Exploring the lived experience of student nurses perspective of racism within education and clinical practice: Utilising the flipped classroom

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A B S T R A C T

Background: The experiential learning gained by student nurses and educators using flipped classroom principles, in conjunction with data from a subsequent study, are explored in this paper. It facilitated a deeper understanding of the 'lived experiences' of racism for Black African-Caribbean student nurses at university and within the clinical practice environment.
Method: The qualitative approach of 'Conversations with a purpose', using recorded focus group discussions was utilised as a pragmatic research methodology to explore perspectives of nursing students.
Results: Direct and indirect racism was experienced by student nurses in both, practice, and educational environments. Common issues that arose centred on patient's refusal of care, poor support of students, discomfort or denial of staff in addressing sensitive issues, questioning of students' clinical competencies, and educators using 'otherness' (ethnicity, and related stereotypes) to emphasise limitations of certain groups of students.
Discussion: The flipped classroom can be one way of creating inclusive safe spaces for discussing sensitive topics pertaining to racism, inequity, and social injustice. Nurse educators need to engage in providing awareness around these subjects, that are perceived as uncomfortable and unspoken. Without this, no significant paradigmatic shifts can be made around supporting our students in their lived experience of racism and discrimination.

1. Introduction

This paper intends to provide some insight and interrogate classroom dynamics and issues of racism experienced by first- and second-year degree programme student nurses, who identify as Black African-Caribbean individuals, resident in the United Kingdom (UK). As racialised nurse educators ourselves, we were regularly approached with issues related to race or ethnicity by this student population because we were considered 'safe' to approach due to our ethnic similarity to them. What was noticeable was that our students often presented individually, in crisis, feeling ashamed of themselves as developing practitioners. We found that their 'silences' (Serrant-Green, 2011) had been held onto for so long that often, students discussed withdrawing from their programmes of study, to give up on their careers, their aspirations, and their hope of ever been treated equally, fairly, and equitably within nursing practice. We noted that, for many, such experiences were paralysing and consequently isolating, with students feeling unsupported, by either practice clinicians or nurse educators within Higher Education (HE).

Consequently, as nurse educators, we felt the need for a pedagogical sustainable strategy to address such issues openly with nurse educators and with all our students in the classroom. This paper will concentrate on the issues presented by students, in a classroom environment and also data from a subsequent study. We recognise historically that issues pertaining to racism, social justice and equity has been more patient focussed, omitting the student experience. The time is now to re-balance and address such issues within the culture of education, nursing practice and the consequences for developing health professionals with a critical understanding of equity and social justice.

Thus, we reviewed how issues of 'othering', racism, difference, diversity and importantly the use (abuse) of power had been addressed within pre-registration nursing curriculum. We realised, just like our practice partners, that such topics were not transparently featured, nor discussed. Conversations with our students suggested that we needed several measures to raise the awareness and understanding of such sensitive issues with all students within nursing undergraduate programme.

1.1. Background

Within the programme, the students are initially taught the importance of a range of core principles relating to equity, inclusivity, and social justice to signify and validate the voice of those living in marginalised spaces. This is related to nursing as professional guidance from the United Kingdom Nursing Midwifery Council (Nursing Midwifery Council, 2018), which stipulates the need to confront, challenge and advocate for all vulnerable patient and service-users. However, our experience suggests that as student's progress, that a critical and diverse understanding of these concepts are warranted due to the challenging nuanced experiences that racialised students face not only in clinical practice settings, but also at university. Van Herk et al. (2011) argues that the unconscious normalised nature of hierarchy in nursing have the capability of ignoring issues, such as racial discrimination or when tackled, as Bell (2021) states, through a "performativity of issuing statements" (p.1) but little has been done to tackle the issue.

