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Citation: Walker, C. R., Gunasinghe, C., Harwood, H., Ehsan, A., Ahmed, F., Dorrington, S., Onwumere, J., Meriez, P., Stanley, N., Stoll, N., et al (2024). Ethnic inequalities during clinical placement: A qualitative study of student nurses' experiences within the London National Health Service. Journal of Advanced Nursing, 80(4), pp. 1497-1510. doi: 10.1111/jan.15891

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Received: 9 March 2023 | Revised: 25 August 2023 | Accepted: 18 September 2023

DOI: 10.1111/jan.15891

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Ethnic inequalities during clinical placement: A qualitative study of student nurses' experiences within the London National Health Service

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Funding information
Economic and Social Research Council, Grant/Award Number: ES/S012567/1; Wellcome Trust, Grant/Award Number: 203380/Z/16/Z; National Institute for Health Research (NIHR) Biomedical Research Centre in South London; Maudsley NHS Foundation Trust and King's College London; Medical Research Council, Grant/Award Number: MR/W021277/1

Abstract

Aim: To understand how student nurse experiences on clinical placement, within National Health Service (NHS) hospitals, differ for ethnic minority and White British groups.

Design: A qualitative thematic analysis with an inductive approach.

Methods: Data from semi-structured interviews with 21 London (United Kingdom) hospital-based student nurses were examined using thematic analysis. Participants were interviewed as part of the Tackling Inequalities and Discrimination Experiences in Health Services (TIDES) study and asked about their experiences during clinical placement.

Results: Five main themes were identified: (1) Role of mentors, (2) Discrimination and unfair treatment, (3) Speaking up/out, (4) Career progression, and (5) Consequences of adverse experiences. All themes were linked, with the social dynamics and workplace environment (referred to as "ward culture") providing a context that normalizes mistreatment experienced by nursing students. Students from ethnic minority backgrounds reported racism as well as cultural and/or religious microaggressions. While being valued for their race and ethnicity, White British students also experienced discrimination and inequity due to their age, sex, gender, and sexual orientation. Students from both White British and ethnic minority groups acknowledged that being treated badly was a barrier to career progression. Ethnic minority students also noted the lack of diverse representation within senior nursing positions discouraged career progression within the UK NHS.

Conclusion: These initial experiences of inequality and discrimination are liable to shape a student's perspective of their profession and ability to progress within nursing. The NHS is responsible for ensuring that student nurses' developmental opportunities are equal, irrespective of ethnicity.

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Impact: Ward culture is perpetuated by others who normalize mistreatment and concurrently disadvantage ethnic minority students, making them feel unvalued. This in turn impacts both staff retention and career progression within the NHS. Training assessors should be aware of the existing culture of discrimination within clinical placements and work to eradicate it.

KEYWORDS
discrimination, ethnicity, health service, London, nurses, nursing, qualitative, student, thematic

1 | INTRODUCTION

Career progression for ethnically minoritized staff in the National Health Service (NHS) is often hindered (Ross et al., 2020). They have less chance of being shortlisted for jobs and being invited to non-mandatory training, yet have a higher chance of being penalized at work than their White British colleagues (NHS Equality and Diversity Council, 2022). As a result, despite comprising over 20% of the NHS workforce in England (45% in London Trusts), only 8% of NHS senior leaders are from an ethnic minority background. Ethnic minority staff are also more likely to experience bullying and discrimination from both colleagues and managers (particularly in London Trusts; Rhead et al., 2021). Such incidents are associated with poor mental and physical health outcomes, which in turn can lead to increased sick leave and negatively impact overall quality of life (Rhead et al., 2021; Woodhead et al., 2021). These discriminatory experiences compound the already highly stressful work environment that nursing students are exposed to during their training (Hall, 2004), ultimately resulting in high staff attrition among student nurses (Chan et al., 2019).

2 | BACKGROUND

For student nurses, clinical placements are a necessary requirement of their training and crucial to their professional development. During clinical placements, student nurses gain crucial first-hand experiences in providing patient care and working alongside others within health and social care organizations. It offers them the chance to build confidence, gain practical experience, and work compassionately within a multidisciplinary team (NHS Employers, 2020). For ethnically and racially minoritized nurses, experiencing discrimination during these placements could impact future career progression by dispelling confidence and discouraging attainment of senior roles (Brathwaite, 2018a). It may also be their first experience of systemic disadvantage as an employee/staff member within healthcare services (Mahood, 2011).

For nurses, the social dynamics and workplace environment they must navigate is often referred to as "ward culture" (Feltrin et al., 2019). Not being able to adapt adequately and/or be socially accepted on a new ward during placement can be highly detrimental, potentially resulting in harmful workplace experiences and/or stunted professional development (Ten Hoeve et al., 2018). Given how formative clinical placements are for student nurses, it is particularly important that they be allowed to integrate and adapt to their new care environment (McKenna & Newton, 2008), benefit from the socialization that occurs throughout the course (Lai & Lim, 2012), and avoid experiences associated with *maladaptive* ward culture. An example of how maladaptive ward culture can manifest is when mentors (who provide support for student nurses throughout their placements) exploit the mentor–mentee relationship. Mentors have the power to foster non-supportive relationships with students, knowingly or unknowingly enforcing hierarchical workplace structures, which contribute to a toxic learning environment (Cahill, 1996). This could be evidenced by mentors providing menial tasks outside the remit of the student nurse's current role or withholding beneficial opportunities.

