The lived experiences of racial bias for Black, Asian and Minority Ethnic students in practice: A hermeneutic phenomenological study

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ABSTRACT

Aim: This study explored the lived experiences of racial bias for Black, Asian and Minority Ethnic students undertaking an undergraduate or post-graduate degree in nursing, midwifery and allied health courses in the United Kingdom.
Background: Previous research indicates that students from Black, Asian and Minority Ethnic groups have fewer opportunities to succeed at university and this has brought about a race awarding gap in their degree attainment. The reasons for this awarding gap are complex and multi-factorial and it is crucial that the lived experiences of racial bias are explored from the student perspective.
Design: A hermeneutic phenomenological approach was adopted to elicit individual and collective experiences in the practice environment, a mandatory component of the student's degree.
Methods: A focus group and individual semi-structured interviews were conducted to collect data from sixteen participants and analysed using thematic analysis
Results: Three encompassing themes were identified which included a *sense of not belonging, trauma impact on mental health* and *understanding covert and overt racism*. Participants reported incidences of racism and appeared to be traumatised by their experiences within practice and the university. They also reported poor mental health and well-being as shared experiences and a lack of confidence in the university and practice to mitigate racial issues.
Conclusions: Meaningful action must be taken by universities and practice partners to advance racial inequality initiatives by having robust anti-racism action plans and processes. These should be co-created with students and staff to reduce the race awarding gap.

1. Introduction

Nursing is a global profession and the importance of delivering transcultural nursing for all patients in a sensitive and caring manner is paramount. The National Health Service (NHS) was created in the United Kingdom to promote social justice where all citizens should have equal access to health outcomes and employees' equal career and progression opportunities, irrespective of income levels, sexual orientation, race, disability, or gender. Despite this, the Workforce Race Equality Standard (WRES) programme, which has collected data on race inequalities in the NHS for five years, continually shows clear disparities between Black, Asian and Minority Ethnic staff and their White colleagues (Workforce Race Equality Standard, 2020). For example, Black, Asian and Minority Ethnic staff are less represented at senior levels and report more obstacles in progressing their careers.

The culture of an organisation is crucial in delivering high-quality

patient care and to allow staff to reach their full potential. In a healthy culture, all staff should feel safe and empowered whilst realising the impact of their behaviours and in the NHS, employees should act accordingly to the values of the NHS Constitution (2020). Despite this, the Chief Nurse of the NHS stressed that racism does exist within organisations and needs to be addressed (Foster, 2021). For example, Black, Asian and Minority Ethnic nursing staff have greater rates of concern or complaint referrals to the Nursing and Midwifery Council but that, crucially, once cases are heard, most are not upheld (Royal College of Nursing, 2021).

Racial inequalities within nurse and allied health education in the United Kingdom have also been documented extensively over the years. This is demonstrated consistently through racial disparities between Black, Asian and Minority Ethnic students and their White peers in degree awards, retention, success and progression (Equality and Human Rights Commission 2019, Advance HE, 2020). The race awarding gap shows the percentage point difference between the proportion of United Kingdom domiciled Black, Asian and Minority Ethnic students awarded a first or 2:1 degree classification upon graduation (Universities UK 2019). In 2018, this data indicated that 80.9% of White students were awarded a first or 2:1 compared with only 67.7% of Black, Asian and Minority Ethnic students, creating a sector-wide gap of 13.2%. It is therefore clear that in both practice and education, progress needs to be made in tackling and mitigating racial inequality.

After the unlawful killing of George Floyd in May 2020 and fuelled by the Black Lives Matter Movement, many universities in the United Kingdom issued public statements through social media and on their websites denouncing racism and promoting their values of equality, diversity and inclusion. However, it is difficult to evaluate what actions have been taken by universities in advancing their proposed initiatives. Bhopal and Pitkin (2020) proffer that universities have diversity policies, which emphasise and promote inclusion, equality and cultural diversity, but the main intention of this is to attract students and perpetuate the interests of dominant groups. Whilst there has been some progress in widening participation for disadvantaged and under-represented groups within higher education, it is clear that not every student benefits equally whilst studying at university and many face inequalities throughout their studies.