For example, the Royal College of Nursing state that 79 % of nurses in the UK are White. Up to 80 % of nursing management in National Health Service (NHS) in UK departments and nurse educators in higher education are also White. Thus, nursing remains a predominantly elite of white nurses. Moorley (2022), Spinks (2014) and West et al. (2017) found that although Black and Minority ethnic (BAME) nurses make up 19 % of the nursing workforce in England but account for 25 % of disciplinary cases they are more likely than White nurses to be reported and have worse outcomes from the NMC around fitness-to-practice issues. To add to this, Munn (2017) and the 2021 Workforce Race Equality Standard (WRES) found that when BAME staff or students report discrimination within the workplace, there was little or no positive outcome for the person who made the complaint. Hassouneh (2006) reinforces that often educators are 'comfortably oblivious to the realities of racism' (p. 260). There has been a continuing criticism of nurse educators and practitioners in the past two decades regarding their lack of preparedness nor willingness to address the subject of racism (Burnett et al., 2022; Bell, 2021; Thorne, 2017; Holland, 2015; Nairn et al., 2012; Schroeder and DiAngelo, 2010). Scanlan (2012) expresses that the experience of marginalised students can be improved when all participants are engaged in a critical analysis of power, which will help negotiate discussions around racism and embedding social justice education. Cuthill (2016) adds to this by suggesting that all nurses (student, practitioners, and educators) should have the opportunity to acquire the practical skills of effectively challenging social injustice in learning environments, be it university or clinical practice.

Conversations around integration and social cohesion historically, politically and within the mass media in Westernised high-income nations tend to focus closely on the inadequacies of ethnic and faith groups (Rutter, 2015). It discounts this same dialogue within the majority population, who are considered homogenous and similar. It ignores the intersectional personal experiences: poverty, levels of income, experiences of austerity and the impact of these factors on how people live culturally go unnoticed. As Howe and Lisi (2018) express, politics and mass media are the most significant force that effect the way we see others and ourselves culturally. The concept of 'othering' occurs when stereotypes and generalised depictions are used about a person, group or collective of people perceived different from self (Dervin, 2016). As such, a professional climate that continues to perpetuate overriding norms such as whiteness and heteronormativity in nursing education, can only, as Bell (2021) states, be complicit in not recognising racism and other forms of discrimination. Thus, it is unavoidable and inevitable, that nurses, in all their professional manifestations, as members of society, can involuntarily absorb the rhetoric on the issue of perceived cultural others and unspoken silences (Serrant-Green, 2011) around their experiences of racism (Acosta and Ackerman-Barger, 2017; Thorne, 2017).

Racism can be perpetuated through ethnocentric behaviour and unchecked unconscious bias (Nambiar- Greenwood, 2017). Within this, forms of intercultural communication apprehension (ICA) and microaggressions proliferate. This trepidation about communicating is present where individuals experience fear or anxiety associated with either real or anticipated interaction with those they consider as cultural others, thus limiting open, honest, and transparent communication. Microaggressions experience daily by those who are 'othered' or members of any oppressed group include perceived trivial, and apparently innocuous degradations, and put-downs which serve to erode confidence and self-belief.

The silencing, discomfort, and apprehension of discussing racism is controlled within the nursing profession by perpetuating homogeneity or self-exonerating thoughts ("I don't see colour!"/"we are all the same"), conflict avoidance ("He didn't mean it, he's just ill") and blaming the victim ("she has a real chip on her shoulder about this"). For decades, nurses such as Barbee (1993), McGee (1993) and more recently, Burnett et al. (2022), Thorne (2017) and Bell (2021) have expressed that the preference for homogeneity and conflict avoidance has allowed for a climate that does not facilitate and ignores conversations of racist experiences faced by colleagues or students in the UK. However, such conversations can no longer be ignored considering the growing numbers (22.9 %) of NHS workforce is from racialised backgrounds (Gov.uk, 2021) with such experiences of discrimination being reflected regionally, in Europe (Hamed et al., 2020) and internationally (Kaltiso et al., 2021; Timilsina Bhandari et al., 2015).