While all students are exposed to ward culture, there may be an additional hidden curriculum (i.e., unspoken or implicit values, behaviours, procedures, and norms that exist in the educational setting, Alsubaie, 2015)—one that only ethnically minoritized nurses are excluded from during training. The hidden curriculum has the potential to impact how student nurses are socialized into their workplace, and if ethnically minoritized students are not privy to this, then it can impact their development (Kelly, 2020). Students who do not face this dual hidden curriculum (e.g., White British students) may be unaware that it even exists, as student nursing research commonly overlooks this (Raso et al., 2019), and accidentally feed into it as their careers progress at the expense of their ethnically minoritized colleagues. The existence of a hidden curriculum within nursing education specifically goes against the NHS constitutional values of "Everyone counts" and "Compassion" (Michael West, NHS Leadership Academy, 2016). These values are required to be modelled by mentors, as they are integral to the NHS (Straughair et al., 2019). However, these professionalisms and values may not be extended to all students.

3 | THE STUDY

3.1 | Aims and objectives

The purpose of this study was to examine the experiences of nursing students during their clinical placement and identify any similarities and/or differences based on factors such as ethnicity, age,

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and gender. Our objectives were twofold: (i) to gain insight into the importance of mentor support and (ii) to investigate how students' experiences relate to their career advancement.

4 | METHODS

4.1 | Design

This study presents a subanalysis of qualitative interview data from the mixed-methods Tackling Inequalities and Discrimination Experiences in Health Services (TIDES) study. The TIDES study aims to understand how discrimination experiences contribute to inequalities in health and health services. Full details of the methods and sample description were previously reported (Rhead et al., 2021; Woodhead et al., 2021).

4.2 | Theoretical framework

At the core of our conceptual framework lies the concept of marginalization, particularly as it pertains to nursing education and practice (Hall et al., 1994; National Academies of Sciences, Engineering, and Medicine, 2022). It has been proposed that there are seven fundamental aspects of marginalization: (1) intermediacy, (2) differentiation, (3) power, (4) secrecy, (5) reflectiveness, (6) voice, and (7) liminality that either foster or impede diversity in the nursing workforce (Hall, 2004; Hall et al., 1994; Likupe & Archibong, 2013) as well as in the health care of diverse communities (Hall et al., 1994). According to Hall et al. (1994), these mechanisms of marginalization result in a "process through which persons are peripheralised on the basis of … identities, associations, experiences, and environments." Given that research and theory informing the development of nursing education programmes have typically been guided by the majority, the experiences of marginalized groups are often stigmatized, silenced, and positioned as powerless. Hence, perpetuating the vulnerability and oppression of these individuals. Furthermore, intersectionality theory may also offer insight into what systems of inequity student nurses may be exposed to during their education and training. Intersectionality theory offers a framework for understanding how multiple personal, political, and social identities often being negotiated at any given time, intersects with discrimination and systems of oppression (Crenshaw, 1989; Woodhead et al., 2021).

4.3 | Study setting and recruitment

Participants were recruited as part of phase one of the TIDES study (Rhead et al., 2021). Participants of this study initially completed a survey designed to assess their experiences of working in the NHS and the impact such experiences had on their health and well-being ($n=931$, detailed in Rhead et al., 2021). Survey participants who gave consent to be re-contacted were also purposefully sampled for interviews. A total of 225 survey participants (including student nurses, midwives, and healthcare assistants from diverse racial and ethnic groups) were contacted by email and invited to take part in an interview. Those who expressed interest were sent a participant information sheet, which included details on confidentiality and how to withdraw from the study.

From the 225 staff contacted to participate, 48 staff took part (6 healthcare assistants, 21 student nurses, 10 entry-level nurses, and 11 mid- or senior-level nurses). The 179 people contacted who did not take part either did not respond or did not have the time to participate. On completion, participants were offered a £15 voucher as a thank you for their participation.

4.4 | Inclusion and exclusion criteria

Inclusion criteria for the current sub-study analysis were as follows: (1) Student nurse and (2) previous experience of a clinical placement. Those with no experience of clinical placement or those employed as a healthcare assistant or nurse were excluded from this sub-study analysis. Once these criteria were applied, of the 48 interviews conducted, 21 were eligible for this study.

4.5 | Data collection

HH informed participants that the interview topics would explore work environment, witnessing, experiencing, and reporting bullying, harassment, or discrimination as well as experiences of training and support and explained her role within the research. Interviews were conducted between January 2019 and February 2020. Participants were assigned a unique ID number and provided informed consent prior to interview (Woodhead et al., 2021). This ID is presented alongside participant quotes as healthcare practitioner (HCP) and their assigned number.

Data were collected via individual semi-structured in-person or telephone interviews (based on participant preference), completed by HH, which lasted up to 60 min. Each participant had one interview, which was audio-recorded. HH ensured she was in a room alone and asked the participants prior to conducting the interview whether they were alone and able to begin. Interviews were transcribed verbatim, using an external transcription service.

4.6 | Data analysis

Data were analysed using thematic analysis (Patton, 2002) supported by *NVivo 20* software (QSR International Pty Ltd, 2018). Thematic analysis is a flexible and systematic approach that allows for an in-depth exploration of participants' experiences and the identification of emerging themes (Braun & Clarke, 2019). In this study, we adopted a reflexive paradigm, which emphasizes the researchers' active engagement in the interpretation and understanding of

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the data, rather than solely relying on data saturation as the guiding principle (Braun & Clarke, 2019).

The primary data analysis was conducted by CRW, who analysed a subset of 12 transcripts. CRW engaged in an iterative process of familiarizing themselves with the data, generating initial codes, and identifying emerging themes. Throughout this process, regular discussions were held with the co-authors to ensure rigour and consistency in the interpretation of the data. The codes generated by CRW were then reviewed by the co-authors for further refinement and validation.

To enhance the reliability and credibility of the analysis, the remaining nine transcripts were coded by multiple co-authors (CW, NS, CG, FA, and JO) independently. Each co-author brought their unique perspectives and expertise to the coding process, which enriched the interpretation of the data. The codes generated by the co-authors were compiled and consolidated. CG, as the lead researcher, reviewed and compared the codes, resolving any discrepancies through consensus discussions with the co-authors.

