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The Diversity Debate: Is midwifery higher education addressing the challenges of systemic racism?

Abstract

This series of six articles is inspired by themes initially arising from the Royal College of Midwives (RCM 2023) State of Midwifery Education report. The series explores the current landscape and challenges in educating the future midwifery workforce, particularly those that pertain to the Higher Education workforce. This third article highlights the lack of Global Majority midwifery academics. We chart the decisions and experiences of Global Majority applicants and students in midwifery Higher Education. The barriers these students face include systemic and individual racism. These experiences likely impact on Global Majority midwives choosing academic careers, yet we need greater diversity and representation in our education workforce. We therefore explore how this might be achieved by examining the sources of systemic racism and how we decolonise midwifery curricula to tackle the inequality not just for educators and professionals but for the women in our care.

Key words

Global Majority, diversity, allyship, racism

Introduction

The diversity of the midwifery education workforce is of continuing concern (RCM 2023a), particularly in the light of ongoing MBRRACE-UK data relating to outcomes for women (MBRRACE 2022), and their families and babies (MBRRACE 2023a; 2023b) when we know from the evidence that representation at every level is key to improving these. This article will consider the influence of institutional racism on the practice of our Global Majority academics and students, and how we have (or have not) begun to embrace decolonisation of the midwifery curriculum. We consider the demographics in the existing workforce and the benefits of racial diversity for students, staff, and NHS service users. We will consider how leaders in HE can respond to racism to create allyship and the necessary culture shift to empower Global Majority academics.

We have used the term Global Majority to collectively refer to people from Black, Asian, brown, dual heritage and other groups, although when quoting statistics the terminology the various reports will be used. The term Global Majority disrupts narratives that suggest people from marginalised groups are less than (especially the term Black, Asian, and Minority Ethnic (BAME) (Campbell-Stephens, 2020). It also encourages people from this background to see themselves as belonging to the Global Majority where identity transcends geography and does not exist solely in relation to dominant whiteness. The authors of this paper are aware that they are both white and have advantages afforded to us due to this. We do not pretend to fully understand or represent the views of the Global Majority. We are grateful for the time of Global Majority colleagues in helping us better understand some of the issues discussed below. We champion diversity in our staff and student body and are educating ourselves and others in anti-racist practices.

A profound lack of diversity in the midwifery profession

The RCM has been sending Freedom of Information (FOI) requests to UK universities since 2010. However, the request in 2023 that formed the basis of the subsequent report on which this series is based, was the first time that the ethnicity of the midwifery educators was included (RCM 2023a). Given that there has been considerable evidence of inequalities in maternity outcomes for women from Global Majority backgrounds since Knight et al (2009) and the events of 2020 (the Covid-19 pandemic and murder of George Floyd) that highlighted structural and institutional discrimination, it is surprising that this information has not been requested previously. Despite the greater national awareness and action to address inequalities, some universities withheld their data for this diversity question. The universities used Section 40 (2) of the FIO Act that states personal data can be withheld if it contravenes data protection principles. The number of universities who withheld the data is not stated. Of those that replied, 95% of the midwifery educators were white (RCM 2023). A pie chart is used to represent the ethnicity of the midwifery educators in their report, but no other statistics are offered (RCM 2023a). From the size of the pie chart slices the 5% of midwifery educators from Global Majority backgrounds predominantly identify as Black/ African/ Caribbean/ Black British followed by mixed/multiple backgrounds with Asian/Asian British represented least.

