

Universities and industry stakeholders must collaborate to address racism faced by healthcare students

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Implications for practice and research

- Further research on how non-racial behaviours conceal, normalise and manifest healthcare-related racism in academic and clinical contexts is imperative.
- Academic and healthcare institutions must support the development of strategic racial frameworks to better integrate, retain and develop Black, Asian and Minority Ethnic (BME) students and employees.

Context

Healthcare education is essential for ensuring patient safety and delivering high-quality care.¹ Regrettably, racism can be pervasive in this sector.² Racial bias can manifest, for instance, in the under-representation of racial and ethnic minorities in student demographics, faculty and course curricula. Consequently, these can negatively impact care for patients of colour by causing longer latency, lower-quality care and less preventive interventions.³ Pryce-Miller *et al* contend that for healthcare organisations and academia to effectively address this problem, they must collaborate to combat racism, identify inequality and establish strategic partnerships to foster racially diverse and inclusive workplaces.²

Methods

A hermeneutic phenomenological design was employed to explore the subjective experience of BME students in the practise setting while pursuing healthcare-related degrees at a single university in England.² The various race-based experiences of BME students in clinical practise and education were investigated through focus groups and one-on-one interviews.² Purposive sampling was used to select 16 participants, most of whom were female and older students with academic degrees ranging from undergraduate to doctorate.² A thematic analytical method was used to evaluate the data, and the research team was composed of women with a variety of backgrounds in research and teaching as well as varied racial and cultural backgrounds. These divergent perspectives encouraged fruitful discussion about addressing racial bias.²

Findings

Three overarching themes emerged:

1. Sense of not belonging.
2. Impact of trauma on mental health.
3. Recognition of overt and covert racism.

The lack of belonging highlights the need for more proactive organisational approaches towards race-based thematic as lack of awareness is directly linked to decrease in retention and success of this cohort of

students.² Racial microaggressions can have a significant negative impact on students' psychological health, eliciting trauma and leading students to abandon the field.² Unawareness of racial bias encourages even more systemic inequality.² Hence, these must be addressed to foster a healthy environment offering equal opportunities.

Commentary

Historically, racial bias has not been presented as a problem in the realm of healthcare-based education as supported by systematic colourblind policies. Gillborn argues that colour blindness is a failure to address racial disparity, leading to racism evasion and microaggressions.⁴ Indeed, although the National Health Service (NHS) has one of the most ethnically diversified workforces in the public sector, racial disparities persist.⁵ Barriers influencing BME include under-representation at senior levels, workplace discrimination and perceived unequal opportunities for development, as stipulated by Pryce-Miller *et al*.² Systemic racism in medical education and healthcare must be eradicated, and organisations must be courageous in taking bold initiatives. Fighting for justice in healthcare is a social and ethical duty, so that even the most underprivileged groups will no longer be denied the comprehensive, high-quality care they deserve.⁶ This can only be achieved by addressing the impact of white prevalence in the existing educational and clinical practices. Indeed, there is no potential for more practical actions if racism is not acknowledged.^{2,6} Pryce-Miller *et al* suggest greater collaboration between healthcare and educational institutions and BME representatives as crucial for establishing a stronger racial framework,² and emphasising transformative leadership will promote openness and purposeful investment in human capital.⁶ To mitigate the mental burnout that these inequalities cause, the authors advocate greater accountability for these at individual organisational level.² The consequences of institutional racism and its ethical ramifications for healthcare cannot be disregarded at a time when the NHS is constantly facing difficulties with employee retention and recruitment. Consequently, as supported by Pryce-Miller *et al*, research on how healthcare-related racism manifests, normalises and is masked by non-racial behaviours must expand, while greater awareness can be fostered by investing in the education of current leaders in both academia and healthcare settings.²

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