Reflections on problems that could explain the glass ceiling for black mental health nurse academics

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By 2031, minority ethnic groups will make up approximately 15% of the UK population (Kings Fund, 2022).

The nursing curricula needs to represent a multicultural society, be fit for purpose and prepare all students and nurse educators to be culturally competent.

While decolonisation of the curriculum has begun to reverse the dominant subject narratives, this appears like a broad sweep of the brush to infuse a cerebral perspective.

Mental Health Nurse Academics UK (MHNAUK) is a group of mental health nursing academics from across the UK. We believe that people from Black and minority ethnic (BAME) backgrounds are under-represented in mental health nursing academia, particularly in senior positions.

This is surprising given the proportion of students who we work with who are from different ethnic backgrounds, and the diversity seen in the service user population.

Additionally, the NHS is reliant on BAME staff (particularly from overseas) but, in line with what is highlighted in this paper, this is not reflected among university staff teaching on the respective programmes.

As the highest-level educational institutions, universities are obligated to lead by example in championing the cause of uplifting the welfare and experiences of Black and minority ethnic students and acknowledging their contribution to the education system (Turner et al, 2021).

While the terminology BAME is contentious, the authors agreed to adopt this term for this article given that it is recognised and in the absence of a universally agreed definition of non-white, it is more likely to align with existing paradigms of thought and literature in this field.

This article addresses three key concerns to understand the juxtaposition of BAME mental health academics: workforce issues, BAME student experiences, and pedagogical improvisions to fend off the 'whiteness' of the curriculum (decolonisation).

The recent Nursing & Midwifery Council (2022) report 'Ambitious for Change' has inspired many nurses to press on with the equality agenda by confronting systemic inequalities.

In the document, the regulatory body puts forth quantitative and qualitative perspectives of its processes to reveal that Black males who are trained outside of the UK are particularly impacted by discrimination, bias and stereotyping.

The good news for mental health is that the report states that those in mental health nursing fields are most diverse in ethnicity, namely Black British African identity (NMC, 2022).

Sadly, when extracting the descriptors of the NMC education workforce, there is an under-representation of BAME staff within this area, and also in other settings such as school nursing and quality assurance.

The under-representation of BAME staff in academia is noticeable as the student body is not reflected in the staff teaching them.

Disparities in outcomes occur across the academic journey as, observed in degree-awarding gaps for BAME students and the under-representation of BAME academics in senior roles.

For example, reports from both the Higher Education Statistics Agency and Universities UK highlight that there is an under-representation of people from the BAME community working in lecturing positions and upwards at UK universities, and also there is an under-representation of women (Higher Education Statistics Agency, 2021; Universities UK, 2022).

The recent uproar about changes to the

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race equality charter has aroused anger in many university settings because the data was able to identify the areas that needed improvement, and the move to do so has been contested.

Kaur-Aujla et al (2021) emphasised the need for role models in nursing curricula, and purport that 'BAME representation in academic leadership roles is key to bringing down structural racism that is engrained in the British infrastructure.

Bell (2021) argues that the 'whiteness' of the curriculum is of concern and is likely to disrupt anti-racist efforts.

With the current gap in BAME staff in higher education, the impact is still within reach and influence. To genuinely transform the curricula and inclusive teaching practices, nurse educators need to fully immerse themselves in transforming, interpreting and understanding the notions of diversity, inclusivity and cultural competency.

Such a transformation requires a pedological shift, and possibly ontological, which is beyond decolonising the curriculum.

The existence of an awarding gap arguably sends a core message to BAME students that they are not good enough and that education and a career in academia is not for them.

The limited mobility and difficulty of moving into leadership positions in the NHS reinforces this belief.

The vicious cycle that is initiated in BAME students' outcomes and experiences continues to permeate the workforce, sadly resulting in a lack of role models in nurse education.

It follows that the appetite to embrace a role/career in education is perhaps diminished. Both the Royal College of Nursing (2022) and university sector-wide race equality schemes demonstrate a glass ceiling for BAME (and international) employees now, and the promotion process appears to be a key concern.

The metrics lead to data that captures the awarding gap at an endpoint, the journey where we as educators can shift is to focus on the concept of a 'rewarding gap' for students and educators.

That shift may lead to an improved

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student experience and a stronger sense of belonging, identity and connectedness, and can go a long way to foster a vision that BAME students can aspire to embrace opportunities for becoming nurse educators.

To have a wide and deep impact, the notion of threshold concept can be applied. The features of a threshold concept (Meyer and Land, 2003) can be applied, where we need to change the way we think about our subject matter.

Such change can be troublesome (counterintuitive or alien), but is seen as a transformative gateway to an understanding of new and conceptually difficult ideas (Meyer et al, 2008).

Culture in academia

Little research has been conducted into BAME staff experiences in academia, perhaps due to the lack of representation of BAME staff in senior positions, who tend to have more research/teaching contracts, or simply due to the sensitivity of the issues.

More research is needed to substantiate these considerations however it is clear that this is an under-researched area.

A study by Brown et al (2021) reported that during the COVID-19 pandemic ethnic minority students reported facing a range of difficulties throughout their training, impeding their learning and performance.

Relationships with staff and clinicians,

identified as facilitators to learning, are perceived to have hindered progress, as many students felt a lack of ethnic minority representation, and a lack of understanding of cultural differences among staff impacted their learning experiences.

Fengfeng and Kwak (2013) found that ethnic minority students had reservations relating to exclusive online learning and apprehension because of the COVID-19 restrictions, enforcing Berger and Wild's (2017) view of ethnic minority students being at particular risk of receiving substandard university experiences, which ultimately leads to unemployment following graduation.

Muraldi and Gibbs (2021) discuss the importance of using ethnic minority lecturers to deliver online sessions to support the inclusion and engagement of students.

Healthcare students within higher education have access to several sources of clinical placement support. These include personal tutors, clinical supervisors and academic assessors.

Indeed, empowerment information delivered by BAME facilitators in a therapeutic context appears to have increased BAME students' confidence in managing practice demands (Pottinger et al, 2021).

Potentially the combination of the factors described above can contribute to a more challenging journey and

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experience for BAME students, highlighting the call for improved representation of BAME facilitators and educators.

Recommendations

One issue that has become apparent is that the picture is unclear and there are no clear statistics on the number of people from a BAME background who are working as mental health nurse academics, or that data is hard to find. All we have is a professional intuition that there is no proportional representation.

Therefore, we recommend a sector-level breakdown to ascertain mental health Black academics' positioning in nursing departments across the UK.

Additionally, we also recommend further research into the experiences of mental health Black academic experiences in UK-based nursing departments.

An example could be a mixed methods study that examines the levels of job and role satisfaction plus a deeper exploration of individual experiences.

Conclusions

Current data and focus have elicited that little is known about UK Black mental health nurse academics given that there is a more diverse representation in mental health than in other fields of nursing.

There is good data in terms of BAME representation among clinical staff and patients, but this does not exist within the educational workforce.

Both professional intuition and research highlight that a focus on growing the BAME mental health nurse academic workforce would improve the student experience and, subsequently, patient outcomes. This is particularly important in these post-pandemic years. ■

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