Throughout the analysis process, attention was given to the trustworthiness and rigour of the findings. Strategies such as maintaining an audit trail, conducting regular peer debriefing sessions, and reflexive journaling were employed to enhance the credibility and transparency of the analysis. The use of NVivo 20 software facilitated data management, organization, and retrieval during the coding and analysis process.

4.7 | Ethical considerations

Ethical approval was granted from the university's Research Ethics Committee: HR-17/18-462, as well as NHS ethical approval Project ID: 230692.

Prior to interviewing participants, written informed consent was obtained. Participants were provided with information sheets, outlining the study purpose, data handling, the topics being covered, their right to discontinue the interview, and the time frame up to which they could withdraw their data. Participants were able to withdraw their data from the study up until 1 month after interview; however, no participants requested to withdraw their data (Woodhead et al., 2021). Participants gave consent for their interview to be audio-recorded. Quotes are labelled with participant gender and ethnicity (ascertained from the TIDES survey responses).

To protect anonymity, identifying information was removed or redacted from the transcripts. Participant demographics and transcripts were password-protected and saved securely on a digital platform with restricted access to key researchers. Lastly, no identifiable quotes have been included within the report to protect participant anonymity.

4.8 | Rigour and reflexivity

In line with Lincoln and Guba's criteria for assessing rigour (Lincoln & Guba, 1985), this study incorporated various strategies to ensure credibility, transferability, dependability, and confirmability of the findings. First, to enhance the dependability and trustworthiness of the analysis, the coding process was not solely reliant on a single researcher. The codes generated were reviewed and validated by multiple co-authors, who brought their diverse perspectives and expertise to the analysis. This collaborative approach served to minimize individual biases and increase the reliability of the interpretation.

To strengthen the credibility of the study, PM, a peer researcher with a background in nursing and an active participant in the TIDES project, reviewed and contributed to the paper. PM's involvement provided an additional layer of validation and enriched the insights presented in the manuscript. Throughout the study, rigorous discussions and meetings were held among the co-authors to review and refine the identified themes. These deliberations further contributed to the credibility of the study, as they ensured that the interpretations and representations of participants' experiences were comprehensive and accurate. An audit trail was also maintained throughout the research process. Detailed documentation of the research steps, including data collection, coding decisions, and analytical processes, was preserved.

Interviews were conducted by a TIDES research assistant, HH. HH identifies as a young White British female with previous experience gathering qualitative data. Twelve transcripts were coded and analysed by the master's student and first author (CRW), who identifies as a young, Black, woman. CRW has previous experience with research for her undergraduate degree in Psychology and more recently as a postdoctoral student.

To consider positionality, CRW has previously witnessed and experienced racial microaggressions—these are defined as small events that are often ephemeral and hard to prove and events that are covert, often unintentional, and frequently unrecognized by the perpetrator that occur wherever people are perceived to be "different" (Silver et al., 2018). Witnessing discrimination first-hand within the NHS towards ethnic minority staff may have influenced how she interpreted the data. CRW holds the belief that microaggressions could be an issue affecting pre-qualified nurses, and there is a possibility that this could have impacted how she attached meaning to the excerpts. Nevertheless, the analysis of the data and the review of this paper were conducted by a research team with a diverse racial and ethnic composition.

5 | FINDINGS

5.1 | Characteristics of participants

Of these 21 eligible participants, four were males, 10 were from an ethnic minority group, and four were migrants (all migrant participants were from an ethnic minority group).

5.2 | Themes and subthemes

As shown in Table 1, five main themes and subthemes related to the study aims were identified from participant transcripts: (1) role

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TABLE 1 Themes and subthemes.

Themes	Subthemes
Role of mentors	Feeling valued and supported
	Lack of value and feeling unsupported
Discrimination and unfair treatment	Intersectionality and inequalities
	Abuse, bullying, and harassment
Speaking up/out	
Career progression	Diverse representation
Consequences of adverse experiences	Creating distress and dissatisfaction within working relationships and environments
	Impact on patient care

of mentors, (2) discrimination and unfair treatment, (3) speaking up/out, (4) career progression, and (5) consequences of adverse experiences.

5.3 | Role of mentors

Participants spoke of varied experiences of mentorship, professional skills development, and acquiring knowledge while on clinical placements. This was attributed to contextual/organizational factors, as well as the individual mentor's interpersonal skills. Subthemes within this theme were labelled as *Feeling valued and supported* and *Lack of value and feeling unsupported*. The consequences of adverse experiences with mentors and within the organizational structure and culture are presented in theme five.

5.3.1 | Feeling valued and supported

Mostly, White British students reported positive experiences and frequently disclosed they felt valued by their mentor and the wider team across clinical placements.

> ...I think em, every mentor I've had, I've got on with ... Em, quite well ... And they've, they've always been really, really, helpful and ... Supportive. So, I've never, never had a problem with them.
>
> (Female, White British—HCP05)

> I think it depends on, it depends, it definitely depends on where you are. So, for example, I, I felt like, when I was on my community placement, I, I really enjoyed it, because I was always working alongside the nurse. And we were always doing things together. Helping each other....
>
> (Female, Black Other—HCP40)

An ethnic minority student also had positive experiences of mentorship and placement but acknowledged that is not always the case, and the experience is contextual and can be due to the setting and mentor, while the White British student nurse highlighted how supportive all of her mentors have been during the placement experience. This suggests that, for student nurses, feeling valued by their mentors creates a positive environment for student nurses to learn in.