Ethnicity of educators 2022/23

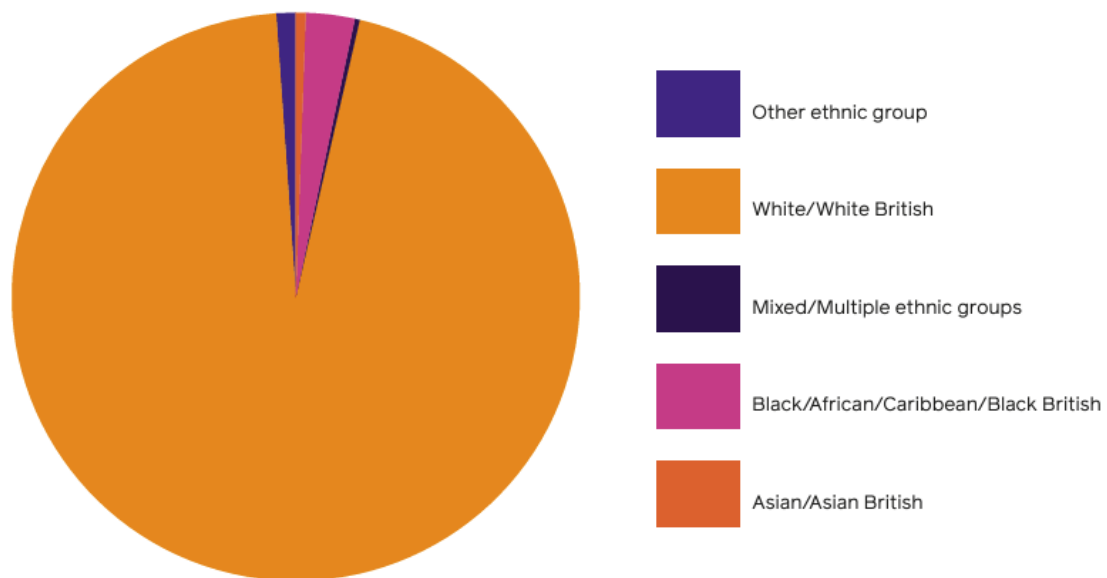


Figure 1.0 – Ethnicity of midwifery educators, (RCM, 2023).

The NHS (2023) has a more diverse staff body for all professionally qualified groups (doctors, paramedics, healthcare scientists, nurses, and midwives) with 31.3% from Black, Asian, and other demographics. There are slightly more Global Majority nurses (32.6%) and significantly greater representation with doctors (49.9%). By comparison, the NHS Global Majority midwifery workforce is 13.3% (ibid), nearly three times that of midwifery academics. Black midwives make up 7.8%, followed by midwives from an Asian background 2.5%, mixed heritage 2.1%, Chinese 0.2% and other ethnicities 0.6%.

It is not just the midwifery profession that has fewer Global Majority academics in higher education than clinical practice. The Council of Deans of Health (CODH) (2020) noted that the diversity of academics in all health professions was lower than in clinical practice. Their survey was returned by 61% of universities but only 58% (49 of the 84 universities who are members of the CODH) replied to the individual staff demographic data. There were noteworthy differences between the professions and four countries of the UK, however a caveat is given that due to the response rate this does not provide a complete picture. Those from Global Majority backgrounds comprised only 7.9% of their sample of 6830 health professional academics, with the largest group from Asian/British Asian backgrounds (3.5%), then Black university academics (2.3%). The CODH report compared the Higher Education staff demographics more broadly and found that 22.6% of HE academics are from Global Majority backgrounds, compared to the 7.9% in academic health professions.

Recruiting midwifery staff to higher education was not reported as being as difficult as recruiting to nursing or allied health professions (CODH 2020) despite the need to attract academics from underrepresented groups into academia. This is especially important for midwifery when the proportion of Global Majority academic midwives is lower than for other health professions and HE generally. Midwifery needs to move from being a predominantly white profession to having greater diversity at all levels: students, clinical staff, managers and in higher education. The lack of representation of Global Majority midwifery academics may be a limiting factor in recruiting this demographic of student and the students' experience in clinical practice and university may be negatively influencing the likelihood of these midwives progressing into academia, as the evidence demonstrates (Gnanapragasam 2024a and 2024b, Okiki et al 2023a, 2023b, and Pendleton, Clews, and Cecile 2022).