Social justice can be perceived as active engagement of all citizens in society, whilst balancing its advantages and limitations. The central tennets are equity and fairness. According to Buettner-Schmidt and Lobo (2012), other attributes include: equity in the sharing of power, resources, and processes that affect the acknowledgement of the impact of social determinants of health; unbiased institutions, systems, frameworks, policies, and procedures; equity in human development, rights, and sustainability; and an abundance of well-being. In the UK, the Nursing Midwifery Council (2018) makes no specific references to social justice but alludes to it by its statutory purpose and legal responsibilities to the public. However, as Abu (2022) states ' awareness or reflection that is devoid of appropriate action is devoid of progressive change' with regards to social justice. However, significant conversations within nursing education and clinical practice tends to consider and focus on social justice for the patient. The experience of those delivering care is ignored and warrants further exploration and consideration (Thorne, 2017; Abrums et al., 2010).

1.2. Flipped classrooms

A flipped classroom, a form of experiential learning (Zhai et al., 2017) occurs where students experiences are given prominence, when the person facilitating allows for the participants to take the lead and have open discussions in a safe environment to discuss often complex, ignored, obscured or sensitive issues. The application of experiential learning is not new to nursing education or practice. At its simplest, experiential learning is utilising the lived experience in a relevant context, to enhance understanding, awareness and to bridge theory to authentic practice-based experience (Yardley et al., 2012). This approach is specifically pertinent when using flipped classroom principles to engage students to explore, reflect and discuss sensitive issues (Njie-Carr et al., 2017).

Contemporary ideas to flipped -classrooms was developed with the work of Bergmann and Sams (2012) specifically within IT education. By allowing for the majority of time in a session spent on discussions, and, or group work, Gomez-Lanier (2018) states that the evolving pedagogy behind flipped classroom allows for opportunities for students enabling them to take risks. This paper posits that it permits mistakes, and supports critical thinking time, whilst unconsciously developing collaborative skills.

With the encouragement of tutor facilitators, this change in the classroom dynamics allows for greater autonomy, leadership and

direction in learning. As Betihavas et al. (2015) expresses, flipped classrooms can be utilised as a transformative approach to student-centred learning, which facilitates innovative approaches in nursing education. In this instance, it was used to explore issues of racism and cultural 'othering' as experienced by racialised student nurses in education and practice. The intention was to facilitate safe spaces for all students who were experiencing a range of negative learning situations to voice their marginalisation issues. Habib (2017) stresses this 'safety' is specifically important for the development of future autonomous, critical thinking learners. It allowed for a student – centred approach to be taken to understand and make sense of their' 'lived experience' through considering alternative perspectives. Flipped classrooms can address the complexities of contemporary health care, whilst considering the personal professional, emotional needs of students living and working with challenges of ever-changing clinical environments. For nurse educators, this sanctions a move from a more didactic approach, to engage students as active learners, endorsing reasoning and critical thinking within a permissive learning environment (Bernard, 2015).

Within the UK, there are four fields of nursing, which are Adult, Mental Health, Children's and Learning Disabilities, through which a nursing student can achieve a degree in nursing. For this research, we utilised the flipped classroom approach with a mixed adult and mental health student group, to have an open discussion regarding racism that emerged during a communication seminar. A racialised student of Black-African heritage, expressed in class (in the presence of both authors) that a patient had shouted, "Don't you dare touch me, … (racist expletives)! Go and get me a proper nurse!". The distressed student reported it to the staff but found they did not speak to the patient about his behaviour and encouraged her just to avoid the patient, delegating another nurse to care for the patient. Instead of providing the potential answers and solutions, we re-directed the scenario to the classroom audience. We encouraged them to explore their ideas for problem-solving the issue, asking them to consider the perspectives, feelings, and emotions of all involved. They were also asked to ponder the guidance which should govern professional behaviour.

