



Research article

'Only for the white'. A qualitative exploration of the lived experiences of Black, Asian and Minority Ethnic midwifery students

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ABSTRACT

Background: An ethnically diverse workforce has been identified as a key component of safe, compassionate maternity care, and yet midwifery remains a predominantly White profession across the Global North. Understanding the experiences of Black, Asian and Minority Ethnic midwifery students is key to addressing this disparity.

Objective: To capture the university and placement experiences of Black, Asian and Minority Ethnic midwifery students in a culturally White environment.

Methods: A qualitative approach underpinned by a feminist, inductive, interpretivist paradigm informed a study undertaken with student midwives studying at three separate universities in South East England. Five virtual focus groups and two semi-structured interviews were conducted with thirteen current student midwives and one preceptee (recently graduated) midwife self-identifying as Black, Asian or Minority Ethnic. Analysis was inductive, data-driven and thematic. Standards for Reporting Qualitative Research recommendations have been used to formulate this report.

Findings: Although some participants reported positive experiences and felt well-supported, an overarching narrative emerged of midwifery as an exclusive and White profession. Institutionalised Whiteness was experienced in university, in placement and within individual student cohorts. Four themes were identified: 'being an outsider', 'prejudice, discrimination and racism', 'nowhere to turn' and 'positive forces'.

Conclusions: Racist and discriminatory beliefs and practices in some midwifery education and placement settings negatively impact student experience and are likely to result in poorer care being provided to Global Ethnic Majority women and families. An unwillingness among some White educators and students to recognise the presence and impact of inequitable and racist environments, and a lack of clear, acceptable, and effective pathways for students to use to raise and discuss concerns, makes it difficult to challenge and change this injustice.

1. Introduction

Women from Black, Asian and Minority Ethnic backgrounds are significantly more likely to die in childbirth in the Global North than their White peers (Knight et al., 2020; World Health Organisation Regional Office for Europe, 2017; Wren Serbin and Donnelly, 2016). The reasons behind this disparity are poorly understood, but it is increasingly internationally recognised that a lack of cultural and ethnic representation in the midwifery workforce is likely to hamper the ability to provide safe, culturally competent care (Birthrights, 2022; Wren Serbin and Donnelly, 2016). At present the vast majority of midwives in the Global North are White, and students from Black, Asian and Minority

Ethnic backgrounds are underrepresented in many student midwifery cohorts (Almanza et al., 2019; NMC, 2022). Evidence from countries such as the United States (US) and the United Kingdom (UK) suggests that the racism experienced by the midwifery and other students of colour who do enrol on programmes prevents some from completing their studies (Efland et al., 2020; Universities UK and National Union of Students, 2019; Wren Serbin and Donnelly, 2016). To create a diverse midwifery workforce to represent and address the needs of the whole population it serves, it is crucial that this situation is addressed, and that increasing numbers of Black, Asian and Minority Ethnic (sometimes known as BAME) students are attracted to study and practice midwifery. As little is currently known about the impact of race on Black, Asian and

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Minority Ethnic midwifery student experiences in university and in placement in culturally White settings, we set out to address this gap in the literature.

We prefer to use the term Global Ethnic Majority to describe non-White groups. However, Black, Asian and Minority Ethnic was the accepted term when we conducted our research and was used in our research literature. We have therefore kept it to ensure accuracy of reporting.

2. Background

Despite increasing diversity, the Global North remains a predominantly White environment. White in this sense refers to a historical process in which the culture, beliefs and identities of white-skinned groups dominate and operate as an accepted norm. Non-White is seen and experienced as different, lesser, or abnormal ([National Museum of African American History and Culture, n.d.](#)) Institutionalised racism - bias and discrimination enabled and supported by policies and processes, which strengthens and perpetuates the power base of the dominant (White, male) culture ([Ash et al., 2020](#); [Eddo-Lodge, 2018](#)) is a product of Whiteness that is endemic in many higher education settings across the region ([Bhambra et al., 2018](#)). Its known consequences include racial harassment, which is reported to be widespread and not dealt with appropriately or effectively ([Ash et al., 2020](#); [Universities UK, 2020](#)); and attainment gaps (see for example [Advance HE, 2021](#); [Schellekens et al., 2022](#)).