Individual, institutional and systemic racism

Education is said to be transformational, for the individual accessing it and for its benefits for society. Indeed, this Sapientia section of the BJM aims to bring wisdom and good sense to the profession. To change the experience and outcomes of people from a Global Majority background, whether they are accessing education intending to become a midwife, teaching the future workforce or a woman experiencing pregnancy and birth, there is a need for a shared understanding of racism in all its forms, so that anti racist practice becomes the collective norm. Anti-racist practice is both an individual and organisational process of identifying and eradicating racism by identifying the root causes within systems and organisational structures, policies, and practices so that power is shared equitably (Miller 2021).

If an individual holds the belief that one group of people are inherently superior to another group, particularly an ethnic group this is classed as individual racism. Most people understand this form of racism, especially if it is overt. Three other terms: institutional, structural and/or systematic are often used interchangeably. Institutional racism manifests as different outcomes for certain groups in society. Whilst there are nuances between them (Braveman et al 2022), it does not particularly advance the discussion here.

Institutions, such as universities, have been examining and addressing policies and practices to reduce inequalities between groups, such as recruitment practices and what is taught in the midwifery curriculum. However, sometimes the effects on certain groups are so stark and profound that groups are systematically or structurally disadvantaged. Systemic racism emphasises these systems: legal, education, healthcare, and criminal, often all systems are involved. Systemic racism also includes the structures which operate at an institutional level (laws, policies, and entrenched norms) that enable racism to exist (Braveman et al 2022). The development of systemic racism is often cumulative involving history, culture and beliefs and interactions with institutions. Systemic racism has been identified as the root cause of the difference in pregnancy and birth outcomes for women from Global Majority backgrounds in the UK (MBRACE-UK 2022, 2023, Birthrights, 2022).

Systemic racism may also explain why there are so few Global Majority midwifery academics. To become a midwifery academic, prospective students need first to choose midwifery (whether this is the direct entry route or shortened course for registered nurses), enrol as a student, graduate, and choose an academic career path. This paper explores the contemporary evidence from potential applicants to midwifery, midwifery students, and newly qualified staff before attending to the research on academics to examine barriers to progression.

Global Majority midwifery students' experiences and outcomes

Barriers exist at the very beginning of entry to a midwifery career pathway. Three universities in the Southeast of England conducted a survey of 101 Global Majority midwifery candidates and 314 white candidates on direct entry programmes (Okiki et al 2023a). The quantitative survey data was triangulated by focus group interviews with thirteen Global Majority midwifery students and one newly qualified midwife (Okiki et al 2023a). The findings found some significant differences between the two groups of applicants. These included the choice, career path and determination needed to pursue midwifery. Global majority applicants were less likely to know about midwifery as a career than their white counterparts. There was some Global Majority community stigma regarding choosing midwifery as a profession although the participants could not articulate the cause of the stigma, and Global Majority families were less likely to be encouraging of midwifery as a career choice.

During the application process itself, there were barriers for Global Majority applicants. These included the absence of Global Majority academics at Open Days and interviews, and a lack of diversity in the existing student body. The interview process was not seen as equitable for all applicants. The discussion notes institutional racism as a barrier to recruiting Global Majority midwifery students (Okiki et al 2023a). However, we would argue that this is structural racism as the effects are cumulative and cultural, as well as institutional.

Once recruited to the course, Global Majority midwifery students had to navigate institutional whiteness (Okiki et al 2023b). The thirteen midwifery students and one preceptor were asked how their ethnicity affected their experiences in university and in

placement. The strength of the findings; of being an outsider, discrimination, and racism, are palpable in the direct quotes and analysis. The participants also witnessed racism directed at women and families in clinical practice. Participants were wary of reporting this for two main reasons; not knowing where to report this and feeling fearful of repercussions. Midwifery academics too were unhelpful, dismissive, or lacked the capacity and structural mechanisms to respond. There were some positive findings, with the importance of allyship from white and other Global Majority midwives and students advocating for change and challenging the status quo too. Favouritism from lecturers and practice supervisors towards white students was noted. There is a clear need for midwifery academics and placement facilitators to openly discuss racial inequalities and address discrimination (Okiki et al 2023b).

