Promoting students from ethnic minorities as change agents through the development of a black, Asian and minority ethnic (BAME) virtual wobble room

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Abstract

COVID-19 presented higher education with significant challenges, which were compounded for those teaching or studying towards healthcare degrees, where students were still undertaking clinical placements and delivering care in clinical practice. As the number of deaths from COVID-19 continued to rise, health disparities amongst black, Asian and minority ethnic (BAME) populations became increasingly apparent. In April 2020, a weekly virtual 'wobble room' was created to support student wellbeing, alleviate distress and strengthen student-staff partnerships in a large school of health sciences in the East Midlands. The BAME wobble room provided a ninety-minute weekly virtual drop-in session. Each wobble room was facilitated by four staff sponsors in rotation and attended each week by an average of twenty students from undergraduate and postgraduate healthcare courses, including nursing, midwifery and physiotherapy and those studying for a PhD in health science. This paper reports on the approaches adopted in and outcomes of the wobble room – which continues to run – and includes lessons learnt through staff-student co-production methods, as employed in developing a safe space to address inequalities and structural disparities.

Introduction

COVID-19 presented significant challenges for higher education (HE), particularly in relation to course delivery and student experience and wellbeing. Aucejo *et al.* (2020) reported that, on account of the pandemic, students faced delayed graduation, reduced expectations for future earnings and the loss of job offers and internships. In addition, there are already indications of great variation in student outcomes as a consequence of socio-economic divides, with lower-income students being more likely to experience delays in graduation than their higher-income peers (Aucejo *et al., op.cit.*).

Black, Asian and minority ethnic (BAME) attainment gaps in HE are often attributed to broader societal inequalities, such as socio-economic factors. Disparities between BAME students and their white peers are well evidenced in United Kingdom (UK) HE (Universities UK, 2019). BAME students are disproportionally more likely to drop out of their degrees and less likely to finish their studies with an honours degree classification of a 2:1 or above (Office for Students, 2018). Proactive steps have been taken by the Office for Students (OFS) to incentivise institutions to address these performance gaps. For example, the Teaching Excellence Framework has historically asked providers to evidence positive outcomes for all student groups (Department for Education, 2017, p.26). Moreover, universities charging higher fees are now required to have an approved access and participation plan which outlines their strategy for improving equality of opportunity for under-represented groups (OFS, 2020).

Provision of healthcare education presents additional challenges to higher education institutions (HEIs) supporting BAME students. Students studying healthcare programmes in HE are required to undertake mandatory placement hours in healthcare organisations. National Health Service (NHS) England reports have demonstrated race inequalities in the NHS for staff, students, and patients (NHS Equality and Diversity Council, 2017). BAME staff are more likely than their white counterparts to be disciplined, to experience bullying or harassment and to face barriers to career progression (NHS Equality and Diversity Council, 2017). A recent study concluded that factors such as unfair decision-making, poor disciplinary support and policy misapplication contribute to an unequal experience for BAME healthcare staff (Archibong *et al.*, 2019). In addition, students studying health sciences degrees have reported feeling both a lack of belonging and marginalisation from others during their studies (Hammond *et al.*, 2019). As a result, BAME healthcare students may find themselves at the intersection of institutional injustice from their universities and healthcare trusts whilst studying towards their degrees.

As the pandemic has unfolded, ethnicity has emerged as a risk factor in COVID-19 mortality (British Medical Association, 2020). It is unclear what the relationship between ethnicity and COVID-19 mortality may be, but there have been suggestions that socio-economic, cultural or pathophysiological differences could be involved (Khunti *et al.*, 2020). Thus, adequately supporting and safeguarding BAME students during their healthcare degrees has become an increasingly multi-faceted challenge. This was exacerbated during the pandemic when final-year students in disciplines such as nursing were given the opportunity to be deployed to help with the healthcare effort and to complete their degrees on time.

COVID-19 increased the workloads of healthcare workers and showed that they had to have adequate personal protective equipment (PPE). Consequently, organisations came to acknowledge that they have a duty always to protect the psychological wellbeing of all clinical and non-clinical healthcare workers – and particularly during a pandemic. In response, researchers have developed innovative digital tools to try to embed, during the current pandemic, the importance of normalising psychological care for frontline workers (Blake *et al.*, 2020).