It is recognised that White values and assumptions are deeply embedded within midwifery codes of practice internationally (see, for example, [Cox \(2022\)](#) which discusses the issue from an Australian perspective), and that, in a number of countries, midwifery students from Global Ethnic Majority backgrounds encounter institutionalised racism in both their educational and placement settings ([Effland et al., 2020](#); [Pendleton et al., 2022](#)). Institutionalised racism in UK maternity care settings is said to have reached 'toxic' levels ([Birthrights, 2022](#)), and biased and racist attitudes and assumptions in maternity environments have been linked to the increased likelihood of women from Global Ethnic Majority backgrounds dying in childbirth both in the US and the UK ([Birthrights, 2022](#); [Wren Serbin and Donnelly, 2016](#)).

Midwifery students have reported that institutionalised racism in their education settings is compounded by a discomfort, and in some cases a refusal on the part of their tutors and practice supervisors, to discuss or 'see' race as an issue which impacts Black, Asian and Minority Ethnic midwifery students' lives ([Burnett, 2021](#)). The reported disbelief, dismissal and isolation experienced by student midwives who have reported racial abuse in the UK has led to some publicly accusing nursing and midwifery educators of 'standing on the sidelines' and failing to acknowledge or challenge underlying and overt racism on their programmes ([Burnett et al., 2020 p.1](#)).

Internationally, research into the experiences of midwifery students from Global Ethnic Majority backgrounds is currently limited. A literature review of US research found three studies exploring midwifery education, collectively comprising 46 maternity care providers and service users (none of whom are identified as current students). Participants spoke of institutional and overt racism, feeling alone and needing to feel nurtured ([Wren Serbin and Donnelly, 2016](#)).

In the UK, student midwife Aimee Cecile conducted qualitative interviews with five Black, Asian and Minority Ethnic student midwives at one university ([Pendleton et al., 2022](#)). Participants felt underrepresented and conspicuous within their cohorts and drew attention to the invisibility of black and brown bodies and cultures within their curriculum. Racism and harassment were mostly experienced and witnessed in placement, where participants found it difficult to challenge as they wanted to 'fit in' and succeed. Perhaps unsurprisingly, students gravitated towards the few midwives and educators they encountered from similar cultural backgrounds, who provided a refuge as well as being role models.

There is a need for the voices of student midwives from Global Ethnic Majority backgrounds to be further amplified by research, which can then inform strategies to create an inclusive and safe educational environment capable of producing a midwifery workforce that meets the needs of all birthing people, both in the UK and further afield.

2.1. Objectives

We aimed to answer the research question 'how does race impact the university and placement experiences of midwifery students from Black, Asian and Minority Ethnic backgrounds?' by using qualitative research, which facilitates nuanced exploration of lived experiences. Our objectives were to encourage participants to describe any ways in which they perceived that their race impacted on their experiences in university and in placement, to identify and connect themes across their accounts, and to present our findings to contribute to an emerging and ongoing debate around diversifying midwifery.

3. Methods

3.1. Design

A feminist, inductive, interpretivist paradigm was employed to inform the qualitative approach. Feminist researchers acknowledge and consider how experience is shaped by intersections of environment, gender, and race; their approach is thus uniquely suited to the current purpose ([Simms and Stawarska, 2013](#)). Interpretivism was chosen as it allows participants to depict reality as they experience it, and an inductive approach allowed the analysis to emerge from the interpretations of the participants themselves ([Kivunja and Kuyini, 2017](#)). Data were gathered through focus groups, conducted as part of a wider project looking at recruitment to midwifery programmes in England. Focus groups were chosen as they can encourage individual and collective reflection and develop consensus ([Acocella, 2012](#)). Participants were invited to consider how their ethnicity had affected their experiences as students in university and in placement. Groups were conducted virtually, potentially enabling a wider pool of people to participate ([Santhosh et al., 2021](#)). When only one participant attended, an interview was conducted.