Some White British students had positive experiences while on clinical placements because they were valued by patients for their whiteness:

> ...also I think I'm White and I'm British and, with certain patients that seems to ... that seems to seem like a good thing. Older patients seem to like the fact that I'm British and I've heard them, yeah, moaning about patients from other ... nurses from other countries before.
>
> (Male, White British—HCP09)

> I think because I'm White British sometimes patients think it's okay to talk to me about, like I remember one patient saying to me, she was being quite racist about some of the other staff members and I think she just assumed that because I was White and from Britain that I felt the same as her, which I didn't, so I felt really uncomfortable but I kind of said to her, 'We don't kind of talk about that here, like it's not okay to talk about people like that', but it was really like uncomfortable for me and I felt I couldn't really, I didn't want to tell anybody about it but yeah, I felt quite uncomfortable going back in and looking after that patient again.
>
> (Female, White British—HCP17)

There is an awareness that being White British brings an advantage to developing rapport with patients that the ethnic minority students may not achieve and expressing this is discomforting. Due to these unvoiced differences, it may be difficult to evoke change and promote an inclusive work environment for ethnic minority student nurses.

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5.3.2 | Lack of value and feeling unsupported

Conversely and more prominently to the above, most of the participants (regardless of ethnicity) experienced an absence of mentorship felt unvalued and unsupported (e.g., allocation of menial tasks, being used as labour, perceived as inexperienced, due to their "student status"). This was also witnessed towards other nursing students, lower band staff (healthcare assistants), and staff groups (bank and agency staff). "Hierarchical organisation and workplace pressures" as identified by Woodhead et al. (2021) whereby workforce hierarchies create and maintain inequalities experienced by trainees and junior staff were mechanisms and experiences of organizational culture that also resonated for this sub-sample of student nurse participants:

> I felt like they didn't really wanna involve us in, key tasks that was fundamental to our learning, for example medication. They are really sceptical about our knowledge in that area because we're all quite new into the training.
>
> (Female, Asian—HCP04)

> And when I say power it's just we … we see a lot and we work with a lot of different nurses on the ward, or healthcare workers, so you get to know little bits from a lot of different people. So you, kind of, possess a lot of information that, you know, maybe other people wouldn't necessarily hear or know yeah, I just … yeah [short pause], I just … I just think that yeah, we're probably just seen as a bit untrustworthy.
>
> (Female, White British—HCP19)

> But then I did have one, actually, in my last one placement who, she wasn't very helpful, she didn't really explain anything to me or delegate to me. And I didn't really know where I stood what I was meant to be doing, so I didn't have to talk to her.
>
> (Male, Black African—HCP13)

White British and ethnically minoritized students had similar explanations that organizational hierarchy and culture appeared to be continuously reinforced by their student mentors and senior colleagues. As seen in the last quote above and the quote below, work pressures and interpersonal style of mentors also contributed to negative training experiences for participants while on clinical placements:

> I think sometimes maybe they just don't really want to be a mentor or a teacher, maybe it's something they've kind of been lumbered with … but I think some mentors can make you feel a bit stupid if you ask questions and things like that….
>
> (Female, White British—HCP17)

Many ethnically minoritized students did not explicitly report feeling valued or supported. Instead, they recalled experiences of unequal treatment. Examples included mentors excluding them from learning opportunities and occasions where mentors raised their voice to their student. In addition, some participants spoke of how minoritized groups were perceived differently by mentors, which led to discriminatory attitudes and treatment:

> It seems to be mainly Black nurses. Either West Indian or African nurses. They seem to say that they're … the attitude is that they're not as good and also that they are, superior and perhaps bolshie …. Someone I was working with, before said she was working on a ward with a lot of, Black African nurses and she said that she didn't like working with them and I asked why, and she said that they had a lot of attitude and then she used the phrase "Black attitudes" and she said similar sort of things to what the patients would say.
>
> (Female, Asian—HCP04)

This also illustrates how ethnically minoritized student nurse participants' experiences of feeling unsupported and not valued by mentors overlap with the second main theme of discrimination, in particular exposure to racism or microaggressions, and unfair treatment which is presented in more detail below.

5.4 | Discrimination and unfair treatment

Student nurse participants spoke of discriminatory attitudes and unfair treatment relating to personal and social identities. Abuse including exclusionary behaviours, bullying, and harassment were also experienced and witnessed by student nurse participants. These were perceived as upholding organizational hierarchy and/or sociocultural norms in addition to an exposure to an individual's own prejudices and stereotypes.

Exposure to discrimination and unfair treatment was interlinked with their lower position in the organizational hierarchy and the subtheme of lack of value and feeling unsupported:

> So, as a student nurse, I feel like we're not … sometimes we're not valued enough … and sometimes that people underestimate, what we can do in terms of caring for our patients. Even though we're still learning, we feel like, sometimes we're discriminated against because we're, we're always told, there's a student and we need to do all the things for example,

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> as a student nurse I feel like it's important for people to be able to learn and experience things as a student nurse rather than just like a healthcare assistant. So sometimes you can find that they use you more as a healthcare assistant rather than actually being there to, learn from nurses.
>
> (Female, Black Other—HCP40)

5.4.1 | Intersectionality and inequalities

Many participants spoke of discrimination and unfair treatment associated with protected characteristics such as age (being perceived as young), gender (inequalities experienced by male student nurses), sexual orientation, and/or paternity/maternity:

> Yeah, the thing that happened with me which I was [inaudible 00:13:46] because, the way I looked. I looked [inaudible 00:13:51] petite and, look young. They don't really, trust me to do, certain things on the ward.
>
> (Female, Black Caribbean—HCP36)

> When I first went on placement, I picked up really quickly that most of the … most of my colleagues felt quite hostile towards LGBT people, so I just decided at that point just to not talk about … just to keep my identity to myself while I was doing the course.
>
> (Female, White British—HCP32)

> Um, yeah I have actually. I have a friend working in another ward, she's actually trying to get pregnant as the moment, and she … it's something that she's very excited about. So she mentioned it to her ward sister and the ward sister kind of said to her, I hope you are trying to get pregnant because then we won't hire you … Um, and she said it as a half joke but my friend was sure it wasn't a joke and she spoken to her since. I mean, they haven't spoken to each other. So now she's 100% sure it wasn't a joke and it is things like that that make, makes me very wary about what I say exactly and to whom I say it to because I think there can definitely be that kind of discrimination around.
>
> (Female, White British—HCP18)