Initially responses and reactions were superficial in nature, punctuated with uncomfortable periods of silence. After some initial responses there were expressions of anger for their peer. We explored reflexively the dynamics of uncomfortable silence, shame, anger and not having prescriptive answers. There was some discussion of the idea of collective embarrassment: in that the white patient shared an ethnicity with much of the class and the students did not want themselves associated with racist behaviour. There was also a discussion of white privilege and its potential for divide and rule, within the clinical areas. A further issue raised was that of anxiety when speaking up and advocating on behalf of their racialised colleagues, the potential for impact on their practice experience, such as being labelled a troublemaker or could be scapegoated in the future.

We allowed for the silence as it allowed the student time for reflection, development, and construction of responses. Time given enabled them to share their fears, and anxieties of talking about racism and its uncomfortable sensitivities and complexities. Consequently, as more students engaged with the discussion, it provided the forum for them to speak on a subject that is normally avoided. The hour-long discussion resulted in the sharing of complex negative experiences, however, the session evaluated positively with students looking at alternative perspectives and lenses through which to deal with and challenge racism in the workplace. The power of allyship for, or from their peers was also recognised as a source of support. It provided us an impetus to provide this form of facilitative learning in specific future sessions within the curriculum.

2. Methods

2.1. Aim and objectives

Having heard the conversations during the flipped classroom, the aim of the subsequent study was to explore the 'lived experience' of first- and second-year adult and mental health student nurses emotional preparedness for racial challenges within their educational journey. The objectives of this research were to: recruit and gather data using focus groups; to systematically hear and understand the lived experience; To provide insight into the needs of these student nurses in order to face racialised challenges; To disseminate the data with the nurse education team as a way to promote overt conversations and inclusivity in nursing curricula regarding social justice and the experiences of the Black African-Caribbean student nurses.

2.2. Sampling

All Black African-Caribbean student nurses on the first- and second-year adult and mental health degree programmes were invited to take part in this study via a message that was announced on Moodle (the virtual learning environment used by the university) by the nursing support tutors. The message did not contain the names of the facilitators. The inclusion criteria included those students who self-identified as Black and, or African-Caribbean; from the first- and second-year adult and mental health student nurses; and who had experienced discrimination or racism either in University or when in clinical placement since they started the programme.

From a potential group of 35 students, 15 self-selected (of which three were international students), all of which returned the completed electronic consent form to the nursing support e-mail. The focus groups were held in private rooms at the university campus and facilitated by the authors of this paper. The workshops were scheduled to last for an hour per session, however, on average the time spent in these sessions were approximately 45 min, with 5 students in each group. All students consented to the research and audio recording, which was the method for collecting data. The students were provided with a Participant Information Sheet, to keep for further reference. All students were reminded that they could withdraw from the study at any time and that all their data would remain anonymous. The students were reimbursed for their time with £20 gift voucher.

The productiveness of the flipped classroom discussion as impetus, along with the pragmatic methodology of 'Conversations with a purpose' became the approach utilised to further explore issues of student experiences of racism.

2.3. Conversations with a purpose using focus groups

Feldman (1999) argues that the role of conversation in collaborative research is important in understanding how conversations among and between educators and students, can serve as a research methodology. He expresses that the sharing of dilemmas, experiences, knowledge, and the development of understanding occurs through 'meaning making processes' (p. 125). This exploratory qualitative "Conversations with a purpose" (CWP) methodological approach felt most appropriate in this circumstance and it was employed to explore and understand "lived experiences" of their educational journey. Such conversations were facilitated by having 3 workshops for the students to discuss and share their experiences as to what had challenged them the most since the commencement of the pre-registration nursing programme.

2.4. Ethical approval

Ethical permission to undertake a study was granted by the university's Ethics Committee. We also ensured we behaved in an ethical and compassionate way to the students who had the potential to become

distressed with some of their narrative. However, we found that this support was not needed for any student during the project. However, additional support was put in place and would have made available through our mental health team and counsellor.

As some of the students had approached us previously to share previous challenging experiences around discrimination they faced, some of the power barriers had already been dissipated. In conjunction, we felt that the conversational nature of the methodology chosen helped to reduce the potential imbalance of power that could have occurred between the researchers and the student nurses.