A report commissioned by the Equality Challenge Unit (2015) explored potential explanations for the race awarding gap and recognised poor learning, curricula and assessment practices as potential contributors, for example, ethnocentric teaching materials. Moreover, the report cited problems of exclusion, low teacher expectations, the undervaluing of Black, Asian and Minority Ethnic students and prejudice and discriminatory practices that are inherent in learning and teaching activities (Singh, 2011; Sabri, 2018). In addition, a report by Universities UK (2019) found racism and racial harassment to be a notable problem and highlighted that the same level of priority given to tackling sexual harassment in higher education has not been given to racial harassment. As a consequence, the United Kingdom government has demanded improvements from universities in examining the factors that are contributing to the awarding gap and making a genuine commitment to reduce the gap between Black, Asian and Minority Ethnic and White students (OFS 2020).

The reasons for the awarding gap are complex and multi-factorial and include structural, organisational, financial and cultural attitudes that are all significant in maintaining the status quo (Singh, 2011; Advance HE, 2021). Flateland et al. (2019) reported that this community of students may face racial discrimination at an institutional and individual level and identified that this exists across academic and practice settings. In the United Kingdom, The Equality Act (2010) clearly sets out the elimination of unlawful discrimination, harassment and victimisation of people from different groups within society. Yet, racism and discrimination continue to impact Black, Asian and Minority Ethnic students; their negative experiences coupled with poorer attainment and progression opportunities mean that they are less likely to complete their degree compared with White students (Bhopal, 2018). In addition to experiencing overt racism, these students also commonly experience microaggressions – defined as 'subtle or offensive comment or action directed at a minority group' (MIND, 2020) – that have been shown to have an adverse effect on their mental health (Bhopal, 2018; Lewis et al., 2021).

As the first step in attempting to eliminate racism and discrimination, there have been recommendations for organisations to deliver and evaluate unconscious bias training (UUK and NUS, 2019). Unconscious bias training raises awareness of mental shortcuts that lead to making snap judgements about people based on group characteristics, such as race. The goal of the training is to reduce bias in attitudes and behaviours, including in recruitment, promotion and the interactions between colleagues and students (Gino and Coffman, 2019). There are also supporters of teaching critical race theory alongside unconscious bias, which explores and challenges racial inequality in society and is based on the understanding that race and racism are products of social thought and power relations; categories that society invents (Crenshaw, 1991; Rollock, 2019). Nevertheless, for universities to move forward in reducing the awarding gap, it is crucial that the lived experiences of racial bias for Black, Asian and Minority Ethnic students are heard. Furthermore, coordination is required between higher education and practice environments and students should be involved in the co-creation of policies and curriculum development to ensure their individuality is recognised.

The aim of the current study was to explore the lived experiences of racial bias for Black, Asian and Minority Ethnic students in a university setting within the context of the practice environment. Nursing, midwifery and allied health professionals must undertake academic and mandatory clinical placements as a requirement of their respective regulatory standards. Students are placed within a variety of areas including the public, private and voluntary sector. The following research questions were addressed:

1. How do Black, Asian and Minority Ethnic students perceive their experiences of racial bias in the practice environment?
2. In what ways can those experiences be used to influence and inform policy, practice, research and education?

2. Methods

This study adopted a hermeneutic phenomenological approach informed by Gadamer (1976). The philosophical and theoretical framework centred on exploring the lived experiences of Black, Asian and Minority Ethnic students in the practice environment studying for an undergraduate and postgraduate degree in nursing, midwifery and allied health courses at a single university in the Southwest of England. Focus groups and individual interviews were conducted to explore the various ways that students might be positioned by and seek to position themselves and define the meaning attached to their experiences based on race throughout their learning journey (Schwandt, 2003). The study utilised an interpretive approach to gain an in-depth understanding of individual and collective subjective experiences.

Purposive sampling was employed to recruit sixteen participants from undergraduate to doctoral degree levels in nursing, midwifery and allied health courses including psychology, music therapy, occupational therapy and social work. Each participant had entered the university with varying qualifications and six of the participants were studying for a second career. Participants identified themselves as Indian, Somalian, Black British, Black Caribbean, Mixed Heritage and Black African and all but two were born in the United Kingdom. Most of the sample self-identified as female ($n = 13$) and mature students ($n = 9$). Having a sample size of sixteen studying across a range of different courses and at different levels enabled exploration of similarities and differences based on their experiences in the practice environment. Participant characteristics are summarised in Table 1.

Table 1

Overview of themes.