In addition to exposure to the discrimination as described above, participants from ethnic minorities reported discrimination connected to their race, religion, culture, and/or language:

> Yeah. I would say that generally the idea in the work environment is that, certain ethnic backgrounds are a bit lazy, and they don't have the right attitude, but I find that more with the older, more qualified staff who may be put out, and some mature students.
>
> (Female, Black Caribbean—HCP20)

> Um, so, they'd go out after work with the White English they'd include her in as well. Like, they'd go out for drinks whatever. But the black student nurse was never … wouldn't be invited.
>
> (Female, Black Other—HCP40)

An ideology was created within the ward environment towards ethnic minority staff regarding their attitude, which is perpetuated by other qualified and mature students that showcase ethnic minority staff in a negative light. This ideology is enacted as ethnic minority staff were excluded from interpersonal activities. There were no experiences shared by the White British student nurses regarding a narrative about their performance at work related to their ethnicity or exclusionary practices.

5.4.2 | Abuse, bullying, and harassment

Student nurse participants spoke of experienced bullying, harassment, and other mistreatment that they normalized as being part of nursing wards:

> So, there's a culture of bullying and harassment. I have experienced this first-hand in every way. Because there are harassment and bullying in different forms, apart from what was on paper. Especially where it, it is very difficult to prove.
>
> (Male, Black African—HCP13)

> From fellow staff, I think because, I mean, you kind of get a bully, and someone's physically it … abused quite a lot by the patient, and you kind of develop quite a thick skin towards that. But if it's people within your own team then, you know, it definitely has more of an impact.
>
> (Male, White British—HCP15)

The neutral labelling of unfair treatment normalized some of these experiences and allowed it to continue, which reinforced the cycle of mistreatment. Furthermore, this also was true for participants who spoke of abuse by mentors:

> Erm, I was actually speaking to one of my colleagues today and she was telling me a story of, in her last placement that her mentor was being sexually inappropriate, and she reported it to the University err, but nothing was really done about it because they basically said, "Well if you're gonna take this any further that you need to …" you know, go to, n-not

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> court but there needs to be, you know this serious report, you know, and then an investigation, and then a hearing. And I think cause of where she's currently at that wasn't something she was prepared to do, so it hasn't really gone any further.
>
> (Female, White British—HCP19)

A primary difference found was that more ethnic minority student nurses had first-hand experiences of discrimination, bullying, and harassment in comparison with their White British counterparts who shared stories of negative experiences from other colleagues.

> She's trying to catch up with me, and she's trying to make sure she's fulfilling her duties as a mentor. Everything's she's trying to do at the very last minute. And, the funny, the thing is I actually had an altercation with her on one of the night shifts. And. Something happened on the ward, um something happened. And we exchanged words and I told her, don't ever speak to me like that. And she wasn't really happy about me telling her that, I'm like, whatever you saying don't shout at me, don't try to raise your voice at me. You know, just because I look a certain way doesn't mean I cannot actually, you know, speak back at you, so.
>
> (Female, Asian –HCP25)

A similarity shared across themes from ethnic minority student nurses was how they were negatively spoken to while on clinical placement, whether it was directly from mentors, other colleagues, or patients. Ethnic minority participants explicitly linked the negative way they were spoken to with their physical appearance. Whether this was looking visibly "young," "different," or "a certain way" they believed this is what led them to be bullied or treated differently to other staff. Experiences shared from White British student nurses did not associate their experiences with their visible characteristics.

5.5 | Speaking up/out

This theme illustrates how adverse experiences with mentors during clinical placements were managed by the student nurse participants including navigating discrimination and unfair treatment. Few participants spoke of advocating for themselves or others in reporting adverse:

> So if you're hearing them being disrespected, or if you're seeing them being mistreated then you have a moral responsibility to do whatever you can to try and stop that. Even if the systems then designed to avoid having to take what you're saying on board, you have to just do whatever you can within the limits of what power you've got.
>
> (Female, White British—HCP32)

A White British student made reference to 'the system' and how it is designed not to adopt change that there are differences in the amount of 'power' nursing staff hold. Student nurses are aware to the hierarchical nature of their clinical placements and the ward environment overall.

> Um, whether to report something. No. It depends. Sometimes if it's, if it's bullying or harassment and it's ... I, I would always report it. I don't think anything would actually influence it.
>
> (Female, Black Other—HCP40)

One student mentioned not reporting poor experiences because of their student status:

> I've never spoken about it ... because I think it's just something you brush under the carpet and made me question how many times it happened to me in the past but because it's been my profession, I haven't really thought about it and it's just more pronounced now that I'm a student.
>
> (Female, White British—HCP21)

Some participants also recalled that they felt more comfortable, safe, and had more positive experiences of reporting adverse experiences to their academic institution than the NHS manager or Trust while on clinical placements. For others, there appeared to be a negotiation between managing their own psychological safety; the safety of others (colleagues and patients); perception of, or actual repercussions for their career and not colluding with the organizational culture or being a bystander:

> I think I'd feel really unsure, I think I'd find it really difficult if it was say the manager that was discriminating, if I'd witnessed the manager discriminating against another member of staff, I think I'd find that really difficult because on one hand that person is your manager at the same time but I don't think it's right to not say anything and for that to not be reported but I think I'd be worried about if the manager like found out and I'd lose my job and things like that.
>
> (Female, White British—HCP17)

> I ... I, again, I would definitely support them in doing that, but I wouldn't want to ... it-it's difficult as a student because you are on this tightrope of wanting to do right by everyone, but also having to think about yourself and the repercussions that it can have on your experience ... So, for example, coming back to the hostility with mentors, if you have a mentor who's not very good and not very supportive, if you