2.5. Data analysis

Data collated from the audio recorded group conversations with a purpose, were transcribed verbatim and analysed by both authors, using thematic analysis informed by Braun and Clarke (2012).The conversational thematic presentation and the structuring of data was informed hermeneutically by Gadamer (1976). Both claim that themes are a useful way for structuring narrative material and for constructing meaning from 'lived experiences.

Working separately and then together, the authors arrived at the themes by first, familiarising ourselves with the recordings by listening and re-listening to the audio recordings. To assist the hermeneutic understanding, we also looked at the notes we had made from the flipped classroom discussions, to connect, re-understand, and re-familiarise ourselves with the stories and descriptions from the students.

This allowed us to generate primary codes, that then showed an emerging of themes. We both regularly returned to the audio recordings and the transcriptions together, to consider how both of us may hear or read something differently, as two individuals with different personal and professional experiences.

We reviewed the emerging themes with a critical friend who was independent of the study, by asking them to read the transcripts and to highlight and to give insight into the emerging themes. Emergent themes were concurred by this critical friend for the study. We then defined and named our themes, to reflect the student voice experience. We collated the themes into a report form and disseminated them to the participants of the study, to ensure we had reflected their experiences accurately.

3. Results

The use of selected, verbatim quotations was intentional and in keeping with the underpinning conversational methodological approach of this study. Doing so acknowledged and valued the individualistic perceptions and distinctive voices of each of the 15 participants. The conversation quotations chosen were overt in their relevance, offering succinct insights into the matter of racism (Corden and Sainsbury, 2006). The core findings from this explorative study (Miller, 2019) reviewing the clinical experiences of racialised end of first Year Mental health students highlighted the following issues

Theme 1 – non parity of learning opportunity

Theme 2 - neutral ground – being invisible stay invisible

Theme 3 - Challenging authority playing the race card

For all participants **(P)** of this study, they voiced their hesitancy and inability to self-advocate when they were faced with what they perceived to be racially charged situations. For them being a racialised student had detrimental effects on their self – esteem, self-confidence resulting in students feeling inept and unable to maximise their potential within clinical or classroom learning environments.

3.1. Theme 1 - non – parity of learning opportunity

The fear of failing practice or academic assessment and consequently non – progression had the ability to silence racialised students, who felt it was "better to shut up and put up" **(P2)** with such situations rather than face the consequence of failure.

For those who tried to question perceived inequity in accessing learning opportunities:

> ""Student x [a white student] was offered interesting things to observe, or to go spoke placement whilst I was always left to do the physical observations repeatedly" …when I pointed this out one mentor said 'I had a chip on my shoulder', another said 'I was argumentative'. I stopped pointing it out. When I received my end of placement report they interpreted my quietness as non – engagement and disinterest…when you're black you can't win" **(P5).**

The sentiments and feeling of frustration aptly described by the previous participant was echoed in the recounted conversations of many other participants within this study:

> "Being male, Black of big stature was useful when male presence was needed in confrontational situations on the ward. It did not work for me when I opened my mouth, and was asking questions, I was told I was aggressive, too loud, that my communication and interpersonal skills were poor" **(P7).**

As way of navigating the system, every participant conveyed to us examples of microaggressions which had happened to them in practice.

3.2. Theme 2 - neutral ground – being invisible, stay invisible

Bringing attention to themselves was risky for them at both, personal and professional levels:

> "it was more about what they (staff) did not do that showed me what they thought; a patient (white) had been racially abusive to me all shift they put it down to his poor mental state and told me not to take it personally, however when another (Black) patient was being racially abusive to staff, it was reported as a serious threatening incident, it was brought up in the handover for days. He (the patient) was even told that if it he did not stop, he would be put in seclusion. I questioned the difference in response, I was made to feel I was a trouble causer. I noticed a change in staff behaviour ... avoided as if I was invisible."
>
> **(P10)**

To avoid being noticed student reported strategies that worked for them in the classroom:

