

Embedding race equality into nursing programmes

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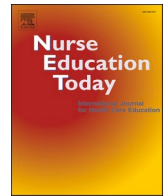
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Contemporary issues

Embedding race equality into nursing programmes: Hearing the student voice

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ABSTRACT

There is an abundance of evidence that nursing programmes across the UK have been criticised for not 'decolonising' their curriculum content to prepare students to partake in a diverse workplace. Nursing programmes have been developed in line with the requirements of the Nursing and Midwifery Council (NMC) to deliver safe and effective care to patients, yet the literature records that Black and Minority Ethnic (BAME) nursing students face discrimination and experience a lack of role models in academia. In this article the term BAME will be used as it is recognised within a wide range of literature, however the authors wish to acknowledge that this term and other terms used when defining ethnicity is contested.

In considering Stephen Lawrence Day, celebrated on the 22nd April 2021 for the first time since his death in 1993, our students have embarked on a challenge to ensure that Race Equality is the first protected characteristic consideration in developing a 'Student Led Equality Charter' within the School of Health and Social Care at Staffordshire University. There is a commitment from colleagues at the School including senior leaders to further the wider University agenda to ensure equality, diversity and inclusion are embraced.

'At Staffordshire University we recognise the need to really focus on EDI in order to create an inclusive and welcoming environment for all our students, staff and visitors, and we hold ourselves accountable through our Access and Participation Plan, Inclusion Framework and Race Equality Action Plan. The work started by the students in Health and Social Care on an EDI Charter is a really good example of how working with our students as co-creators and partners will help to ensure inclusion throughout our university.'

(Gill Grainger- Head of Equality and Diversity, Staffordshire University, March 2021).

1. Introduction

There is an abundance of evidence that nursing programmes across the UK have been criticised for not 'decolonising' their curriculum content to prepare students to partake in a diverse workplace. Nursing programmes have been developed in line with the requirements of the Nursing and Midwifery Council (NMC) to deliver safe and effective care to patients, yet the literature records that Black and Minority Ethnic (BAME) nursing students face discrimination and experience a lack of role models in academia. In this article the term BAME will be used as it is recognised within a wide range of literature, however the authors wish to acknowledge that this term and other terms used when defining ethnicity is contested.

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2. History

For the first time, 22nd April 2021 marks Stephen Lawrence Day, which commemorates the murder of a black teenager who was attacked in a racially motivated incident. His death highlighted the historical struggle against structural racism by the Lawrence family in seeking justice and highlighted key failings and institutional racism within the police force. There were key legislative changes in response to the MacPherson (1999) Report, and as we have it, the introduction of Race Relations (Amendment) Act 2000. The aims of the act are to (1) Eliminate unlawful racial discrimination (2) Promote equality of opportunity

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(3) Promote good relations between persons of different racial groups. All public authorities were instructed to publish Equality Impact Assessments to ensure that their policies and practices did not racially discriminate. The Nursing and Midwifery Council (NMC) sets explicit proficiency standards for culturally competent, anti-discriminatory practice in pre-registration nursing education. Equality and Diversity is a core dimension of all NHS jobs in the Knowledge and Skills Framework (Department of Health, 2004). However, if white academics or practise assessors fail to recognise or address discrimination, it is unlikely that statutory obligations will be met. Institutional commitment from the most senior leaders in both academia and practice is necessary to ensure that nursing programmes are robust in this challenge to be anti-discriminatory and fit for purpose.

3. COVID deaths and Black Lives Matter (BLM)

Notwithstanding racism, COVID has had long-lasting effects on all communities including mental health deterioration during lockdown, (Daly et al., 2020). The BAME population in UK stands at 14% based on the ONS (2011), yet Black African males are 4 times more likely to die due to Covid than their white counterparts reinforcing already recognised health and social disparities (PHE, 2020). Chaudhry et al. (2020) postulate that the 64% BAME NHS employed staff may have been deployed into high virus areas which resulted in disproportionate deaths. The ongoing impact of COVID-19, and the disproportionate impact on BAME families cannot be underestimated, “not only have Black, Asian and minority ethnic people been overexposed to contracting Covid-19, the economic impact of the pandemic is likely to disproportionately affect these communities too”, (Lawrence, 2021). Furthermore, the Xenophobia against Chinese communities was brought to light in the London attack on a Chinese student Jonathan Wok due to his East Asian appearance when the pandemic became public knowledge, (March 2020). Amongst emerging literature, the increasing literature in Xenophobia highlight the use of Western terms such as the ‘Wuhan Virus’, ‘Chinese Virus’ and ‘Kung flu’ that has resulting in ‘othering’ a whole racial group, also observed in the SARS outbreak. (Eichelberger, 2007, Reny and Barreto, 2020). The death of George Floyd in May 2020 again revived the world to turn its head to the engrained structural racism that still exists within organisations.

