Optimising the activities and the products of academic and student collaborative networks to achieve equality, diversity and inclusion goals in higher education

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Abstract

The student and staff experience within Middlesex University (MDX) is of paramount importance to all teaching and learning staff in the Adult, Child and Mental Health Nursing and Midwifery Department. Students are predominantly black and minority ethnic (BME) and also culturally and linguistically diverse, speaking as many as four languages in addition to the mother tongue. Student expectations and anxiety are centred on the experiences of the existing partnership and learning relationships that they have with BME lecturers. The purpose of this article is to present a case study of the lived experiences of BME staff and students when formulating networks; it is authored by students and lecturers from the ‘Healthcare Academics Race Equality, Diversity and Inclusivity Network and Strategic Advisory Group’ (HAREDIN and SAG) and the student mirror network, ‘Student Healthcare Academics Race Equality, Diversity and Inclusivity Network’ (SHAREDIN).

Introduction and background

The aim of this paper is to present a case study of the development of the Healthcare Academics Race Equality, Diversity and Inclusivity Network and Strategic Advisory Group (HAREDIN and SAG) and the student mirror network, Student Healthcare Academics Race Equality, Diversity and Inclusivity Network (SHAREDIN). The case study will reveal the innovative work of students and staff transitioning into change agents; it will also present staff and student partnership work and share their experiences of pioneering and effective learning through role modelling and goal setting. It will reveal the positive impact on staff and student experience at Middlesex University (MDX) in the Department of Nursing and Midwifery. As part of our objectives, this paper will support and disseminate related knowledge about good practice in building race equality, diversity and inclusivity networks in nursing education, as well as reveal how such work can feed into other local structures, the institution and its faculties and also other higher education (HE) organisations nationally and globally. This paper has been co-authored by the chairs of HAREDIN, the student chairs of SHAREDIN and the expert external adviser to the network in ethnicity and health.

The student and staff experience within MDX is of paramount importance to all our teaching and learning staff in the Nursing and Midwifery Department. In 2018, the MDX adult student nurse intake was at 81%, after a gradual increase from 64% in September 2014. The chair of HAREDIN carried out a small quantitative study into the writing capabilities of ethnically diverse students on the BSc Nursing Degree Programme. The findings not only indicated a lack of cultural congruence in meeting the expectations of nursing students; they also revealed that students of nursing were culturally and linguistically very diverse, speaking three or four languages and accessing education through a western paradigm of learning (Itua et al., 2014) It was noticeable from the descriptive data of the study that students’ expectations and anxiety mostly concerned their experiences of the existing partnership and
their learning relationships with lecturers in, for example, acquiring the skills for writing at an academic level and surviving their student-to-registered-nurse journey (Claridge et al., 2018). The Race Relations (Amendment) Act 2000 (RRAA) requires universities to take action to promote race equality. Our work was necessary on both moral and legal grounds, as mandated by the Equality Act (2010); this latter offers protection from discrimination relating to eleven characteristics, including race, religion/belief and gender. According to the work of the Workforce Race Equality Standard (WRES, 2018), race is, in the National Health Service (NHS), the most reported protected characteristic suffering adverse discrimination.

BME nursing students reported experiences of perceived racism and discrimination to their BME lecturers within the nursing department. BME students felt their expectations had not been met in their final degree classification or in their student journey: they had fared less well than their white counterparts. The national attainment gap shows the biggest difference in relation to ethnicity and is at its lowest proportion for BME students (Advance HE, 2015/16). Students in their final year in 2018 wanted a voice in the awards process, as those who received recognition were not visibly representative of the largely BME nursing cohort. Nurse academics with a solution to this problem brought the matter to the attention of the head of department, suggesting that a forum should be created, involving nursing lecturers from BME backgrounds, as a means of supporting pre-registration BME nursing students by first examining the issues they face. A staff network was established, followed by a mirror network for students so that they could work and engage with lecturers about their concerns. Membership of both groups rapidly expanded and a third network, for alumni, was set up. Network membership reflects commitment to and interest in race equality, diversity and inclusivity for both staff and students.

