatory actions, addressing workplace barriers including pay gaps and training for ethnic minorities, and teaching an inclusive curriculum (Gov, 2021). While the

CRED recommendations remain limited in appreciation of the scale and embeddedness of structural racism in the UK (Race Equality Foundation, 2021; Razai et al., 2021), they do offer a starting point for beginning to address these inequalities.

We propose that HEIs and the NHS tackle challenges faced by student nurses within an ecological paradigm (Botticello and Caffrey, 2021). This holistic framework recognises the multiple and interconnected factors that collectively shape and impinge on the experience of diversity and social justice in education. These include interpersonal relationships between students and staff; curricula, learning materials and assessments; relationships with managers on wards; relationships with patients; and the institutional and policy structures of both the NHS and higher education (Fig. 1). Such a model recognises the interdependence of different actors and institutions and the need for multi-faceted change to be implemented. Further, given student nurses on placements report a high level of bullying on placements from more staff (Stevenson et al., 2006), and given how common anti-Black and anti-Brown racism are in the NHS, UK HEIs should recognise, and invite dialogue, around the intersection of student nurse status and other intersecting identities such as racism and sexism. An anti-racist framework must replace the status-quo approach of nursing programmes considering themselves 'colour-blind' or places of 'fairness' where oppressive power dynamics are not reproduced (Burnett et al., 2020).

This study has a variety of strengths and limitations. Strengths include recruiting student nurses as paid interns to facilitate the focus groups and interviews, resulting in a two-way dialogue between the research team and the participants. This enabled participants to feel seen, heard and understood. Working with participants who were currently on placement throughout the research period meant that they were able to reflect on lived experience resulting in vivid descriptive accounts. The mixed ethnicity focus groups enabled lively and nuanced conversation that did not shy away from difficult topics around race, ethnicity and identity. Participants reflected that regular university platforms for debriefing and navigating discrimination are valuable Regarding limitations, the phrasing of some questions lacked clarity in conveying the researchers' interest in anti-racist teaching and seeing oneself positively represented within the curriculum. The intensity of the direct racism experienced on placement may have made structural bias in the curriculum a secondary concern. Focus groups may have precluded students from speaking about discrimination for fear of alienating colleagues of other ethnicities. No one raised issues around intersecting gender identities or sexualities. While participants across racialised groups fed back that the student facilitators put them at ease, facilitator's identities in a heterogeneous group could have limited some participants' responses or comfort in responding. Greenwood et al. (2014) offer that a shared identity within a focus group, such as being student nurses, can override racial and ethnic differences enough to achieve candid conversations on difficult topics. However, 'Black', 'Brown' or 'White' are not homogenous groups and participants may identify with more complex ethnic, religious, and national groupings, which overshadow their shared identity as student nurses.

5. Conclusion

This research recommends that HEIs take direct action as a duty of care to provide concrete and timetabled support to students before, during and after placements. This would explicitly assist them in processing and overcoming their own experiences of direct racism and for students racialised as White, who bear witness to racism, to know how to report and build solidarity with their Global Majority students, staff and patients. Racial literacy training is needed for those working in HEIs and the NHS. HEIs and the NHS should be in close communication and collaboration to tackle racism and status-based discriminations that nursing students face. HEIs should support teaching practice and curricula to be anti-racist, to foster belonging and nurture aspirations for Global Majority students (Botticello and Caffrey, 2021) at every level of the student learning journey. Further investigation is needed to unpack the 'patient is always right' organisational practice, which resulted in tolerating racist abuse of nursing students. Finally, more research is needed to recognise and address intersecting oppressions nursing students face, such as how race and student status intersect with ability, age, class, gender identity and sexuality.

Funding

This research was partially funded by the University of East London's Funded Internship Scheme. The funder had no role in the following: the design or conduct of the study; the collection, management, analysis or interpretation of the data; the preparation, review or approval of the manuscript; nor the decision to submit the manuscript for publication.

Declaration of competing interest

None.

Acknowledgment

The authors would like to thank the student participants for generously sharing their time and experiences with us. They helped redirect and focus our work.