Gnanapragasam (2024a) explored the assessment results of midwifery students in one English university. While this also derived from the south of England, it was a different region to the Okiki et al studies (2023a and b). Gnanapragasam found a statistically significant difference between Black, white, and other ethnicities of student degree classifications. She compared the results from 247 midwifery students. 70% of the white students were awarded a First-class award, compared to 34% of Black students and 52% for students from other ethnicities. The study revealed that something was happening during the student journey that resulted in the degree awarding gap. On reading Gnanapragasam's paper, we immediately attributed this gap to grading of midwifery practice (Chenery-Morris 2020) because the sample was from 2014-2018 when it was mandatory for all UK midwifery curricula to grade clinical practice (NMC 2009). While no mention of clinical grading was discussed, Gnanapragasam (2024b) covers this in her second article. Here, Gnanapragasam's analysis of practice assessments demonstrated that Black, Asian and minority ethnic students were less likely to receive a first in practice in the first year of their studies (27.8%) compared to their white counterparts (53.1%). The lower overall degree classification and likely impact of lower practice grades on self-esteem, placement experience and sense of belonging for these learners may reduce the likelihood of these midwives progressing into academic careers.

One further study examined the experiences of five Black, Asian and minority ethnic midwifery students at yet another English university with similar findings (Pendleton, Clews, and Cecile 2022). Again, there was a lack of Global Majority representation within their cohort, in practice and the teaching team, compounded by racist attitudes and stereotyping. This was exacerbated by the white centric teaching materials. Collectively the above papers demonstrate that there is an issue with inclusion throughout midwifery education.

For internationally trained nurses who want to become midwives, many of whom are from the Global Majority (NMC 2023) some are not eligible for the shortened midwifery course due to their visa requirements. Additionally, some internationally trained, dual qualified nurses and midwives have only registered their *nursing* status with the NMC, reducing the potential pool of midwifery academics further. Anecdotal evidence from colleagues suggests the process for NMC nurse registration is better known and considered less risky than midwifery registration. Research to determine the reasons for this would aid understanding

of the challenges and necessary action. We will return to the calls to action to address these inequalities at the end of this paper.

Experiences of Global Majority academics

We intended to include the experiences of Global Majority midwifery academics within this paper but could not identify research from this specific group. In part this could be because there are so few Global Majority academics in UK Higher Education, however it is also likely to be attributed to racism in action with systemic underrepresentation in research of these staff experiences. We did, however, find many papers on Black female academics' experiences in HE more broadly. While we acknowledged that midwives are not exclusively female in our last paper, the vast majority are. We therefore used the experiences of female Global Majority academics as a proxy to represent some of the difficulties that midwifery academics from these backgrounds may encounter. Being female and from a Global Majority increased the likelihood of discrimination from sexism and racism. The term used to describe the compounding disadvantages of multiple identities such as disability, sexuality or socioeconomic status is called intersectionality. The effects of these personal characteristics and experience, intersecting with systems and structures have been studied within nursing research, practice, and education (Siira et al 2023). Intersectionality, as a theory, lens, method, or tool for research aids the awareness and analysis of inequalities so that action can be implemented to address these in a more meaningful way (Siira et al 2023).

The experiences of Global Majority academics resonate with those of the midwifery students despite the obvious difference between being a member of staff rather than a student. The academics also experienced discrimination (Stockfelt, 2018), marginalisation (Sang, 2018), hyper scrutiny (Wright, Thompson, and Channer, 2007) and outsider status (Bhopal, 2015). Similarly, there were papers summarising issues in nursing higher education that described the experience of faculty from diverse backgrounds and explored strategies for improving culture and diversity (Alsulami and Sherwood, 2020). Findings demonstrated that greater faculty diversity was beneficial for all; academics, administrators, and students.

Making a positive change: actions for change, allyship and anti-racist practice

Academic midwives working in Higher Education can improve the experiences of Global Majority midwifery students and outcomes for women (and influence representation in academia) by teaching a curriculum that acknowledges and explores individual, institutional, and systemic racism (Jieman et al 2022), that gives all students the tools to undertake inclusive, clinically relevant assessments and treatments. As a minimum this should include recognising changes in condition and deterioration of women and babies with darker skins (RCM 2023b). Academics also need to listen to and follow up on all reports of racism (Birthrights 2022; Playfair, Hunt and DaCosta 2023).