Student	Course	Gender	Entry Qualifications	Ethnicity
1	BSc Midwifery	Female	5 GCSE's and 3 A levels	Black British
2	BSc Midwifery	Female	5 GCSE's and 3 A levels	Black British
3	BSc Midwifery	Female	5 GCSE's and 3 A levels	Black British
4	BSc Midwifery	Female	5 GCSE's and 3 A levels	British Somalian
5	BSc Occupational Therapy	Male	Degree in Public Health	Black Caribbean
5	BSc Nursing Adult	Male	Degree in Health and Social Care	Black British
7	BSc Social Work	Female	Degree in Health and Social care	Black African (Born in Nigeria)
8	BSc Nursing Adult	Male	5 GCSE's and 3 A levels	Black British
8	BSc Midwifery	Female	Degree in Childhood Studies	Black British
10	BSc Nursing Child	Female	BTEC Diploma in Health and Social Care	Black British
11	BSc Nursing Mental Health	Female	BTEC Diploma in Health and Social Care	Black British
12	BSc Occupational Therapy	Female	5 GCSE's and 3 A levels	British Indian
13	Psychology Doctorate	Female	Degree in Psychology	Black Caribbean (Born in Jamaica)
14	MSc Music Therapy (Individual interview)	Male	Degree in Social Work	Black British
15	BSc Social Work	Female	5 GCSE's and 3 A levels	Black British
16	BSc Nursing	Female	BTEC Diploma in Health and Social Care	Mixed Heritage Black father, White Mother

2.1. Data collection

A phenomenological interview attempts to obtain descriptions of the participants' lived world and comes close to an everyday conversation, but as a professional interview it has a purpose and a specific technique (Kvale and Brinkmann, 2009). It is semi-structured and conducted according to a guide or prompts that focus on certain themes or suggested questions. The original intention was to conduct individual face-to-face interviews, however, due to the COVID-19 pandemic, three focus groups and three individual interviews were conducted online over a four-month period in 2021.

A topic guide was utilised to obtain demographic details as well as prompt questions based on issues that emerged from the literature (Table 2). Questions were open-ended in the main with some probing questions asking for further clarification; for example, "tell me about your teaching and learning experiences in practice". The order of these was adapted according to the participant's responses so that they were

Table 2

Topic Guide.

What is your name?
How would you describe your ethnic background?
Which course are you studying?
How far are you into the course and is this your first degree?
What qualifications did you enter the university with?
Tell me about your course
Tell me about your learning and teaching experiences to date
Talk to me about your grades and assignments

free to direct the flow in narrating their experiences. The focus groups and individual interviews were conducted online via Microsoft Teams and were recorded to accurately capture the participant's own words. Each focus group or interview began by agreeing on ground rules and expectations, which included listening, allowing participants to speak without interruption and using the 'hand raise' button to signify that they wanted to contribute to a particular question or discussion. The focus groups lasted approximately two hours to allow participants to engage and tell their stories and the individual interviews lasted for one hour. Both were transcribed verbatim.

2.2. Data interpretation

Braun and Clarke's (2013) thematic analysis framework was employed to interpret the data, allowing us to focus on the participant's standpoint; namely, how they experience and make sense of the practice environment. The focus groups and interviews were transcribed verbatim to produce a complete record of spoken words. The transcripts were then interpreted through an iterative and recursive process which included becoming familiar with the data, moving backward and forwards through it and reading and re-reading until the research team was confident of what it contained. Each researcher also listened to the recorded interviews several times to get a better sense of recurring themes, similarities and divergence. The team then discussed themes similarities across the data set, links between different categories and explored relationships and explanations. Using words and phrases, codes were sorted into categories and constantly refined. Using questions developed by Braun and Clarke (2013), similar descriptions of experiences across the dataset were clustered using participants' words. Lists of related quotes were brought together and interrogated by the research team to develop a set of distinctive coherent themes and a sense of how they fit together.

2.3. Reflexivity in the research process

The research team consisted of three British born Caribbean women and two White British women with varying research and teaching experience and cultural knowledge, which impacted all stages of the research process. Having different perspectives allowed constructive debate, especially when clarifying themes and analysis. The perspectives and positioning of the Caribbean researchers were enlightening because they had personal experiences of racism and were able to identify overt and covert racist behaviours.