3.2. Setting and participants

Midwifery students at three universities in South East England. Midwifery cohorts at all three universities were predominantly White, with only one or two students from Black, Asian and Minority Ethnic backgrounds in each cohort. One of the universities had a second campus where cohorts were more diverse and Black, Asian and Minority Ethnic students were present in equal or greater numbers than their White peers. All current and recently graduated (within the last two years) students who self-identified as Black, Asian or Minority Ethnic were eligible to take part. Provided these stipulations were met, there were no exclusion criteria.

3.3. Data collection and analysis

All current and recently graduated students at participating universities were emailed an invitation to participate and a participant information sheet. The information was clear that prospective participants needed to self-identify as belonging to a Black, Asian or Minority Ethnic group. Interested participants contacted the first author and were given a range of focus group dates to attend and a written consent form to return. Thirteen students and one preceptee midwife participated in one of five virtual focus groups (with two (n = 4) or four (n = 1) participants) and two individual interviews between September 2020 and March 2021. The preceptee midwife did not graduate from a participating university but worked at a placement setting used by one of the

universities and asked to participate. A target sample size was not pre-defined and was limited by the time and resources available. Participant characteristics are outlined in Table 1 below.

Focus group discussions lasted around 60 min and were guided by open and prompt questions covering topics such as arriving at university, experiences of being treated differently or feeling uncomfortable in university or in placement, and suggestions for being inclusive. The same questions and prompts were used if an interview was conducted. The groups were hosted on Zoom, recorded to a password protected account with consent, and transcribed verbatim. Provided that groups are set up securely, as was the case in the current study, visual platforms such as Zoom are recommended over audio only encounters as they enable interpretation of tone and body language (Santhosh et al., 2021). The focus group moderator, who was a member of the research team, comes from a Black background and is also a previous student at one of the universities (although she had not studied alongside any of the participants); cultural congruency has been identified as a factor which can increase the comfort of participants and promote honest reflection and debate (Halcomb et al., 2007). Participants were reminded about confidentiality at the beginning of the encounter. In-group member checking, where the moderator summarises and paraphrases participants words back to them in order to ensure she has understood them correctly (Roller, 2021) was used during the groups and transcripts were not sent to participants. Analysis was inductive and thematic. As per the guidance from Braun and Clarke (2013), transcripts were read and re-read before coding them line by line. Similar codes were then collated into themes by two independent coders. The final themes were agreed through discussion with all authors. Similar themes were grouped together, and an analytic narrative with themes and sub-themes was developed in an iterative cycle of further transcript reading and team discussion. Themes were underpinned by direct quotes from the data, ensuring that the participants' voices remained at the centre of the process.

3.4. Ethics

This study was approved by the Oxford Brookes University Research Ethics Committee, UREC Registration No: 201430.

Participation was voluntary and could be withdrawn at any point. Informed consent was submitted in writing. Although the entire

Table 1
Participant characteristics.

Ethnic group (all participants self-identified as BAME)	
Asian or Asian British - Bangladeshi	1
Asian or Asian British - Indian	1
Asian or Asian British - Indonesian	1
Asian or Asian British - Pakistani	1
Black, African, Caribbean or Black British - African	4
Black, African, Caribbean or Black British - Caribbean	2
Prefer not to state	4
Age	
18–24	4
25–34	2
25–44	3
45 or above	1
Prefer not to state	4
Year of study	
1	3
2	4
3	4
Preceptee	1
Not declared	2

contribution to a group could not be identified and deleted if a participant chose to withdraw from the process, contributors could ask for particular comments not to be included in the transcript of their focus group. One comment was deleted due to a participant request made during the course of a group. No participants withdrew from the study. Responses in focus groups are reported as a response from the group; this further protects the anonymity of participants.