References

APA, 2022. Racial and Ethnic Identity, *APA Style*. Available at: https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/racial-ethnic-minorities. [Last accessed: 30 May 2023].

Arday, J., Belluigi, D.Z., Thomas, D., 2021. Attempting to break the chain: Reimaging inclusive pedagogy and decolonising the curriculum within the academy. Educ. Philos. Theory 53 (3), 298–313. https://doi.org/10.1080/00131857.2020.1773257 [Last accessed: 27 May 2023].

Beagan, B., Bizzeth, S., Etowa, J., 2023. Interpersonal, institutional, and structural racism in Canadian nursing: a culture of silence. Can. J. Nurs. Res. 55 (2), 195–205. https://doi.org/10.1177/08445621221110140 [Last accessed: 27 May 2023].

Bell, B., 2021. White dominance in nursing education: a target for anti-racist efforts. Nurs. Inq. 28 (1), e12379. https://doi.org/10.1111/nin.12379 [Last accessed: 27 May 2023].

Black, L.N., 2014. Why Isn't my professor Black? On reflection. Available at: http://www.dtmh.ucl.ac.uk/isnt-professor-black-reflection/. [Last accessed: 17 April 2023].

BMA, 2022. Racism in Medicine, *British Medical Association* Available at: https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf. [Last accessed: 27 May 2023].

Botticello, J., Caffrey, A., 2021. Reflections on Teaching Anthropologically and Fostering Belonging as Anti-Racist Allies in a 'Widening Participation' University: An Ecological Approach. Teaching Anthropology 10 (1), 16–29. https://doi.org/10.22582/ta.v10i1.589 [Last accessed 9 October 2023].

Brathwaite, B., 2018. Black, Asian and minority ethnic female nurses: Colonialism, power and racism. Br. J. Nurs. 27 (5), 254–258. https://doi.org/10.12968/bjon.2018.27.5.254 [Last accessed: 27 May 2023].

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. Qual. Res. Psychol. 3 (2), 77–101. https://doi.org/10.1191/1478088706qp063oa [Last accessed: 17 April 2023].

Braun, V., Clarke, V., 2019. Reflecting on reflexive thematic analysis. Qual. Res. Sport Exerc. Health 11 (4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806 [Last accessed: 17 April 2023].

Burnett, A., Moorley, C., Grant, J., Kahin, M., Sagoo, R., Rivers, E., Deravin, L., Darbyshire, P., 2020. Dismantling racism in education: In 2020, the year of the nurse & midwife, "it's time.". Nurse Educ. Today 93, 104532. https://doi.org/10.1016/j.nedt.2020.104532 [Last accessed: 17 April 2023].

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., Walker, K., 2020. Purposive sampling: complex or simple? Research case examples. J. Res. Nurs. 25 (8), 652–661. https://doi.org/10.1177/1744987120927206 [Last accessed: 27 May 2023].

Cathala, X., Ocho, O.N., Moorley, C., Watts, P.N., 2021. Demographic profiling of Caribbean and United Kingdom student nurses' use of social media for professional development. J. Prof. Nurs. 37 (6), 1036–1043. https://doi.org/10.1016/j.profnurs.2021.08.013 [Last accessed 9 October 2023].

Chafe, R., 2017. The Value of Qualitative Description in Health Services and Policy Research. Healthc. Policy 12, 12–18. PMID: 28277201; PMCID: PMC5344360. [Last accessed: 27 May 2023].

Coghill, Y., 2019. When will we see more diverse nursing leadership? Br. J. Nurs. 10 28 (1), 62–63. https://doi.org/10.12968/bjon.2019.28.1.62 [Last accessed: 27 May 2023].

Connell-Smith, A. and Hubble, S. 2018. Widening participation strategy in higher education in England. House of Commons Library, Briefing paper. 8208, 1-22.

Available at: https://researchbriefings.files.parliament.uk/documents/CBP-8204/CBP-8204.pdf. [Last accessed: 9 October 2023].

CSSP, 2020. Recognizing race in language: why we capitalize "Black" and "white". In: . https://cssp.org/2020/03/recognizing-race-in-language-why-we-capitalize-black-and-white/ [Last accessed: 9 October 2023].