Since the students had reported perceived racism, it was impossible to move forward in addressing the issues without also understanding how discrimination occurs in nursing and HE (WRES, 2018; Arday and Mirza, 2018). In their meetings, BME lecturers emphasised that points of focus should include their lived experiences of discrimination, which had had adverse impact upon their own student journeys to becoming registered nurses. This staff network developed its activities following feedback from members and external experts in equality, diversity and inclusivity (EDI). The student mirror network is now a society formally recognised by Middlesex University Student Union (MDXSU) and both networks recently received staff awards for 'Excellence in Equality Diversity and Inclusion' and have been involved in talks as part of the Middlesex Anti-Racism Network and the #BlackLivesMatter movement, working towards the Race Equality Charter (REC, 2012).

**Mutual desire for social justice**

The chair of the HAREDIN is a core member of the Chief Nursing Officer’s BME strategic advisory group (SAG) and the knowledge gained from participation within this nursing network helped to show how a network could benefit academic healthcare staff and students in HE. As mentioned, students in the adult cohort felt able to express their concerns about incidences of perceived racism, but only to those lecturers whom they regarded as approachable, culturally congruent and compassionate, viz. ‘woke’ or aware of social injustices and, especially, of racism (Cherry-McDaniel, 2017; Caldera, 2018). They certainly wanted a voice in the awards process, for they had noticed that the recipients of awards were predominantly white and therefore unrepresentative of the largely BME nursing cohort. The Office for Students (2019) identified the chance of BME students’ being awarded a first-
class degree classification as thirteen per cent lower nationally than that of white students. Consequently, the matter was broached with the department’s Head of Nursing as a clear case for discussion by the lecturers who attended the ceremony.

During the period from November 2018 to February 2019, invitations were on several occasions sent out, across the adult, child, midwifery and mental health nursing departments, to invite all lecturers to attend these meetings. The aim and focus of the forums were – and continue to be – total inclusion, with every participant committed to this initiative and welcoming of it, especially because – as nurses and guided by the Nursing and Midwifery Code (NMC 2018) – everyone should be treated equally. The chairs of HAREDIN and members experienced and reported micro-aggressions, misconceptions and uninformed snap judgements about the purpose of the forums. Such reactions from non-BME academics came as no surprise to BME lecturers, already familiar with experiences of this nature (Berry and Loke, 2011). Nevertheless, attendees of the meetings certainly considered these comments racist and quite distressing, as they did the dissemination of negative ideas from within the department (for example, suggestions that the purpose of the forums was to accuse white lecturers of being racist) and such condemnatory labels for the networks as ‘cult’ or ‘sect’. Despite this unhelpful opposition, the forums quickly evolved into networks and remained inclusive; as a result, we have largely BME nursing lecturers from the Adult, Child, Mental Health and Midwifery Departments. The terms of reference for the academic network were drawn up; they generated some constructive feedback from heads of department that were critical of the focus and action. Network members further scrutinised the aims and objectives and the chairs of HAREDIN consulted experts in ethnicity and race in HE nationally, as well as in nursing. The chairs of HAREDIN and members of the network undertook much administrative work and also travelled to events in universities that demonstrated best practice in running race equality networks and had experience of managing discrimination and racism within their own organisations (we knew of no such formal strategy at MDX). The HAREDIN and SHAREDIN chairs also worked in collaboration with other organisations and the networks evolved from forums into fully-fledged networks with strategic approaches to raising awareness of race equality and diversity and establishing inclusivity, both in healthcare and HE generally.

Creating a culturally safe environment

Given the above reports of perceived racism, it was impossible to move forward in addressing the issues of BME student experiences without also understanding how discrimination occurs in Nursing and HE (WRES, 2018; Arday and Mirza, 2018). In the following, bimonthly, meetings, attending lecturers emphasised the importance of a focus on their prior and existing experiences of discrimination. An exploration of current literature gave shape and form to this initiative. There was also networking within the University to reach out to other departments.