3.5. Rigour

The study is reported using Standards for Reporting Qualitative Research (O'Brien et al., 2014). Two of the study team were lecturers at one of the participating universities and known to the students of that establishment. The third was a former student at one of the universities but not known to the students. The fact that the research team had direct knowledge of some of the incidents discussed in the interviews made a reflexive approach imperative to remain as true to the participants' perspectives as possible. This included setting aside personal experiences and viewpoints, discussion and debriefing. Gathering perspectives from multiple universities and across cohorts and using in-group member checking contributed to the credibility to our findings. Dependability was strengthened through the use and reporting of well-established data collection and analysis procedures. The iterative nature of thematic analysis, multiple independent coding, and the use of quotes to substantiate themes ensured a measure of confirmability. We have reported some details of our participants and setting in order to protect their anonymity whilst at the same time help the reader judge the transferability of our findings.

4. Findings

Four themes were identified: 'being an outsider', 'prejudice, discrimination and racism', 'nowhere to turn', and 'positive forces'. The themes and their accompanying sub-themes are outlined in Table 2 below. In the narrative which follows, the codes T1–7 after each direct quote indicate the focus group transcript from which they were taken.

The overarching narrative, percolating through university and placement experience, was of midwifery experienced as an exclusive and White profession, where participants were made to feel that they did not belong:

'Midwifery in the UK is like a cult... and it's only for the White'. (T7)

4.1. Being an outsider

4.1.1. Standing out

The Whiteness participants encountered in midwifery was contrasted

Table 2
Themes and sub-themes.

Theme	Sub-themes
Overarching narrative: midwifery as an exclusive, White club	
Being an outsider	Standing out Tribalism Don't talk about race
Prejudice, discrimination and racism	A eurocentric mindset Stereotyping and assumptions Racism? Compensatory behaviour
Nowhere to turn	Not knowing where to go Fear of repercussions What's the point?
Positive forces	Finding a voice Making a difference Allyship and community

with other health professions:

‘Maybe... you’d see more ethnic minority groups in nursing and all the other fields, but just not in midwifery’.

(T3)

Most of the students were either the only person or one of a very few people in their cohort who was not White British. Cohort make up was seen to be very location dependent and be more diverse in big cities like London. Participants felt that location was no excuse for non-representation:

‘We have students who [are from]... all over the country... They come from far. But I don’t know why it’s not as diverse as it should be’.

(T4)

Many participants came from multicultural communities, and regarded their newfound minority status as surprising and strange:

‘I love being in a multicultural area. I love diversity. And I just find it odd that when I sit in the classroom, I’m the only brown person’.

(T6)

4.1.2. Tribalism

Although some students felt ‘completely at ease around everybody’ (T1), cohort tribalism was a recurring theme. Some participants expressed feeling excluded from the very beginning of their programme, as White students had already linked up on social media:

‘They’ve already formed their pack’.

(T4)

Furthermore, it was felt that many White students lacked exposure to different cultures:

‘They come from small towns, so they’re not really used to interacting with a Black person... No one really wanted to talk to us’.

(T2)

Students in more diverse cohorts reported that cliques and friendship groups were formed on the basis of skin colour. Being with others who ‘look like you’ was acknowledged as comforting and important, and finding yourself outside this comfort zone could feel lonely and isolating:

‘I think it goes back to,.. just it being so different to how it was at home, where ...I don’t really ever have to explain myself...They understand me straight away’.

(T5)

These feelings of differentness were not felt to be shared by White peers:

‘I think they don’t even know how it matters’.

(T1)

Some participants were prepared to challenge the status quo and were appreciative of opportunities to get to know individuals in different groups:

‘We’ve had so many group assignments so far, and I’ve said... ‘I’m glad I got this chance to get to know you, because I don’t think I would have otherwise’... Because, you know, they click to their groups and that’s it’.

(T4)

Most of the participants felt that their lecturers had an inclusive mindset. Some, however, felt that it was always the Caucasian students

who were favoured, both in university and in placement:

‘I understand midwifery, you make really good friends, you know. Get all buddy buddy with the lecturers. I get it, but that’s not happening with me’.