Last year the RCM (2023b) published an education toolkit that aims to remove the colonial lens through which most education has historically been taught in the UK. For instance, the content of key midwifery textbooks has been, rightly, criticised for presenting a light skinned, Eurocentric white woman as the norm (Harkness and Wallace 2021). While more

resources have been developed to address this (Raynor et al 2021; Menage et al 2021), colonialism continues to manifest through the lack of diversity especially in higher education in midwifery and in Global Majority student experiences and outcomes (RCM 2023b). The toolkit has four sections supported by evidence to assist in antiracist practices. The sections encompass student recruitment, the curriculum, assessment, and practice, mirroring the themes of this paper.

Midwifery students and staff additionally need to understand social inequalities, white privilege, and racism in all its forms so that they can challenge this, speak up when it is witnessed (become an active bystander) and speak out against racism (Jieman et al 2022; Playfair, Hunt and DaCosta 2023). Midwifery academics need to lead on these conversations in university and with our practice partners. Examples of microaggressions can be discussed in class, such as asking someone ‘where they are from?’ and not trying to pronounce names properly. The Birthrights (2022) report, ‘Systemic racism, not broken bodies’, acknowledges that healthcare professionals can fail to recognise that they are using stereotypes or microaggressions. Therefore, one of the first steps in tackling racism is understanding how our personal actions affect others. Robust recommendations have been developed in relation to nursing education (Playfair, Hunt and DaCosta, 2023); some of these are summarised below alongside the Birthrights (2022) findings and further resources.

Birthrights (2022) call to action for all parts of the maternity system, including Higher Education	Playfair, Hunt and DaCosta (2023) recommendations for educators	Further resources
Commit to being an anti-racist organisation.	Institutional commitment to training and education to support and retain staff and students.	https://www.cipd.org/uk/knowledge/guides/anti-racism-strategy/
Decolonise maternity curriculums and guidance.	Teach about social determinants of health and how racism in society impacts health. Incorporate diverse teaching resources and methods.	Decolonising Midwifery - RCM Promoting race equality and anti-racist education Resources National Improvement Hub
Create safe, inclusive workforce cultures.	Do not deny racism or say I do not see colour. Understand white privilege, even if it feels uncomfortable.	Attracting, supporting and retaining a diverse NHS workforce Nuffield Trust 7 Characteristics Of Effective Workplace Allies - Hone (honehq.com)
Dismantle structural barriers to racial equity through national policy change.	Move from mandatory training on unconscious bias alone to anti-racist practices and allyship	Inclusive Britain action plan: updates - GOV.UK (www.gov.uk)

Conclusion

The UK position is not unique, despite higher education organisations globally committing to diversity and inclusion policies (Alsulami and Sherwood, 2020). Many countries struggle to have faculty staff that represent their country's demographics. The benefits of a diverse workforce in midwifery cannot be overstated given the poor outcomes for women and their babies from Global Majority backgrounds nationally and globally (Beeston 2023 and Birthrights 2022). Our profession needs greater diversity in our teaching staff, clinical midwives, and midwifery students to reflect the diversity in our population and improve outcomes for Global Majority women especially in maternity services (RCM 2023a and 2023b).

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CPD questions

Do you know what constitutes a microaggression and then hold colleagues to account if you hear these used in clinical practice, the classroom or workplace?

Do you understand systemic racism and how representation and allyship can question and change entrenched practices for greater equality?

Have you read the RCM Decolonising Midwifery Educators Toolkit? This is relevant whether you are a student, clinical or academic midwife.

Have you watched the NMC Challenging discrimination videos? As a registrant the Code states that everyone has the right to dignity and respect, the animation supports professionals to feel confident about challenging discriminatory behaviour.

If you are white, have you reflected on your privilege?