2.4. Ethical considerations

The study was ethically approved by the University Research Ethics Committee. Participation was voluntary and all participants provided informed consent. At the start of the study, participants were informed about the sensitive nature of the study and were made aware of support services should they require them. They were also informed that they could withdraw from the study at any time, without explanation. All participants chose to share their experiences. Following each focus group and interview, students were then signposted to a culturally appropriate organisation utilised by the university in seeking support for their mental health and wellbeing. Using a combination of guidance from a Distress Protocol for Qualitative Data Collection (Haigh and Witham, 2013), all interviews were conducted sensitively.

2.5. Rigour

Verification strategies advised by Cresswell (2013) were considered and applied to this study. Research team meetings were conducted monthly and individual research diaries were kept recording reflexive thoughts. These were discussed at each meeting to acknowledge any possible preconceptions or bias. During the focus group and individual

interviews, further clarification and elaboration were sought from participants to ensure alignment, focus and clear understanding of their narratives. Recordings from the focus group and interviews and their associated transcriptions were given to participants to check for accuracy. Transcripts and subsequent themes were reviewed and refined individually and collectively and then agreed upon by the research team. The sub-themes that helped to capture each overarching theme were noted by short excerpts from the data. An example is outlined in Table 3.

3. Results

Three encompassing themes were identified: *a sense of not belonging, trauma impacting mental health* and *understanding overt and covert racism*. It is important to note that whilst the study explored students' experiences in practice, they also narrated their experiences within higher education as these are intrinsically intertwined.

3.1. Theme 1: A sense of not belonging

Participants narrated their experiences of isolation, stereotypical assumptions made about them due to racist attitudes and systematic familiar practices. They perceived a sense of not belonging within placement settings and felt that they were treated differently from their White peers. Participant 13, a mature student studying at doctoral level, describes her experiences in practice and how these interactions made her feel:

"I went to make a drink in the kitchen and was approached by a member of staff who informed me that this kitchen is for staff use only and felt so belittled. I froze because of the shock, he assumed because of my black skin that I was a cleaner" (P13, focus group 1).

She went on to explain that her White peer was also in the kitchen making a drink at the same time and was not approached. She perceived her existence as invisible and powerless. Similar patterns of behaviours were narrated by participants and they were in different practice settings and differing health professions and this participant recounted that she "was not able to challenge those behaviours and merely wanted to survive and complete the placement successfully despite her experiences".

Similarly, Participant 8, a first-year undergraduate student, narrated feelings of isolation and discontent about the way he was spoken to by some staff members:

"I often feel my presence was not welcomed and I felt degraded and not belonging in this space" (P8, focus group 2).

This is important because role identity and a feeling of belonging is an important aspect for successful transition and progression in practice and university. He further explained that he was made to feel inferior by the way he was treated compared with his peers and this was further compounded by staff perceptions of him where he felt he had to "navigate his way around his experiences".

Similarly, Participant 4, a first-year undergraduate student, relayed

Table 3
Overview of themes.

Theme	Informed by
Not belonging	'Loss of confidence although competent' 'I was made to feel different' 'My presence was not welcomed'
Overt and covert racism	'How long have you been in the country?' 'Your English is good'
Trauma impacting mental health and well-being	'Is your head scarf clean and have you washed it?' 'Would you be more comfortable being placed in another area where there are more people like you?'

the negative experiences that she faced and how she was made to feel different:

"Not belonging has affected my learning and the university promotes social justice but the reality is different and I am left feeling ashamed and confused. My colleagues were sent off the ward to gain additional learning opportunities and when I asked if I could go as well, I was told that I had to stay and wash the patients and this happened on more than one occasion" (P4, individual interview).

These accounts demonstrate inherent racial bias in the way that Black, Asian and Minority Ethnic students are treated in the academic practice environment compared with their White peers. They also highlight the disconnect between organisational equality policies and the reality of lived experiences for these students. The culture of an institution and practice environment is an important factor and a lack of awareness of the issues affecting students from different racial backgrounds may impact on student retention and success. Such experiences should be acknowledged by these organisations through ongoing conversations, training and initiatives to raise awareness of and mitigate racism and unconscious bias. Education around critical race theory can also be utilised with a view to improving the experiences of this community of students in practice.