(T6)

Others felt that their work was marked unfairly and did not trust university processes for anonymous marking. One person felt very unfairly marked down in a peer assessment of group work. Her comment suggests that she felt this was due to not adopting the methods and behaviours of her White peers:

‘I think everyone was trying to outshine each other, just because we know we have to mark each other. So I just contributed what I thought I needed to contribute to the group. And again my feedback was just really bad. Well, I’ve contributed what I needed to. I don’t need to stand out’.

(T1)

4.1.3. Don’t talk about race

Most participants felt that they were able to express their own opinions in university, but they also agreed that some topics concerning race and culture were tricky to navigate:

Speaker One: ‘There are certain things you can talk about and some things you can’t’.

Speaker Two: ‘talk about, yeah’.

Speaker One: ‘And it can get a bit awkward’.

(T5)

Participants struggled with wanting to speak out, and not wanting ‘all eyes on me’ (T6):

‘When we had the MBRRACE-UK report... This is to do with Black women five times more likely to die, and you could tell like there was tension, because no one wanted to say anything. Or even question why. And I wasn’t really confident to say anything. Because, again, I didn’t want to stick out like ‘oh my God, it’s the Black Issue and this is, this Black person raising this issue’.

(T1)

Another participant acknowledged that a reticence to speak out might have historical roots:

‘I think, we’re so used to letting or allowing Caucasian people to speak up more than we do just in case we don’t get listened to’.

(T5)

Sometimes, however, participants encountered a curiosity and willingness to learn:

‘I thought well, at least you’re open to learning other cultures. Same for myself, I don’t know about every culture or ethnicity, but I’m always willing to learn and I always ask questions’.

(T3)

4.2. Prejudice, discrimination and racism

4.2.1. A eurocentric mindset

Prejudice was perceived to be supported by curricula that did not encourage respect and debate, and consistently portrayed non-White cultures in a negative light:

‘Why aren’t we taught about different cultures? Why do we always focus on the negative of those cultures?’.

(T6)

Uninformed, disrespectful views and language were voiced in university and were not always challenged by lecturers, leading to students feeling vilified and shamed:

‘All of the cohort were like, ‘that’s disgusting, and that’s really wrong, and that shouldn’t happen to boys’... I’m sitting there and I felt uncomfortable with that conversation because I did that myself, with my children’.

(T4)

Participants’ timetables were also organised around a Christian calendar, creating stress and tension when students were not able to be with their families for celebrations such as the Islamic holy festival Eid. This was compounded when lecturers complained that unusually high absences on certain culturally and religiously important days made them feel stressed and disrupted their teaching plans.

4.2.2. Stereotyping and assumptions

Participants described prejudicial and discriminatory behaviour in placement that emphasised colleagues’ perceptions of them as ‘other’ and of needing to change in order to be accepted. Much of this centred around names, with practitioners expressing surprise if they felt that a Black, Asian or Minority Ethnic student’s name was simple or familiar:

‘Her assumption was because I’m Black, I should have a name that you probably can’t pronounce’.

(T3)

Some participants were asked to shorten or simplify their names, rather than anyone taking the time or trouble to get them right:

‘I don’t think I should have to change my name in order to be able to provide healthcare’.

(T7)

Practitioners also assumed that students from Global Ethnic Majority backgrounds would speak certain languages, and would call upon them to act as interpreters without taking the trouble to enquire whether this was the case:

‘Sometimes in placement they’ll look at you like, ‘you’re brown, you can speak Urdu’.

(T6)

4.2.3. Racism?

Participants felt that racism was not always easy to spot, either because the perpetrators were unaware of what they were doing or because they were trying to disguise their beliefs:

‘I’m not sure sometimes if they actually understand it is racist, what they just said’.

(T1)

Racist slurs were overheard from cohort peers:

‘They had to have a Minority; you didn’t actually work hard’.