4. The academic nursing workforce

BAME representation in academic leadership roles is key to bringing down structural racism that is engrained in the British infrastructure. In 2018 there was only 6 Black Professors of Nursing in the UK. The question arises that in a female dominated profession, where there is a high proportion of a BAME workforce, why is there under representation of nurses in leadership positions in academia. What impression do we then give to our new entrants to the profession? Notably, Health Education England, under the leadership of Chief Executive Navina Evans, have appointed 3 out of 4 BAME women as regional Heads of Nursing and Midwifery, (HEE, 2000). It is hopeful that this commitment by senior leadership such as Navina will now resonate within academic nursing departments too. Academic literature pertaining to racism in nursing academia is more prominent within the USA than the UK, leading to the question of the positioning of BAME nursing academics in the UK, (or indeed the lack of them). Furthermore, Lawrence and Woodrow-Hirst (2021) toil with the metaphor of ‘Code Switching’ in the context of BAME staff experiences in a recent Staffordshire University podcast. Social constructs and codes create pressure to conform and often BAME staff consciously or subconsciously leave their own ‘cultural self’ at the door to assimilate into the work environment.

5. Decolonisation agenda

Pertaining to the Xenophobia, racism, the continuing impact of

Covid and Black Lives Matter, real change is sought from academic departments in Universities. Nursing curricula needs to be reviewed and student voice is an essential conduit in ensuring this occurs. Bell (2021) exposes the white dominance existing in nursing curricula today, highlighting white educators that possess no cultural competencies. The lack of anti-racist pedagogy is a clear sign of this, and his literature review identified: -

“an oppressive educational climate for non-white identifying people, a curriculum that does not attend to the social construction of difference, and a nursing culture that is not consciously situated in a broader socio-political context”.

White Privilege is widely referred to in anti-racist academic literature and Bell elegantly makes this application to the nursing curriculum and guides us to what now must be done. If academic departments fail to address the cultural competencies and bypass the decolonisation agenda, effectively they are failing in their statutory duty under the Race Relations (Amendment) Act 2000. There is a need for true alliance between nursing professionals to work against structural racism and white professionals are not exempt from this journey to deconstruct oppression. Only when we have a representative workforce that challenges racism, and promotes inclusion at grassroots level, can we get to the best patient outcomes for a changing Britain.

The student attainment gap for BAME students is also fraught with frustration. The Closing the Gap report (2019) highlights the disparities that BAME students are experiencing across UK Universities. There is 13% attainment gap between students achieving a 1st or 2:1 compared to their white ‘equals’. In fact, Black students are 1.5% more likely to drop out altogether, compared to their white or Asian peers. Inclusive curriculum content, design, delivery and institutional culture are speculated to be factors as to why these disproportions may exist.

To achieve a pronounced change in the nursing curriculum, those involved in both academia and practice must be fully involved in ensuring application of learning applies to patient outcomes. Inter-Professional Learning (IPL) crosses academia and practice and is becoming an increasingly well-established compulsory aspect of the curriculum and could be used to properly include issues of equality. Whilst this would be a big change in focus for IPL it could be a very powerful vehicle to address cultural issues relating to status and power and to the development of mutual respect amongst different professions and different ethnic groups.

Pioneering students have launched innovative ideas that start to challenge the status quo through a student led Student Equality Charter developed through the newly formed School Equality, Diversity, and Inclusion group. Taking a case study approach, we posed a question to our students “What would an EDI (Equality, Diversity and Inclusion) Charter look like to you? Starting with Race for a Change”. The result of this question is therein presented: -

Staffordshire University, School of Health and Social Care, Student Equality, Diversity and Inclusion Charter

PRINCIPLE 1 EMBRACE JANTE’S LAW

Aksel (1936) argued that a charter that promotes equality for everyone ultimately requires a commune-oriented mindset. By applying Jante’s law, a philosophy adopted by many Nordic countries, we can take steps to favour collective wellbeing and accomplishments over the achievements of one, thus allowing us to tackle the influence that white privilege posits in the nursing curricula.

Essentially, Jante’s law ‘dictates emphasis on collective accomplishments and well-being, and disdains focus on individual achievements.’ These concepts are not unfamiliar to what we want to develop in the future nurse, the widely accepted 6C’s (values), Care, Compassion, Competence, Communication, Courage and Commitment.

The Ten Rules of Jante

1. Don’t think you are anything special.

2. Don't think you are as good as we are.
3. Don't think you are smarter than we are.
4. Don't convince yourself that you are better than we are.
5. Don't think you know more than we do.
6. Don't think you are more important than we are.
7. Don't think you are good at anything.
8. Don't laugh at us.
9. Don't think anyone cares about you.
10. Don't think you can teach us anything.

These rules, although they may first appear harsh, dismantle individualistic and narcissistic ideals that people may hold, thus tackling ideas of 'privilege' and hierarchy. This is especially effective in ensuring that staff and students at university do not overstep boundaries whilst interacting with each other and with whom they may deem as 'less than' due to outdated and racist ideals that were built upon the establishment of white privilege.