> "We knew when we all sat together everything, we did get noticed ... we would be accused of talking and laughing and been disruptive … so once we realised what was happening with some teachers in those classes, we sat separate from each other just to avoid been picked on" **(P7)**

> "it was the walking on the tightrope all day at work and then again in Uni that made me feel it was not worth it … not willing to live with this sense of dread … tried hard to stay in the background to stay invisible but when I see injustice, I have to say something but I learnt it's better to stay invisible, say nothing, stay neutral if I want the chance to qualify"
>
> **(P13)**

3.3. Theme 3 - challenging authority, playing the race card

Being "accused" of challenging authority and labelled as having a "chip on one's shoulder" was an experience faced by nearly all of this participant group. Such situation and labels resulted in them feeling less trusting in the fairness of the systems that they were learning and practicing within. For some social withdrawal and isolation were strategies used to protect self and reputation in-order to navigate what they attributed to racial discriminatory behaviour.

> "When I was questioning things, I was observing in practice, I was told I was challenging and confrontational, however when my peer [white] would ask questions, she was commended for been inquiring, enthusiastic and keen to learn ...in the end I would ask her to ask questions on my behalf it became a win-win situation I learnt what I needed to learn she was commended … I did point it out about the difference in treatment, I was told I was too sensitive"
>
> **(P12)**

This erosion of self -confidence continued as pointed out by the following participant **(P11)**

> **"**I thought I was being studious asking about things I did not fully understand, I was wrong … it was seen as me not wanting to co-operate with leadership, they said it was obstructive and when I asked why it was obstructive, they accused me of doing it more … I lost confidence in asking … I gave up. What is the point?"
>
> **(P11)**

For some students, they embraced the challenge, however, for the Black African - Caribbean student, it led to more scrutiny, resulting in further isolation and increased micro-aggression.

> "I admit it I did challenge my mentor... what she was doing was blatantly unfair…I was accused of playing the race card…even the other students noticed, but then for the rest of my time I was scrutinised and undermined in everything that I did" **(P3)**

Whether at university or placement, for some of the students who had to try put in extra effort to show they wanted to learn, having to regularly self-advocate against microaggressions, or resorting to reporting concerns regarding discriminatory behaviours, felt that they were dismissed at best, met with brick walls or the tables were turned against them, at worse. For them one of the most incredulous hurtful accusations levelled at them was when told they were "playing the race card": it was the denigration of their concerns which were perceived to be irrelevant or unwarranted that did for some student's irreversible damage to their self-esteem and trust in the nursing contexts that they were learning and practicing within.

4. Discussion

As researchers, we had set out to explore the 'lived experience' of first- and second-year adult and mental health student nurses' emotional preparedness for racial challenges within their educational journey.

The three core themes served to highlight the silences, sensitivities and complexities surrounding the issues of bias and racism as experienced by Black African-Caribbean nursing students. As Serrant-Green (2011) expresses, such silences reflect those unspoken and unshared facets of how some groups' beliefs, values and experiences of (or about) others affect their health and life opportunities. For these students this was their reality of negotiating university and clinical placements.

The theme of non-parity of learning opportunity was a painful narrative to hear, as for many of these students, failing the programme had consequences beyond achieving their qualification. For example, for the international students, the cost of fees to them and their families meant the students felt a greater onus and responsibility to be successful. Hence their willingness to be silent and be silenced, rather than challenge and risk failure.

The second theme of being invisible appeared to be a strategy adopted by these students, so as not to be seen, to be disrupting the 'status quo'. This again inhibited the student' willingness to be critically observant, and resulted in them, at best, staying neutral and at worst, wanting to be invisible. As one participant (P12) emphasised, bringing attention to a racialised imbalance of response to a learning opportunity consequently resulted in the student being labelled a troublemaker and being avoided by staff. Challenging authority and the accusations of playing the 'race card' (Theme 3) resulted in the use of coping mechanisms of social withdrawal and isolation to protect self, dignity and reputation. Thorne (2020) describes such scenarios as sustaining microaggressions which undermine and make overt staff unwillingness to deal effectively with issues surrounding racialised behaviours. For these students, such experiences added to their narrative around failure, impacting on their confidence both personally, and professionally.