(T1)

Most commonly, however, participants reported racism in placement, directed at women and families:

‘Just the experiences like ethnic minorities feel more pain, not speaking properly to women who don’t speak English, or not giving as much attention to Black women. I’ve experienced that a lot’.

(T2)

Other examples of racist care reported included withholding advice about contraception from women from Asian backgrounds, not offering Black women pain relief, unkind aspersions of impatience or laziness based on race, and, in one instance, the use of highly offensive language:

‘I was just like ‘uh’ [after a midwife said ‘n***** women’]. And me and the partner just looked at each other ... and everyone was just quiet. But she [midwife] didn’t think she did anything wrong. She just carried on. That, yeah, ‘usually their pelvises are different so the baby is always high’ blah blah blah.’

(T2)

It was acknowledged that racist comments and incidents tended to occur in particular hospitals, whereas neighbouring maternity units could be experienced as inclusive and supportive:

‘Never work in (X) hospital girls, never’.

(T5)

4.2.4. Compensatory behaviour

Participants described feeling that they needed to work twice as hard as their White peers in order for their voices to be heard (T6), and altering their behaviour in response to the way they were treated, or their expectation of certain behaviours:

‘You always have this in mind; not to tread on anyone’s feet, try and keep yourself small, quiet, not to make any fuss. Hoping that everyone just gets on with you. I mean I understand other people, White girls, will probably think the same you know. Trying to get on with their mentors and stuff. But there is always this element of colour with you anyway...So you try to be extra, extra friendly I think, or extra polite’.

(T1)

4.3. Nowhere to turn

Participants were very wary of raising concerns or reporting discrimination or racism. The three sub-themes in this section highlight their perceived lack of safe spaces to take issues, a fear that they would be penalised for speaking up, and that incidents would not be dealt with effectively.

4.3.1. Not knowing where to go

Some participants were not aware of any systems in place for reporting discrimination or racism:

‘I’m not gonna say not being able to say how you feel, but not knowing the routes to take if you want to say something...Not knowing where to go, to be able to get some answers’.

(T3)

Others had encountered supportive midwives or personal tutors, but the small and interconnected world of midwifery could still be a barrier to speaking up:

‘I wanted to report it to my [personal tutor]. But then my [personal tutor] is a part time midwife in the area I was placed. So if I was to report it, it was just going to be very messy’.

(T2)

Some participants clearly perceived that racist attitudes and behaviours were supported and condoned by their universities and placement areas, leaving them very isolated:

'I didn't know what to say to that... If you confront her, she is already talking to other staff members you know, who were agreeing to her sort of way of thinking'.

(T1)

4.3.2. Fear of repercussions

Participants felt that they could not raise concerns anonymously, as they were too identifiable. Issues of power imbalance were also raised: fear of work being penalised was a recurring theme:

'She has control. Because she's the one who's going to sign your book'.

(T3)

4.3.3. What's the point?

People who did raise concerns to their lecturers felt that they were not dealt with appropriately, either because the lecturers were dismissive, or because they lacked the capacity and the structural mechanisms to respond appropriately:

'She dismissed the whole thing and she didn't really care'.

(T6)

'And the lecturer passed it on to a different lecturer. And I had to explain myself, do another Google Meet. And then that same lecturer was like, 'what do you think we can do?'... I feel like I was kind of like drowning. I'm coming to you with a problem and you're making me solve the problem myself'.

(T1)

Challenging individual incidents was also felt to be pointless when the whole system was rotten:

'I don't feel that I'm changing a way of thinking, as a whole. It's just 'telling on' one midwife. I don't feel it does anything'.

(T2)

4.4. Positive forces

Participants believed that their presence in midwifery was important in improving care and outcomes for women from Global Ethnic Majority backgrounds. They wanted the environment in which they studied and practised to be inclusive, however, and some noticed a movement in this direction.

4.4.1. Finding a voice

Students described voicing and defending their distinctive identities:

'When I started off I wanted to blend in... be the same and all of that. But now I'm at a point where I want an identity for myself'.