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> said something to them they … they could punish you in some way by, for example, not assigning skills, or not assigning your hours, or not doing your mid-point, or whatever it is they … they have the power. So, I think you have, as a student, you have to be really careful. And I think that would … is probably what holds me back the most in, not … not reporting bad practice cause I think I would always do that but it is definitely something that yeah, I find … I find really hard to do.
>
> (Female, White British—HCP19)

> I'd still report but I'd probably be utterly terrified about doing it and with my anxiety, I'd probably lose sleep over it. Yeah, it wouldn't put me in a good space with it or because I didn't have a mentor then at that stage I wasn't able to talk about it with them, um….
>
> (Female, White British—HCP33)

Reporting discriminatory treatment appeared to be mishandled in some cases. For example, one ethnic minority student reported poor training on multiple occasions, but it did not result in change:

> So, with the training, yes, we get the training, and they will tell you channels for reporting. But I have put in three or four grievances in the last several years. They've all been mismanaged even where there is overwhelming evidence beyond reasonable doubt. They have all been mismanaged and said, this is not found, that is not found.
>
> (Male, Black African -HCP13)

5.6 | Career progression

Career progression was another prominent theme, with discussions centred on the barriers to career progression within the NHS. Career progression was related to organizational culture: some ethnically minoritized nurses appeared to be more affected by ward culture and did not have positive mentors to help mitigate its negative effects.

Both White British and ethnically minoritized student nurses shared the belief that treating student nurses poorly (and witnessing qualified staff being treated unfairly) would result in increased student nurse dropout rates. Student nurses saw this as mentors creating barriers within their nursing placements and at an early stage of their career.

> Um, but yeah so for sure I think they can, and it's such a shame because they're so lovely people and they would be amazing nurses when they get to the end of their career, but they're just getting treated like rubbish and that's why they don't want to stay there anymore.
>
> (Male, White British—HCP01)

> You know, I mean, and I know that if I had other people have had that experience, and I know for a fact if you're doing a survey you need to look at the drop off rates that happen on the course, and once people start going on placement.
>
> (Female, Black Caribbean—HCP12)

One potential outcome of suboptimal mentorship experiences during clinical placements is the development of apprehension about future career progression. For example, one student reported that having a "bad" previous experience on placement with mentors affected student confidence. Negative experiences during clinical placements may feed back into negative experiences that become normalized as part of organizational structure and culture. White British nursing students, who feel more supported and valued by their mentors, may advance in their careers, and unknowingly reinforce ward culture in the future.

5.6.1 | Diverse representation

Lack of diverse representation was problematic for some ethnically minoritized participants and their perceptions of career progression.

> …In my previous role, I would say that I have been held back from progressing, and I think it's possibly because I'm from a BAME background … where I could have … that certain roles weren't made possible. Once I felt like I was thrown under the bus when they were trying to investigate someone, but they needed a scapegoat, type of thing …Yeah. But mainly the fact that I possibly could have stepped up into roles many years prior to when I did, and they didn't make it possible, or they made it more difficult for me to … That's okay. Even the nursing degree. I could have done these 2 years prior, but it's okay because I'm doing now and then I'm finished next month … Yeah. So, because I was in admin, I used to get that, "Oh well, it's not related to your role."
>
> (Female, Black Caribbean—HCP20)

> Um I mean it's too early for me to tell at the moment, but I do get moments where I don't really see um enough people like um, who are [two minoritized groups] at the same time doing what, you know, in the profession that I'm aspiring to get into. So I can feel like there could be some barriers stopping people progress within that field because of that.
>
> (Female, Black African—HCP02)

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Ethnically minoritized student nurses recognized a lack of diverse representation in senior positions and highlighted that this is a potential limitation for progression with the nursing profession. Additionally, ethnic minoritized student nurses shared experiences of feeling 'held back', from progressing within their role and barriers exist for ethnic minorities to excel. Whether this was due to a lack of diverse representation or not being supported to attain competencies needed to progress.

5.7 | Consequences of adverse experiences

Where there were adverse experiences with mentors and because of wider organizational culture, participants spoke of how this impacted their own well-being and that of colleagues, as well as patient care.

5.7.1 | Distress and dissatisfaction in the workplace

Some of the student nurse participants spoke of how exposure to unfair treatment impacts emotional well-being:

> Yeah. For example, I was changing a patient one time with one of the healthcare assistants. And she kind of, she kind of, she said to me, oh have you ever changed a patient before? Like, she goes, and you haven't … you've got younger brothers and sisters. I said to her actually, I'm a mum. I'm a young mum, by the way. And she goes to me she just said, she literally just said, she turned around and said, I can't believe that you've got a kid. You can't even … you don't even know how to change a patient. You probably don't even know how to change yourself. And then I just looked at her and I was like, oh, that's not … like, that's not really nice. I walked away. And then I just started … I couldn't hold my tears back because I know that she's doing this because of my age. And then I know that she's treating me like this ….
>
> (Female, Black Other—HCP40)

> And I've witnessed um certain student colleagues just in tears because they've just, they've just been broken down by their mentor, you know.
>
> (Male, White British—HCP01)

> In one of the hospitals I was in there was a rumour that a gay man, member of staff on another ward had been bullied and had gone off sick.
>
> (Female, White British—HCP32)

As previously highlighted, a difference between ethnic minority and White British student nurses is that the White British nurses share 'witnessed' and 'rumoured' experiences of dissatisfaction, bullying, harassment, and feelings of being held back while this was the lived experience of ethnically minoritized student nurses.