3.2. Theme 2: Understanding overt and covert racism

This theme relates to racist experiences and microaggressions that participants encountered during practice. Participant 5, a second-year undergraduate student, identified that the university and practice continuously talk about their commitment to delivering an inclusive culture where all students can thrive and flourish, but the realities and his experiences in practice did not reflect this:

"Although I was born in the UK, I am always asked how long I have been in the country and the remark that my English is good. They are racist and make so many assumptions" (P5, focus group 3).

It is notable that all but two of the participants were born in the United Kingdom and the group narrated how assumptions were made that "he was from overseas". In providing his experiences of racism in the practice setting, Participant 5 revealed some of the barriers and challenges faced by this community of students. What is evident from this response is that there is a requirement to create and promote a culture where students feel valued and respected and have equal opportunities to succeed. Inclusive practice would go some way in enhancing positive experiences for Black, Asian and Minority Ethnic students that allows them to flourish and realise their aspirations.

In contrast, Participant 16, a second-year undergraduate student, expressed that her experiences were better but that this was likely because of her fairer skin colour:

"I was given more opportunities than my friend who was on the same ward as me and I am pretty sure that is because I am fairer skinned, so they felt more comfortable with my appearance. I was always given more learning opportunities and she was not" (P16, individual interview).

She continued to relate this to being invited to complete drug rounds with qualified staff and having opportunities to further her learning, commenting that her peer was "very dark-skinned".

When probed as to what actions were taken in reporting these experiences, participants were reluctant to complain as they perceived that their voices had not been listened to previously. It appears that the organisation and practice environment is resistant to the idea that racism and discrimination exists and fail to acknowledge that oppressive practices continue as noted by participants within this study.

Participants also spoke about the micro-aggressions faced daily. For example, Participant 7, a third-year undergraduate, narrated:

"I have to work twice as hard and this is not acknowledged. When I raised concerns with the university, being told that if I want a job, I have to think about what I am doing. I was going to leave and was persuaded by my husband to stay" (P7, focus group 2).

The findings suggest that Black, Asian and Minority Ethnic students face persistent inequalities and discrimination throughout their studies and this may be one of the factors contributing to the awarding gap. It is clear that equality of opportunity for this community of students needs to be reflected in learning and teaching practices across the practice setting. A healthy organisation requires people to work individually and collectively whilst acknowledging and solving problems to promote an inclusive environment.

3.3. Theme 3: Trauma having an impact on mental health

This theme presents the narratives of participant's experiences and the traumatic impact on their mental health. Participants spoke about the emotional toll that negative experiences and racism have had on their mental health and how it is emotional exhausting to relive these experiences. However, they also felt it was important to tell their stories to enable and effect change. Participant 14, a mature postgraduate studying for a second career, recounted:

"My mentor felt threatened by me because at the beginning of my placement, I shared my career experiences with her. I constantly asked questions and she reminded me that I was a student and should know my place. She treated me differently to the other White students and did not spend as much time teaching me as she did them" (P14, individual interview).

This student perceived being treated differently because of his race and career experiences, particularly because he presented himself confidently. Participant 3, a mature student in the second year of her undergraduate degree, recalled a similar experience:

"My mental health is poor; I know I am competent but told I am too talkative and I have conditioned myself to fail in practice" (P3, focus group 1).

This is significant because apart from two students, all other participants entered university with the required standard qualifications and some had previous academic degrees. Each student narrated that they had managed to pass all academic assignments first time and their grades were in line with their White peers, whilst also expressing that they were aware these academic assignments were marked anonymously. However, students in years two and three related that they had previously failed in practice and this was at the last minute. They stated that they had to repeat practice placements, meaning they were not able to qualify with the peers they started with and participants narrated story after story about other students who had discontinued their course for the same reasons. These common experiences of racism within nursing and allied health education show how Black, Asian and Minority Ethnic students continue to experience a culture of being systematically marginalised within the placement setting and this leads to them being more likely to be failed in practice.

Participant 12, a third-year student nearing qualification, shared similar experiences and commented that:

"The traumatic experiences throughout my training have taken a toll on my confidence to the point where my sleeping pattern is disturbed and my emotional state, well it's exhausting" (P12, focus group 3).

In summary, participants in this study reported facing racism and microaggressions in practice and higher education on multiple occasions and explained how this had a negative impact on their mental health. These experiences of racism caused severe trauma and some students considered leaving their respective courses. Furthermore, participants narrated feeling unsupported when they complained about these issues in practice or to their university institution.