DaCosta, C., Dixon-Smith, S., Singh, G., 2021. Beyond BAME: Rethinking the Politics, Construction, Application and Efficacy of Ethnic Categorization. In: *Higher Education Research Action Group* (HERAG). Available at: https://drive.google.com/file/d/1jb0k6kk1jv0jIC8ldePJatAcKNL1vrsU/view?usp=sharing. Last accessed: 17 January 2022].

Doyle, L., McCabe, C., Keogh, B., Brady, A., McCann, M., 2020. An overview of the qualitative descriptive design within nursing research. J. Res. Nurs. 25 (5), 443–455. https://doi.org/10.1177/1744987119880234 [Last accessed: 27 May 2023].

Freire, P., 1970. Pedagogy of the Oppressed. Continuum, New York.

Glasdam, S., Oeye, C., Thrysoee, L., 2015. Patients' participation in decision-making in the medical field – 'projectification' of patients in a neoliberal framed healthcare system. Nurs. Philos. 16 (4), 226–238. https://doi.org/10.1111/nup.12092 [Last accessed: 27 May 2023].

Greenwood, N., Ellmers, T., Holley, J., 2014. The influence of ethnic group composition on focus group discussions. BMC Med. Res. Methodol. 14, 107. https://doi.org/10.1186/1471-2288-14-107 [Last accessed: 27 May 2023].

Jakubec, S.L., Bearskin, R.L.B., 2020. Decolonizing and Anti-Oppressive Nursing Practice: Awareness, Allyship, and Action. Ross-Kerr and Wood's Canadian Nursing Issues & Perspectives-E-Book. Issues and Perspectives Elsevier Health Sciences.

Kale, S., 2020. Prof Donna Kinnair on racism in the NHS: 'In every community, BAME patients suffer the most. The Guardian. (15 April) available at: https://www.theguardian.com/world/2020/jun/10/donna-kinnair-racism-nhs-if-you-arent-white-your-illness-isnt-taken-as-seriously Last accessed: 23 May 2023].

Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Esmail, A., 2022. Ethnic inequalities in healthcare: a rapid evidence review. NHS Race & Health Observatory. https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf [Last accessed: 09 October 2023].

Kings Fund. 2021. The King's Fund Response to the Commission on Race and Ethnic Disparities Report. Available at: https://www.kingsfund.org.uk/press/press-releases/kings-fund-responds-commission-race-ethnic-disparities-report. [Last accessed: 17 January 2022].

Kline, R., 2014. The snowy white peaks of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. Available at: https://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf. [Last accessed: 9 October 2023].

Lee, C.D., 2017. An ecological framework for enacting a culturally sustaining pedagogy. In: Paris, D., Alim, H.S. (Eds.), Culturally Sustaining Pedagogies: Teaching and Learning for Justice in a Changing World. Teachers College Press, New York, pp. 261–273.

Likupe, G., Archibong, U., 2013. Black African Nurses' experiences of equality, racism, and discrimination in the National Health Service. Journal of Psychological Issues in Organizational Culture 3 (S1), 227–246.

Miller, E. and Nambiar-Greenwood, G. 2022. Exploring the lived experience of student nurses perspective of racism within education and clinical practice: Utilising the flipped classroom. Nurse Education Today. 119, 1-7. 10.1016/j.nedt.2022.105581. [Last accessed: 9 Oct. 2023].

Mirza, H.S., 2018. Racism in higher education: 'what then, can be done? In: Arday, J., Mirza, H.S. (Eds.), *Dismantlng Race in Higher Education: Racism, Whiteness, and Decolonising the*. Academy.Palgrave Macmillan, Cham, pp. 3–23.

Mold, A., 2015. Making the Patient-Consumer: Patient Organisations and Health Consumerism in Britain. Manchester University Press, Manchester.

Moore, J., Sanders, J., Higham, L., 2013. Literature review of research into widening participation to higher education. Bristol: Higher Education Funding Council for England (HEFCE).