Academic lecturers who are BME have journeyed along the same pathway as nursing students and have had, working in the NHS, similar experiences of racism and discrimination (Coghill 2017). These experiences are replicated in HE (Bhopal 2016) and do adversely affect the experience of students, who look up to their lecturers as professional role models and rely on them for support and guidance (Maylor, 2009; Arday, 2018). There is a continuing need for us to provide safe psychological spaces in our meetings to reduce the effects of ‘weathering’, both on BME students and on nursing academics (Hackett et al.,
2020; WRES, 2018). Meetings are open, through invitation from the group, to those wishing to attend on a six-monthly basis. Existing networks in MDX, led by the chairs of HAREDIN and SHAREDIN, support the challenge to create the conditions for current and future BME registered academic nurses, student nurses and alumni to thrive in their work and improve patient care, not just survive. The Reducing Pre-registration Attrition and Improving Retention Report, (RePair) (2018) stated that there should be a commitment to developing a culture of belonging in health education institutions (HEIs) in order to reduce the attrition of students on the nursing degree programme. Though one aim of the networks at MDX is to encourage this and understand the views on sustaining it in the NHS, it is just as important for students and staff across the University and for the work moving forward on the Race Equality Charter (REC) in HE.

Network activities

In line with the Advance HE Equality Challenge Unit (ECU) and the REC, lecturers affiliated with the academic network have demonstrated an interest in and commitment to race equality, diversity and inclusivity. The work of the network was from the start intended to inspire and motivate change across the University, through the agency of those who attended the meetings. The NHS ‘Long Term Plan’, (2019) emphasises respect, equality and diversity at the heart of cultural change within the NHS. The Workforce Race Equality Standard Implementation Plan (WRES 2018), identified the need for more staff from BME backgrounds to take senior positions in the NHS and nursing (Coghill, 2017), something also true of HE (Bhopal, 2016). BME nurse lecturers who have trained and registered as nurses on the Nursing and Midwifery register (NMC) are also likely to have experienced, within HE, discrimination in terms of representation, progression and their success (Rollock, 2013; Bhopal, Arday and Mirza, 2018).

A leader was selected by students to lead and chair SHAREDIN as a small student network; some first-, second- and third-year students attended an initial meeting. Further meetings followed. The chairs of SHAREDIN were able to join the HAREDIN network meetings, where they had a slot in the agenda, to present their experiences and ideas. The challenge for HAREDIN was to support the SHAREDIN chairs and existing members to run regular meetings. This was organised through email and regular WhatsApp communication. Membership of SHAREDIN now includes those on the trainee nursing associate programme and is being expanded more widely by invitation. We have been at pains to establish regular meetings, participant communication by email and WhatsApp and, importantly, general support and leadership development. This last has implications for succession planning, too.

We have encouraged all BME students to attend relevant events around the country and meet inspiring role models in this, their chosen profession. Such events have been supported by the Chief Nursing Officer (CNO) and BME SAG members, as well as NHS England and Zenith Global, for many of our students and alumni are from parts of Africa and are interested in work outside the UK when they graduate.

We have encouraged applications for leadership development opportunities and submissions for awards from outside the University. Subsequently, for the very first time, BME lecturers have been actively involved in supporting nominations for BME students for the Nursing Times Student Awards. The CNO’s ‘Diversity Award’ was given to one of the MDX students in 2019 and another of the students was a runner-up, (five students in all had
been nominated by HAREDIN); at the CNO BME SAG conference in Bristol in 2019, each student was mentioned by name by the current CNO, Ruth May, as likely future CNOs; our alumni students attended this event with us. The students in SHAREDIN have been involved in applying to the Council of Deans Student Leadership programme and two students have successfully embarked upon it.

Our work to support our HAREDIN academics had early success in the ‘Ghana Project’: in 2019, one of the lecturers volunteered to deliver ten days of teaching at the Pendang College of Nursing in Accra, while an alumna nurse member of the network assisted and facilitated the connections. Both revealed they had done this out of admiration for the teaching at MDX when they were on their undergraduate study. The lecturer was nominated for and won the Zenith Global awards in 2019. Now, one of the academics, together with other clinical colleagues and alumni students, has begun a network to support the work of Somali midwives and nurses.