4. Discussion

This study explored the impact of racial bias and lived experiences of Black, Asian and Minority Ethnic students undertaking an undergraduate or post-graduate degree in nursing and allied health courses in the United Kingdom. Specifically, it explored how these students perceive their experiences of racial bias in the practice environment. The findings illustrate that Black, Asian and Minority Ethnic students faced similar experiences of racial bias in practice across different courses and levels of study. This work can inform policy, research and education highlighting how the lived experiences of racial bias should be explored from the student perspective and the need for culture change. Black, Asian and Minority Ethnic students should be supported in practice to reach their potential and to promote a diverse workforce.

Overall, the individual and collective experiences of participants indicate a feeling of not belonging within placement settings, with some feeling that the same was true within the university setting. Kuh et al. (2010) and Lewis et al. (2021) suggest that one of the most important factors for student success and retention in higher education is a sense of belonging. This is dependent on building relationships where there is mutual respect between academics, practice staff and peers, where diversity is celebrated and students feel valued, supported and included. Robertson (2019) further highlights that a sense of belonging in higher education changes over time and is a "key intangible asset" that is very subjective. It is therefore imperative that practice environments and universities tackle racial bias and ensure their organisations reflect the diversity of the United Kingdom to increase Black Asian and Minority Ethnic group's sense of belonging.

A sense of belonging may influence whether a student continues with their studies and some of our participants recounted how they considered leaving their respective programme of study. Ong et al. (2018) reported that students from Black, Asian and Minority Ethnic groups must continuously navigate and survive mistreatment in educational settings because of lower educational expectations, hostile environments, racial stereotyping and institutional and structural barriers. Verschelden (2017) identified that if students feel they belong, they are more likely to have the belief that they can succeed and progress in their studies. Universities will need to pay closer attention to the experiences of this student community as highlighted by NUS (2019) who urged those in senior leadership positions to acknowledge that a poor sense of belonging contributes to low levels of student engagement and progression.

Participants within this study also highlighted the resistance from practice and their university to acknowledge racism and a need to change established ways of working that are not inclusive. It was highlighted that complaints to the university were not taken seriously and some students were asked if they were sure they had experienced racism. Such findings are supported by Williams et al. (2021) who reported that nursing education needs to better acknowledge the impact of race and racism. Braithwaite (2018) discusses the pervasive and significant impact of racism as an outcome of structural racism and its long-lasting effects. Taking this into consideration, it is not surprising that such experiences correspond to an awarding gap for Black, Asian and Minority Ethnic students. Experiences of racial bias are structural and institutional and it is imperative that these are addressed (Advanced HE 2021).

Participants in this study also narrated their experiences of overt and covert racism in practice and academia and this was manifested in several ways including micro-aggressions. Their narratives support how "racism is not about objective measurable physical and social characteristics but about relationships of domination and subordination" (Bhavnani et al., 2005). In line with Lewis et al. (2021) this clearly fed into a sense of not belonging and had an adverse impact on the mental health of this community of students. It is important to consider whether

such microaggressions are conscious or unconscious in nature. Indeed, there is some evidence to suggest that unconscious biases can negatively influence aspects of degree awarding to disadvantage Black, Asian and Minority Ethnic students (Equality Challenge Unit, 2015; Alexander, 2017; Tate and Bagguley, 2017). It is therefore imperative that both overt racism and more subtle microaggressions are addressed in both the practice and university environment and how these can affect perceptions of Black, Asian and Minority Ethnic students. This aligns with recommendations to deliver unconscious bias training in organisations (UUK and NUS, 2019), yet we emphasise that such initiatives must be continuously evaluated to assess whether they result in improved and sustained culture change. Such training should also incorporate critical race theory (Crenshaw, 1991; Rollock, 2019) to acknowledge that an understanding of power relations is paramount in tackling racial inequality.