(T1)

'It's nice to know that you've got a voice and to know that your opinion makes a difference'.

(T4)

This process was made easier if universities and placement areas facilitated and were open to discussing race. Participants expressed the importance of doing this right from the start of their programmes:

'Clear the floor for conversations'.

(T2)

4.4.2. Making a difference

Participants felt uniquely placed to see and start to redress the inferior care that non-White and non-English speaking women received:

'I think, if you know that someone can't understand you in your words, you should do extra to make them feel okay in your care. And I've really seen that that doesn't happen... I feel that my advantage as an ethnic minority is that because I recognize that, I try to give a little bit more to those women'.

(T2)

Seeing the difference that they made in placement was empowering for the participants, some of whom saw themselves as emerging role models and change agents:

'It's nice for them to see this kind of face. And I'm really bad at my own language... but the women still understood me and they appreciated it. And honestly, it made me so happy, that they were happy as well, so'.

(T6)

'I would like to show other people that it doesn't matter where you come from. If you want to do this, you can become whoever you want to be'.

(T3)

4.4.3. Allyship and community

Participants across focus groups articulated the importance of being able to access support and a clear process for addressing concerns:

'We want that person that anybody can approach and talk to them about what they're facing'.

(T1)

Support and allyship was recognised and appreciated from White midwives, as well as those from Global Ethnic Majority backgrounds:

'She's a White woman She's very big on advocating for like Black and Ethnic Minorities...it makes you feel good that there's someone that ...stands up for you'.

(T2)

Some participants felt that change was happening in their cohorts, and related how, once the topic of race had been broached and discussed, cohorts started to question a lack of representativeness on teaching slides, and even wrote to a local maternity service to question the use of the terms 'pink/dusky/pale' on a symptom scoring chart.

Alongside allyship, participants stressed the importance of belonging. As they often felt like outsiders in university and placement, it was important to connect to other people through social media:

Speaker One: 'Something that made me feel more connected was looking at, it sounds really cheesy, but looking at Instagram pages of BAME student midwives'.

Speaker Two: 'Oh I've been doing that...It's amazing'.

Speaker One: 'When you feel yourself represented'.

(T5)

5. Discussion

Our findings suggest that race impacts the experiences of Black, Asian and Minority Ethnic student midwives in South East England in both university and placement settings. In common with the small amount of existing research in other locations, our findings demonstrate the under-representation experienced by Global Ethnic Majority midwifery students, and their perception of inhabiting a world built

around and dominated by White values and prejudices (Pendleton et al., 2022; Wren Serbin and Donnelly, 2016). We suggest that this deeply embedded and blinkered outlook needs to be acknowledged and addressed. The Eurocentric curriculum described by our participants, and their portrayal of practice environments underpinned by discriminatory and racist attitudes and beliefs, have been cited as contributing to poorer outcomes and experiences for women from Global Ethnic Majority backgrounds (Birthingrights, 2022; Esegbona-Adeigbe, 2021). It is interesting that our participants perceived that nursing was more representative than midwifery – perhaps due to a longer history of wealthier countries recruiting from overseas in the nursing profession (Aminuzamman, 2007).

Our findings add to the current evidence-base by highlighting ways that discrimination and racism are experienced in university, including from fellow students. Even when students did not report active discrimination, they noted that their White peers were more likely to be favoured by lecturers and practice supervisors. Greenwald and Pettigrew (2014) note that ingroup favouritism is more widespread, and can be more discriminatory, than overt hostility directed at ‘outsiders’.