For some participants, the organizational culture and work pressures created despondency and unhealthy team dynamics and working environments:

> I imagined like nurses would really care for each other and kind of be there to help each other out if they need it but actually, when it comes down to it, I think obviously time constraints and like pressures in the NHS don't help but a lot of nurses I've encountered don't often seem to be wanting to help each other out or can often kind of be a bit nasty to each other, which isn't good.
>
> (Female, White British—HCP17)

> I would say that, people that complain, if anyone has bothered to make a complaint, be it bullying, harassment, they … it needs to be taken very serious. People are … because probably some people has misused this in the past. They don't take complainants serious anymore. So, they go to some checkbox list. Have they harassed you on your kind of sexuality? No. On your race? No. On your this? No. Was it really their character then is not found. And such unhappy people carry on working in the NHS. And when people are unhappy, most people feel they are being, I would say it's … Cheated is not the word. If people think they are being trampled upon, they will seek to trample on other things that are of value to those people.
>
> (Female, White British—HCP05)

> I didn't want to stay there. I was like … You know when you just don't want to accept it because you hear such good stuff about [HOSPITAL]? And you just think, maybe it's me, you know. I'll get better at my job. And you get better and you get better and then it's like, no, it's still the same. They're still being like this. I'm leaving.
>
> (Female, Black Other—HCP38)

When student nurses have begun clinical placement, they were hopeful and held positive views of the experience; however, these views were changed due to their experiences with other nurses, These students felt that their experiences were not taken seriously and this is seen as an external issue by White British student nurses, whereas the ethnic minority student nurses initially understood these challenges as their failing.

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5.7.2 | Impact on patient care

Some participants spoke of the consequences for patient care when staff experience lack of support and of no value to those within the organizational hierarchy:

> So, an-and I think as well that also impacts patient experience, you know, if nurses don't feel valued or in ... in any member of the team don't feel valued, or don't feel like they're supported by management then I think that's, you know, inevitably going to affect the way patient's are cared for because of the, you know, mindset that staff are in.
>
> (Female, White British—HCP19)

While on clinical placements, some student nurse participants also witnessed colleagues' discriminatory attitudes and unfair treatment towards patients, many of whom were from racial and ethnic minoritized backgrounds:

> Um, so like it really, really affected me seeing that. Like I even had one patient who was kind of crying when I was about to leave my shift and she was saying please don't leave, like please stay overnight because I'm scared that when you come here tomorrow morning I won't be here.
>
> (Female, White British—HCP18)

> Is that from what I've, like ... Okay. So, okay, so the sickle cell patients a lot of the time, around pain, especially. Like, we've had sickle cell kids on our ward. Um, and nurses have been like, oh, they'll be, they're just faking it. They're fine. They can exaggerate. They know exactly what to do to get medication. So they have that perception rather than being like, no, actually, it's a really bad pain. It's worse than labour pain. That's what it's been described as. They need their medication right now....
>
> (Female, Asian—HCP-38)

6 | DISCUSSION

This research emphasizes the importance of creating supportive and psychologically safe working environments for ethnically minoritized student nurses starting their careers within the NHS. The themes identified in this study support the existence of marginalization (National Academies of Sciences, Engineering, and Medicine, 2022) and a hidden curriculum in nursing (Kelly, 2020) as an early-onset mechanism underpinning the wider culture, one that excludes ethnically minoritized staff and places them at a further disadvantage to the ethnic majority. This has been found in other recent studies where ethnically minoritized nurses report feeling excluded from opportunities for career progression and "White networks of power" (Pendleton, 2017) and Black African nurses specifically face discrimination, lack of opportunity, and poor treatment from staff (Likupe & Archibong, 2013). Other studies have also reported that ethnically minoritized students are aware of the hidden curriculum as a barrier and are inclined to make friendships based on access to the information held in the hidden curriculum to counteract the exclusion (Brathwaite, 2018b).

All nursing students were aware of ward culture as a negative workplace environment in which they found themselves. However, feeling unvalued was commonly disclosed by both White British and ethnically minoritized students, but for different reasons. This highlights the presence of marginalisation, particularly with regard to differentiation and power within the student nurse experience (National Academies of Sciences, Engineering, and Medicine, 2022). Though White British students were sometimes given tasks that they felt were beneath them, ethnically minoritized students believed that their mentor did not have time to support or guide them and that they were being actively subordinated and therefore unvalued.

Overall, student experiences of the workplace and organizational culture were found to determine whether participants had positive or negative experiences with mentors. Student nurse participants from ethnically minoritized backgrounds reported racism and cultural and/or religious microaggressions. White British students also experienced discrimination and inequity due to their age, sex, gender, and sexual orientation while also being valued for their whiteness. These experiences impacted whether students felt safe enough to report adverse experiences and whether they felt able to progress in the NHS, coupled with the varied perceptions of value may specifically affect job retention for ethnically minoritized nurses, and whether they consider applying for more senior roles in future.

In short, ethnically minoritized student nurses need to feel valued within the workplace to remain and progress within the NHS. Limited representation in senior positions may act as a deterrent for potential candidates from an ethnic minority background and prevent nurses from applying for those positions (Kinnair, 2018). Student nurses who do not encounter professionals from their own racial and ethnic group in leadership positions may feel that there are barriers blocking their own advancement in their careers as less progression is made (Brathwaite, 2018b). Figure 1 graphically presents the subthemes.