Morrison, V., Hauch, R.R., Perez, E., Bates, M., Sepe, P., Dans, M., 2021. Diversity, equity, and inclusion in nursing: the pathway to excellence framework alignment. Nurs. Adm. Q. 45 (4), 311–323. https://doi.org/10.1097/NAQ.0000000000000494 [Last accessed: 27 May 2023].

National Health Service, 2019. Workforce Race Equality Standard NHS. Available at: https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf [Last accessed: 21 April 2023]..

National Health Service, 2023. NHS constitution for England Available at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england. [Last accessed: 9 October 2023].

National Health Service, 2023b. NHS workforce Available at: https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest. [Last accessed: 27 May 2023].

NMC, 2018. The Code. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf. [Last accessed: 19 May 2023].

NMC, 2021. Our role in education Available at:https://www.nmc.org.uk/education/our-role-in-education/. [Last accessed: 21 November 2022].

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L. and Zoran, A. G., 2009. A qualitative framework for collecting and analyzing data in focus group research. Int. J. Qual. Methods, 8(3), 1–21, 10.1177/160940690900800. [Last accessed: 19 July 2022].

Pack, M. and Brown, P., 2017. Educating on anti-oppressive practice with gender and sexual minority elders: nursing and social work perspectives. *Aotearoa New Zealand Social Work*, 29(2), 108–118, 10.11157/anzswj-vol29iss2id279. [Last accessed: 19 May 2023].

Peters, M. A., 2015. Why is my curriculum white?, Educ. Philos. Theory, 47(7), pp. 641–646, 10.1080/00131857.2015.1037227. [Last accessed: 19 May 2023].

Peterson, A. L., 2015. A case for the use of autoethnography in nursing research. J. Adv. Nurs., 71(1), 226–233, 10.1111/jan.12501. [Last accessed: 19 May 2023].

Quirk, H., Crank, H., Carter, A., Leahy, H. and Copeland, R. J., 2018. Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders and wellbeing practitioners: a qualitative study. BMC Public Health 18, 1362. 10.1186/s12889-018-6283-y. [Last accessed: 27 May 2023].

Race Equality Foundation, 2021. Commission on Race and Ethnic Disparities: Government denial of Institutional Racism Available at https://raceequalityfoundation.org.uk/news/commission-on-race-and-ethnic-disparities/. [Last accessed: 17 January 2022].

Ramamurthy, A., Bhanbhro, S., Bruce, F. and Collier-Sewell, F., 2023. Racialised experiences of Black and Brown nurses and midwives in UK health education: a qualitative study, *Nurse Educ. Today,* 126, 1-7, 10.1016/j.nedt.2023.105840. [Last accessed: 27 May 2023].

Razai M. S., Majeed, A. and Esmail, A., 2021. Structural racism is a fundamental cause and driver of ethnic disparities in health, Br. Med. J. 10.1136/bmj.n938 [Last accessed: 17 January 2023].

Spinks, J., 2014. Survey shows BME nurses are more likely to face disciplinary hearings, Nurs. Stand., 28(22), 14–15, 10.7748/ns2014.01.28.22.14.s19. [Last accessed: 27 May 2023].

Stevenson, K., Randle, J., Grayling, I., 2006. Inter-group conflict in health care: UK Students' experiences of bullying and the need for Organisational solutions. Online J. Issues Nurs. 11 (2), 6.

UK Gov, 2021. Forward introduction and full recommendations, *The CRED report* Available at: https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities/foreword-introduction-and-full-recommendations#full-recommendations. Last accessed: 17 January 2022.

UK Gov (n.d.). List of ethnic groups. Available at: https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups. [Last accessed: 16 January 2022].

UUK, (2021). Tackling racial harassment in Higher Education, London. Available at: https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-08/tackling-racial-harassment-in-higher-education.pdf.

UUK, NUS, 2019. Black, Asian and Minority Ethnic Student Attainment at UK Universities: #Closingthegap. Universities UK, NUS. Available at: https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/bame-student-attainment.pdfhttps://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/bame-student-attainment.pdf. Last accessed: 21 April 2023].

Wilkinson, S., 1999. Focus groups: A feminist method. Psychol. Women Q. 23 (2), 221–244. 10.1111/j.1471-6402.1999.tb003. [Last accessed: 27 May 2023].