In 2020, the HAREDIN and SAG were nominated and shortlisted for the Staff One Middlesex Awards; they won the award for Excellence in Equality, Diversity and Inclusion in March 2020, when the whole country entered a lockdown period. During this time, the academic chairs identified the need for the ‘Woke and Spoke Café’. At a time of individual isolation, with little or no access to psychological support, BME students are particularly vulnerable and often unable to deal with experiences that trouble them; what the University offers, with its one-size-fits-all approach to psychological wellbeing, lacks intercultural dimensions (Jobes, 2019). Before COVID-19, the BME academics, aware that the BME students related better to them (as they came from similar backgrounds and better understood the stigma associated with their circumstances), had been planning a physical, on-campus, ‘safe psychological space’ with refreshments and an environment conducive to opening up and talking. The network chairs and members, already supporting students via Zoom meetings, piloted the ‘Woke and Spoke’ online café, with academics available for drop-in sessions. The initiative had the backing of the Executive Dean and the Deputy Vice Chancellor.

The HAREDIN and SHAREDIN meetings were run online in Zoom, thus providing that all-important safe psychological space for students and academics to share their experiences and feelings, free from discrimination. The Woke and Spoke Café meetings continued to run online on a weekly basis to support the chairs of the networks and also to support the students, academic staff and alumni. In one meeting, many students shared experiences of placement, learning and community life. Some students and alumni became ill with COVID-19, but the Woke and Spoke Café enjoyed universal popularity. Since online webinars were, at the same time, being run by the Nigerian Nurses Society, NHS England and by the CNO BME SAG, many members of the SHAREDIN Network were invited and encouraged to attend and those who participated found the opportunity helpful and inspiring during very difficult and dark times.

George Floyd died on May 25th 2020, sparking the Black Lives Matter protests and movement. The effects of his death so distressed our BME students, alumni and lecturers that they discussed their experiences of racism and discrimination more openly than ever before. The University Vice Chancellor (VC) made a declaration of support and a statement of intent. The chairs of SHAREDIN presented on the Black Lives Matter Forum, appealing for change and an increase in the involvement of BME lecturers to support the student journey. After this, HAREDIN invited the VC and executive team to tackle racism, requesting
commitment to the REC. As a result, meetings were held at which the Middlesex Anti-Racism Network (MDX-ARN) was formulated. Discussions with the VC are taking place, concerning reverse mentoring to bring about tangible change and improvements towards race equality, diversity and inclusion within the University and in work towards the REC.

The Middlesex student union (MDXSU) formally recognised SHAREDIN as a new group and students entered training for various roles in the union. An ‘Empowerment to Greatness’ series of evening talks was organised weekly in the October 2020 Black History Month and run online by HAREDIN and SHAREDIN at MDX. The talks were designed to support the aspirations of students, alumni and staff. The events and recordings were extremely popular among the learning community and collaborative partners who also joined; this was possible with the support of MDXSU, with the VC in attendance. The speakers were dames and professors whom the Queen had honoured with the MBE and OBE; they were also black leaders with the ability to inspire both BME and non-BME attendees, thus building a climate of cultural safety and inclusion in the online discussions that took place after the talks were delivered.

Reflections and future work

The next steps of this work require funding and support from departmental leaders for further research into 1) understanding and underpinning BME student and staff journeys in healthcare and education and, more importantly, 2) how most professions nationally experience similar issues of racism and discrimination. This work also emphasises that BME academic staff and student experiences are real, not fallacious. Prevention strategies are needed to improve BME experiences and reduce inequalities; this should be an essential contribution to the work that involves Health Education England and the Council of Deans in changing the culture initiative relating to discrimination and racism in the NHS. The networks are changing the support to BME nurses in HE and they have now established a firm foundation for future ethnic minorities wishing to study at MDX. We should celebrate the fact that the idea of a few has turned into a network of many, based on the mutually experienced struggles of being BME students and academics at MDX.

Reference list


Case studies


Coghill, Y. (2017) 'Increase in number of senior BME nurses and midwives is great news.' *Nursing Standard*, 31(37), 30. doi: 10.7748/ns.31.37.30.s27