4.1. Student-centred considerations

The ideas around the flipped classroom focussed on student-centred learning. This approach could be considered to be one of the ways in which the non-parity of learning opportunity considered in the findings could be addressed. This approach can give permission for all to verbalise and reconsider complex sensitive issues related to racism. In our experience, we found that the impact of uncomfortable and emotional conversations in safe spaces is effective in promoting reflection. McKinney (2013) and Bell (2003) express that teaching students to analyse stories and discuss contrasting lenses of the world that students occupy can pave the way for more reflective discussions of the conflicts and existing tensions in any group, community, or society. As a result of such conversations the students identified that a shift needed to take place moving on from awareness to proactive action when it came to matters of discriminatory behaviour within nursing educational and practice environments.

Utilising Feldman (1999) methodology of 'Conversations with a purpose' suggest that conversations of difficult and sensitive subjects can play a significant role in the formation and sustainability of positive collective thinking and action in groups that have a commitment to sharing nuanced and diverse conversation. Such conversations can promote the generation of new knowledge and comprehension of previously unchartered territories.

In the scenario we found that the students moved themselves from a more neutral, invisible, passive learners to actively thinking about and empowered to persons, to discuss potential pragmatic solutions to overtly complex situations, even if it made them uncomfortable. For example, it brought conversations about the anxieties of challenging authority and witnessing fellow students and staff being accused of playing the race card. Carter and Murphy (2015) argue, in discussions around racism, that this is an important shift to make as it reduces defensiveness and promotes group cohesion, allyship and understanding. For us, it gave us ultimate teaching satisfaction, in that our patience, in dealing with the uncomfortable silences, paid off and we witnessed improved confidence in the students in that, and in subsequent sessions.

The outcome of exploring such complex emotive experiences has brought about the development of student support forums. These forums have involved setting up timetabled sessions (3 times a year: beginning, mid and end of term) to bring together students who are: Racialised, LGBTQiA, 1st generation students, Male students, and those with disabilities (both seen or hidden) from across all levels of study to discuss and explore issues pertinent to them, which have the capacity to impact negatively on their progression. The aim of these forums is to provide opportunity for peer-support, and to talk about their discriminatory experiences in a safe space. They are facilitated by educators and alumni. For educators, the intention is to listen and consider experiences of students to improve our support of students who may be having a less than satisfactory experience of their nursing journey. As expressed by Brooman et al. (2015) hearing the student voice is imperative as it potentiates opportunities for students to become involved and have greater control over the learning process. To ignore the importance of listening to student voices is to create a facade of equality that can result in student disillusionment (McLeod, 2011), erosion of autonomy, and loss of critical thinking ability, which is an imperative if racialised students are to be successful and included within the professional culture of nursing.

The use of flipped classrooms as one way of teaching has been encouraged within the wider team, especially to facilitate transparent

discussion about highly emotive and sensitive topics. The uptake of colleagues showing interest in this mode of delivery has permitted a sustainable approach within our curriculum to address difficult conversations and complex issues faced by our students. Overall, it is felt that the need is to empower the students, so they are not compelled into silence, which is central to their learning.

4.2. Educator considerations

Each of us operates from within our own socialised, societal, and political contexts. In all societies, attribution biases of racialised identities persist. The social construction of difference, which includes discussions regarding racialised populations are often constructed by those in power, which ignores intersectional personal experiences of people, groups, and societies. Nurse educators are no different. As in practice, for those nurses in Higher Education, management is stratified along ethnic lines, with local and national leadership being predominantly white.