Our findings further indicate an element of ‘colour blindness’ (a term used by Eddo-Lodge (2018) to describe the misconception that not being racist involves treating everyone ‘the same’) among some educators, who appeared to lack insight into the experiences of those whose lives were negatively impacted by their race. Our data suggests that the reported ineffective response to students who draw attention to experiences of racial injustice (Ash et al., 2020; Burnett, 2021) may stem from educators inhabiting an environment which has no language or conceptual base with which to address racist issues. Consequently, they appeared to have no idea how to react when students attempted to raise concerns. This finding highlights the importance of individual and collective recognition and critical discourse around implicit and explicit racial bias in midwifery educational settings, as argued by Esegbona-Adeigbe (2021). If midwifery educators are incapable of displaying empathy and compassion to all of their students, it is difficult to see how all of the students, in turn, will be able to demonstrate empathy and compassion to the women in their care.

Debate and allyship emerge as key concepts to improve the students’ experience. The concept of allyship has been widely adopted internationally since the murder of George Floyd in 2020 (see for example Lamont, 2021). Allyship recognises the importance of ongoing education, reflection, commitment, and action by those enjoying unearned privilege in order to dismantle the barriers to creating and supporting the diverse workforce that, ultimately in maternity care, is regarded as key to saving women’s lives (Nixon, 2019). Allyship perhaps provides a blueprint for the engagement, debate and restructuring that our findings suggest is required to create an educational environment in which diverse people feel represented, safe, valued and able to raise concerns. It highlights a need for recognising, highlighting, and discussing racial inequity that was missing in the educational experience of many of our participants. Efland et al. (2020) highlight a need for this to feature right from the start of a programme, and our findings suggest that this can empower all students to call out injustices in university and in practice settings.

The benefits of a diverse midwifery workforce to childbearing people highlighted by our participants underscore the importance of challenging and dismantling discriminatory structures and practices. Guidance and recommendations for working towards this are available from nursing literature (for example Sobrany et al., 2021), from midwifery in the US (Efland et al., 2020), and from the UK Birthingrights report (Birthingrights, 2022). Authors of these sources agree that a multi-faceted, systems approach is necessary. Action is required from the professional bodies who set values and standards (Cox, 2022), from university communities who safeguard student welfare (Sanger and Gleason, 2020), from educators who set curricula (Esegbona-Adeigbe, 2021) and from practice environments (Birthingrights, 2022). It has been suggested that there is a role for external auditors of university and healthcare

settings to ensure that inclusive cultures are evident (BAME Maternity Workforce, 2020; Birthingrights, 2022). Our finding that reports of discrimination and racism are often linked to specific practice areas, whilst students in other areas generally have more positive experiences, perhaps suggests a need for such an approach.

6. Limitations

The fact that our data was collected in one specific area of the UK potentially limits the credibility and transferability of our findings. As we were only able to recruit one recently graduated midwife, our findings cannot be said to represent the experiences of this group. Although we did not continue collecting data until no new themes emerged, so our study does not demonstrate saturation in the traditional sense, many of our themes were evident in multiple transcripts, and we have striven to present an analytic narrative which furthers understanding and may spark further reflection, questions and debate in an under-researched area. Thorne (2020) argues that this is a more meaningful goal of qualitative research than saturation.

There is a need to elicit the experiences of midwifery students in other settings and countries, where education and placement experiences are likely to differ. However, the resonance of our findings with the small amount of research available in the US, and the disenfranchisement of non-White groups in many settings, suggests that our findings may have some relevance internationally.

7. Conclusions

Discrimination and racism appear endemic within the midwifery education and practice experienced by our participants, impacting negatively on student experience and resulting in poorer care being provided to women and families from Global Ethnic Majority backgrounds. Our findings suggest that midwifery educators and placement facilitators need to discuss racial inequalities, identify, and address discriminatory systems and behaviours within their organisations and develop clear, acceptable and effective support and feedback mechanisms for students to use to raise and discuss concerns.

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CRedit authorship contribution statement

Carina Okiki: Methodology, Formal Analysis, Investigation, Writing – original draft, Project administration. **Giada Giusmin:** Conceptualisation, methodology, Formal Analysis, Project Administration. **Louise Hunter:** Conceptualisation, Methodology, Formal Analysis, Writing, Visualisation, Supervision, Funding Acquisition.

Declaration of competing interest

None.

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