PRINCIPLE 2 CELEBRATE SUCCESSES

Staffordshire University (The Connected University) inspires to develop a Connected Curriculum and prides itself on inclusion, diversity, and welcoming students from all walks of life. This is clearly fortified through their message in the current 'Race Equality Action Plan' that claims to aim to improve 'representation, progression and success of minority ethnic staff and students'. Therefore, it is imperative that any inequalities and injustices are addressed and rectified by all members of the community, whether this is through shedding light on structural inequities, addressing general attitudes amongst students and staff, or making changes to the curriculum to further promote inclusion and diversity. Though these changes may appear insignificant, or unnecessary, the hope is that through gradual transformation, we can ultimately improve the lives of every student.

Through this realisation, there are several methods we can use to achieve this, but we believe that by primarily endorsing and upholding 'Decolonisation of the Curriculum' initiatives, as well as incorporating Jante's Law, we can compose a coherent EDI charter. For the purposes of this article, we focus on the 'race' component. The initial work carried out by students and staff at [Keele University \(2021\)](#) on this topic is acknowledged, and they have been key partners in developing student thinking in this area at wider University level. Here, applications to nursing are made to further our thinking in this important topic.

PRINCIPLE 3 DECOLONISATION OF THE NURSING CURRICULA

The idea of decolonising the curriculum arises from the view that due to historical power and privilege within certain groups certain ideas and beliefs become accepted as more important and superior and as a result dominate the curriculum. This results in a largely White, Western dominance of ideas, authors, research, accepted truths and knowledge. Moving away from this requires positive and determined action to recognise and value different contributions from different groups and cultures. The [Equality Act 2010](#) recognises nine protected characteristics which acknowledges that the impact of power and privilege is not limited to Race. Decolonising the nursing curriculum therefore involves looking at privilege from different aspects, but it must not ignore the powerful impact of Race on students and ultimately patients. The curriculum needs to actively address both conscious and unconscious bias with the aim to decolonise the personal, cultural, and structural inequality that limits the true potential and inclusiveness of all individuals. Covid and Black Lives Matter have made unavoidable the truth that we have not achieved race equality and the urgency now must be to start to dismantle and decolonise the curriculum. So, as we begin this journey of developing the student charter, we will begin with Race at the forefront to ensure our focus is not diluted.

PRINCIPLE 4: CELEBRATE IDENTITY

A basic right is the freedom to identify oneself as one wishes. The idea that everyone needs to experience feeling accepted highlights the true element of belonging. The images, texts and narratives that are made visible in the curriculum and in an organisation can have a

profound impact on a person's sense of belonging. The events and activities that get celebrated may signal to an individual whether their individual and group identity is recognised and valued. The curriculum can celebrate the positive contribution of ethnic minorities, by acknowledging bodies of work, thoughts, and ideas, that have developed from different cultures, rather than extensions of Western/Eurocentric knowledge. By adopting this alternative outlook, we can ultimately decentralise Western concepts as the 'peak of knowledge' and celebrate the identities and works of ethnic minorities. Alongside celebrating more diversity within the content of the curriculum celebration of different cultural events that are not just Euro/Western centric can help to bind a shared new understanding that is welcoming and invites a shared sense of belonging and identity.

PRINCIPLE 5: ERADICATE OPPRESSION, INEQUALITY AND HATE CRIME

To really embrace equality then academics and students alike need to take a genuine interest and willingness to learn about oppression and inequality. We need to commit to be 'Equality Minded' and willing to call out microaggressions and unconscious bias when and wherever encountered. When hate crimes are experienced there needs to be a robust response that is built into the fibre of the organisation. There needs to be a willingness to address White privilege by White colleagues and students, moving towards impactful allyship.

Student nurses, a majority female group, many mature with additional responsibilities and often from lower socio-economic groups experience several intersectionality issues when it comes to inequality, adding to this the issue of belonging to a BAME group and it begins to highlight the challenges faced by many nursing students. Support systems to help with flexible study options, addressing issues such as digital poverty and the building of a true sense of belonging will be essential if real progress is to be made to improving the experience and outcomes for our nursing students.

6. Conclusion

The barometer of tolerance of racism by BAME staff and students is decreasing due to Black Lives Matters and the disproportionate impact of Covid on BAME NHS staff and their families. Educational establishments now have a duty to ensure the workforce is supported from the off-set, if we can't get it right when in training, what chance have we got upon qualifying? Conversations of Race need to come from students who are in the midst of the practice- university setting. Their experiences need to be captured and policies and procedures immediately revised where there is an impact. The formative work of our students on developing an Equality Charter at Staffordshire University paves the way for many equality initiatives that our University will endeavour to partake in over the coming years. The student voice is integral in this process and it is hoped that by sharing this work in its developmental stages inspires other nursing departments to fully review their stance on equality, and invest in the pressing need to transform nursing.

Declaration of competing interest

No known conflict of interest to declare.

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