6.1 | Strengths and limitations of the work

A constraint of this research was that participants were not provided with their transcripts to review or provide feedback, which could have impacted the confirmability of this study. It is important to note that the sample for this study was restricted to London Trusts. While it is possible that NHS trusts with lower levels of ethnic diversity may present unique challenges for ethnically minoritized student nurses,

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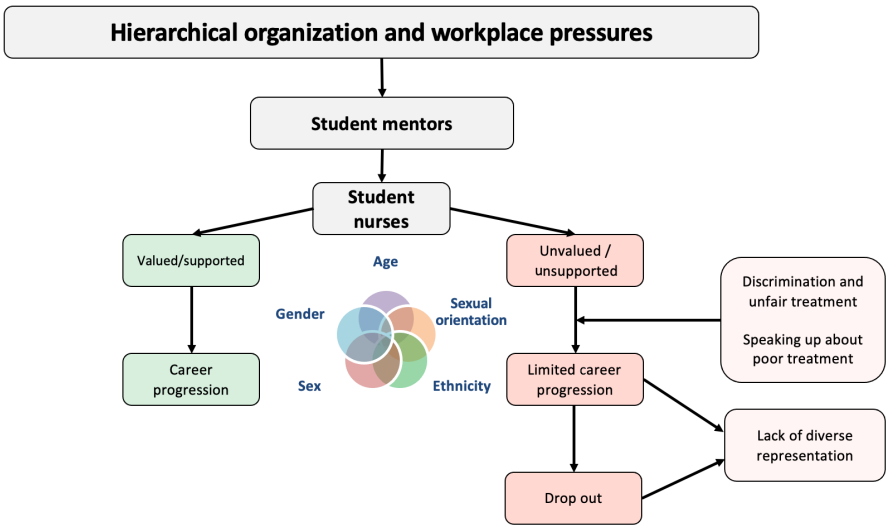

FIGURE 1 Overview of ward culture, feeling valued and supported, and career progression.

such as feelings of isolation, further research is necessary to fully understand the extent of these challenges. Nonetheless, findings from this study suggest that these inequalities are present when staff first begin working and training in the NHS and should be used as a starting point to address racial and ethnic inequalities reported by NHS trainees and staff (NHS Equality and Diversity Council, 2022).

6.2 | Recommendations for further research

Furthermore, analyses from post-COVID data may offer insight into how students' experiences of training and career progression were impacted by the COVID-19 pandemic, if/how ward culture changed, and how they navigated burnout, redeployment, and psychosocial stress. Additionally, it is imperative that we also examine the experiences of ethnically minoritized student nurses in trusts outside of London to create initiatives that are appropriate and widely applicable for addressing discrimination within the NHS. As previously demonstrated by Woodhead et al. (2021), feelings of isolation may also be a concern for those working in trusts with high levels of diversity but low levels of inclusion, particularly in London.

6.3 | Implications for policy and practice

The findings of this study shed light on critical implications for nursing education, healthcare institutions, and the healthcare system as a whole. The presence of a hidden curriculum and the experiences of discrimination reported by student nurses highlight the urgent need for targeted interventions and reforms that promote inclusivity and support ethnically minoritized students (Hussain et al., 2020). The implementation of the Hidden Curriculum Evaluation Scale in Nursing Education emerges as a valuable tool for assessing and understanding the hidden curriculum in nursing placements. By widely adopting this scale, nursing education programmes can gain important insights to inform decision-making and evaluate the effectiveness of interventions aimed at dismantling discriminatory practices (Akçakoca & Orgun, 2021).

The study underscores a concerning lack of accountability when addressing and following up on reports of discrimination by student nurses. This points to systemic issues within the healthcare system, highlighting the necessity for increased resources and investment in robust processes of accountability. It is crucial to establish mechanisms for reporting incidents and to appoint a designated person responsible for addressing and resolving such cases. Furthermore, the implementation of a comprehensive tracking system for incidents, along with regular monitoring of intervention effectiveness, can contribute to fostering a culture of accountability.

The recent shift in roles from student mentors to practice supervisors and practice/academic assessors in the NHS presents an opportunity to evaluate their impact and establish effective processes for leadership accountability. Specifically, these new roles should incorporate specialized training to identify and handle reports of racial discrimination. Moving away from generic cultural awareness and equality and diversity training, which have been found to be ineffective in tackling discrimination (Brathwaite, 2018b), alternative approaches such as interactive or experiential training and inclusive leadership training should be considered. Embedding diversity and inclusion in various training and development activities, including leadership programmes, is vital for equitable health care. This approach cultivates a capable workforce that addresses discrimination and fosters inclusion.

7 | CONCLUSION

These initial experiences of inequality and discrimination are liable to shape a student's perspective of their profession and ability to progress within nursing. The NHS is responsible for ensuring that student nurses' developmental opportunities are equal, irrespective of ethnicity. NHS trusts across the UK should focus on the erasure of the barriers faced by racial and ethnically minoritized students and

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aim to improve the unequal feelings of value during clinical placement. Addressing these tractable problems could help alleviate current retention issues within the NHS.

FUNDING INFORMATION

This work was supported by the Wellcome Trust (203380/Z/16/Z). CW and SLH are a part supported by the Economic and Social Research Council (ESRC) Centre for Society and Mental Health at King's College London (ESRC Reference: ES/S012567/1). SLH and CG are a part supported by the National Institute for Health Research (NIHR) Biomedical Research Centre in South London and Maudsley NHS Foundation Trust and King's College London. RR acknowledges funding from the Medical Research Council (MR/W021277/1). The views expressed are those of the authors and not necessarily those of the funders. The funders did not have a role in the study design; collection, analysis, or interpretation of data; the writing of the manuscript; or in the decision to submit the manuscript for publication.

CONFLICT OF INTEREST STATEMENT

The authors have no competing interests.

PEER REVIEW

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.15891.

DATA AVAILABILITY STATEMENT

Data is available upon request. To apply for access to these data please contact tides@kcl.ac.uk.

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How to cite this article: Walker, C. R., Gunasinghe, C., Harwood, H., Ehsan, A., Ahmed, F., Dorrington, S., Onwumere, J., Meriez, P., Stanley, N., Stoll, N., Woodhead, C., Hatch, S. L., & Rhead, R. D. (2023). Ethnic inequalities during clinical placement: A qualitative study of student nurses' experiences within the London National Health Service. *Journal of Advanced Nursing*, *00*, 1–14. https://doi.org/10.1111/jan.15891

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