The design of our curriculum already has many student-facing measures, such as Unconscious Bias training, Student Support Forums, safe online discussion spaces, that promote social justice, equity, and equality, but this is not replicated in terms of the academic staff. The participation in the experiences described above have made us realise that nurse educators also need the space to discuss, support, deal with and analyse social justice issues, racism and other experiences of discrimination that leave some of some of our staff and students feeling marginalised. This is imperative if we are intent on achieving equitable experiences. To mimic student experience, plans are in place now to work with all academic staff to undergo Unconscious Bias and Ethnocentricity pre-registration programme. These sessions serve as a foundation of becoming self-aware of our innate biases, the normalisation of white or hetero normativity, that if gone unchecked can fundamentally influence behaviour that does not advantage recipients of education and care. These sessions will not be a stand-alone exercise but an embedded, on-going journey of self-awareness and development for all staff within our department.

We have started moving forward, with the support of senior leadership within our faculty and department, in several ways. There was an acceleration of universities in the United Kingdom engaging in decolonising projects and we, the authors, intend to ensure it does not just turn into a 'tick-box' short term project. We are in the process of adapting a decolonisation toolkit (developed within our faculty) to start, among others, the process of interrogating positive and negative representations of 'otherness' across our range of our nursing programmes. These conversations allows for an openness in discussions that have been known to make people anxious. The commitment from the university in the decolonising project puts the subject of racism and discrimination in the spotlight. This has helped us to keep the momentum of the subject going beyond the usual enthusiasm of new projects. We are also in the process of developing an educator facing Unconscious Bias self-awareness programme, similarly, to initiate and start conversations that allow for the colleagues who may be anxious to talk or negotiate the subject in class, a space to talk about it within the team.

On another level, the subject of equality, diversity, and inclusivity (EDI) is now on the agenda in our monthly departmental meetings. Discussions around white or heteronormativity in our teaching approaches is less silencing or upsetting. The defensiveness to talk about inequality and racism is less acute compared to earlier forays into this discussion. Both authors hold senior positions within the department that allow for ideas, projects, or the perpetuation of subjects around EDI. We have found that the impact of this has been multi-level. Some simple examples are the way positive use of a range of ethnic communities in everyday scenarios, Sign Language and Makaton being taught in the first-year communication unit or the inclusion of skin-tone diversity within the pressure ulcer identification being taught in clinical skills.

4.3. Plans with practice environments

The way in which we have moved forward to disseminate our findings is to share this information with our practice colleagues. We have contacted some Practice Education Facilitators and colleagues involved with Equality, Diversity and Inclusion at the National Health Service Trusts within which we send our students for their practice experience. Discussions around mutually beneficial projects, such as delivery of Unconscious Bias pre-registration programme as a starting point are being planned. At present this has been hampered by the efforts of the pandemic at present, but we intend to regain some momentum in the following year, in a collaboration project to make staff aware of the students' experiences.

5. Conclusion

This article combined the initial experience of a discussion of racism within a flipped classroom environment and a subsequent research study that emerged from conversations with our students from Black African-Caribbean backgrounds. Despite nursing, as a profession, which has a history of successful social and political reform, challenging social norms and in reframing dominant and oppressive discourses but missing from this is the experience of students who stand to be marginalised from the circumstance of being from a racialised background. It is imperative that universities and practice placements not just become aware but have on-going pre-registration programme so they can adopt a more equitable, social justice lens to reshape the way the marginalised experiences of racialised students are not ignored, maligned, or silenced.

The utilisation of the flipped classroom, especially around sensitive subjects requires courage and the belief in nurse educators, who have a role in facilitating discussions and in tackling all forms of discriminatory behaviours. These discussions would require the educators from academia, to share power, in as much that they do not have to have an answer but be willing to acknowledge the limitations of their own societal and professional understanding. Perhaps the witnessing of such learning attitudes by nurse academics could also influence the way all students develop critical ideas, behaviours and methods in dealing with incidences of racial discrimination, and microaggressions in all learning environments, without defensiveness, and through allyship of their peers.

> "Not everything that is faced can be changed, but nothing can be changed until it is faced"
>
> - James Baldwin

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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