From a learning and teaching perspective, current nursing education programmes rarely deliver a holistic and inclusive curriculum that enables nurses to learn about the value of diversity and what it means for healthcare delivery (Lokugamage, 2021). Omissions of an inclusive curriculum are complicit in perpetuating racial inequality and disparities in academic achievement and this promotes discriminatory cultures of exclusion (Alexander and Arday, 2015 andrews 2016, Arday, 2019). Whilst there have been some efforts to decolonise the curriculum and develop inclusive learning within higher education, it is difficult to ascertain whether this has had any impact on reducing the race awarding gap. Arday and Mirza (2018) suggest that the responsibility for decolonising the curriculum is collective and requires a coordinated effort that includes senior leadership and management teams. This is predicated on practices and universities ensuring that their core principles are underpinned by social justice and confronting inequality in all its forms (Adams, 2017). Collaboration between these organisations is therefore crucial to ensure a positive student experience and, where this is not happening, robust anti-racism policies, procedures and training need to be implemented to mitigate this.

In higher education, there is also a long history of falling into a deficit discourse or model which has hindered progress in terms of the awarding gap. This refers to disempowering patterns of thought, language and practice that represents people in terms of deficiency and failures. Ladson-Billings (2009) suggests that instead of addressing the issues of structural and organisation racism in higher education, the focus is on the attributes and characteristics of Black, Asian and Minority Ethnic students as the cause of the awarding gap. This resonates with the findings of this study where participants narrated their experiences about the assumptions made about them, including lacking experience, knowledge and skills in the practice environment, as well as the discrimination they faced when being failed in their practice placements at the last minute. Accountability and responsibility for the inequalities in attainment are currently not placed with individual institutions, but with the larger bodies of UUK and NUS (2019). To enact change, institutions and practices need to individually acknowledge and tackle the impact of race and racism on their students and actively seek out opportunities to teach nursing students, academic and clinical teaching staff about structural inequalities that exist in these organisations.

When considering the experiences expressed by participants in this study, it is not surprising that this greatly affected their mental health and wellbeing. Participants narrated how traumatic their experiences were and the emotional toll of having to relive them. Despite this, they felt it was important to tell their stories in the hope that it will lead to positive change. Promoting mental health and wellbeing in higher education is a fundamental feature of the student experience. Andrews (2016) identified that Black, Asian and Minority Ethnic students will have experienced a problematic education system that has historically failed them. For this community of students, mental health and wellbeing within higher education is interlaced against a backdrop of institutional racism. According to Mirza (2017), the trauma of these negative experiences can contribute to mental fatigue, which is often

revealed in the form of lower attainment, increased anxiety and cultural pressures. Although universities and practice environments within the United Kingdom advocate a position of equality, diversity and inclusion, the findings of this study contradict this for Black, Asian and Minority students. The contradictory position that emerges often ignores the racial discrimination that resides within the practice environment, which disadvantages these students in addition to the structures that impact aspects of attainment and engagement (Bhopal, 2014). The Office for Students (2019) states that it is imperative that universities acknowledge the lived experiences of Black, Asian and Minority students and seek to continually understand the cultural pressures faced by this group. In doing so, our findings highlight further how it is important that universities foster a sense of belonging for this community of students, rather than feelings of isolation that they have commonly experienced as a marginalised group.

5. Limitations

The study was conducted on students in the practice environment from a single university in the United Kingdom. Future research should further explore the lived experiences of Black, Asian and Minority Ethnic students across higher education institutions to assess potential similarities or differences between regions and practice settings, as well as between students who have continued with or left a placement or their course of study. Nevertheless, it is hoped that these findings will lead to greater consideration of the impact of racial inequality for Black, Asian and Minority Ethnic students within higher education and inform equality, diversity and inclusivity initiatives.

6. Conclusion

Understanding the multi-factorial and complex challenges that Black, Asian and Minority Ethnic students face in practice settings and higher education must become a priority to ensure that this community of students feel that they belong and are supported to achieve their potential. Racism cannot be quantified; it is how the individual is made to feel. Having conversations about race and raising awareness of systemic racism is imperative to change the culture within the academic practice environment and there should be clear institutional messages to ensure that these issues are acted upon.

It is acknowledged that discussions of race can be difficult to have but encouraging such conversations and facilitating them in a sensitive way is crucial in eliminating racial inequalities. In doing so, practices and universities need to collaborate to develop tangible and effective policies, procedures and initiatives to create racially diverse and inclusive environments. Training should also be provided to assist practice supervisors and educators to understand and challenge issues of both overt and covert racism, acknowledge power and privilege within healthcare and become effective allies for students. It is hoped that these findings will lead to authentic engagement between practice and higher education in improving the experiences of Black, Asian and Minority Ethnic students learning and teaching with healthcare.

Conflict of Interest

None.

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