These concerns for healthcare workers, coupled with the murder of George Floyd on 25 May 2020 and the Black Lives Matters (BLM) protests which ensued, triggered a social justice approach to supporting healthcare students in the school in this study. In response to recognition that BAME healthcare students might well be facing, on account of their BAME background, an additional psychological burden in continuing their studies or returning to the clinical environment, a weekly virtual BAME wobble room was set up. Our study outlines how, with the aim of ensuring that BAME healthcare students would not be disadvantaged by the pandemic, this wobble-room initiative was used to manage students' distress and support their wellbeing as well as to strengthen student-staff partnerships.

Approach

The BAME virtual wobble room provided weekly drop-in sessions via Microsoft Teams (MS Teams). The concept was inspired by actual and virtual wobble rooms which had been developed and proved popular in NHS Trusts (Bates, 2020; Evans, 2020). Some NHS wobble rooms were simply quiet rooms that staff could visit when feeling overwhelmed;

others, more sophisticated, included self-help tools, refreshments and digital access to pastoral and therapeutic support services (Ford, 2020).

We drew upon the work of Freire (1993) to adapt this model to the unique demands of BAME healthcare students: in particular, the steering of discussions and outputs aimed towards addressing and appreciating the relationships between the facilitator, students and the social contexts of the meetings. The room offered a discussion forum where issues specifically affecting BAME students and BAME communities during the pandemic could be explored and meaningful conversations held. BAME students co-produced the discussion space and were encouraged to emerge as agents of change within the space, the clinical environment, the University and their communities.

Given the sensitive nature of the discussions, the wobble room was sponsored by four staff members who were existing voluntary sponsors of the Health Sciences BAME Student Network. The staff sponsors, all from BAME backgrounds, each had professional backgrounds in nursing, mental health or psychology. They also held school roles in representing student needs and interests, including research, digital curricula, healthcare clinical practice, equality, diversity and inclusion, education and student experience. As such, they applied their expertise to formulating the etiquette for the online space. It was agreed this space should be made exclusive to BAME students, to enable them to feel safe and comfortable about expressing and exploring issues which they felt were specific to BAME healthcare students; it was to be a space free from perceived stereotype threat or judgement. Students identified it as a space where they felt understood without needing to explain what it is like to be a BAME healthcare student or to belong to a BAME community with all the complex intersectional challenges this presents.

Importance was placed on this being a student-led forum, where students would feel free to select broader themes for weekly discussions and where they could be guided through personal experiences and reflections. They were encouraged to engage in peer support based on their shared experiences, to participate in enquiry-based learning, to develop their own unique solutions and to continue conversations with each other, both inside this virtual space and outside it, in real-world contexts. This differed from the wobble rooms provided for staff in healthcare settings in that this was a place not only to offload personal concerns and gain respite from psychological stresses, but also a reciprocal space in which students could raise concerns about organisational and structural matters, for escalation within the school. Students were informally educated and empowered to utilise existing processes and sources of support to ensure that their needs were met during the pandemic in both clinical and educational settings.

Method

A recurring weekly invitation to an MS Teams meeting went out via email to all students in the school, including undergraduate and postgraduate students in nursing, midwifery, physiotherapy and sports rehabilitation, as well as those studying for a PhD in nursing or health sciences. It stipulated that the space was specifically for BAME students and was offered as a dedicated addition to the existing support and wellbeing opportunities available to all students in the school – viz. clinical supervision, pastoral welfare support from personal tutors and support from practice and academic assessors. BAME students were encouraged to attend, irrespective of whether they were working on theoretical aspects of their course or

had chosen to be deployed into clinical practice. In order to prevent BAME students from feeling that they were being given preferential treatment, all students were reminded that the school's separate, monthly BAME Student Network meeting remained open to any students who identified as belonging to other ethnicities or as BAME allies and advocates. Students who could not attend the synchronous sessions were invited to post their questions or reflections in the Teams chat for response before or after the meeting.

Sessions lasted one and a half hours. Though attendance was not formally recorded, it is estimated that sessions were attended by an average of twenty students each week. They were facilitated by at least one staff sponsor on a rotational basis. In advance of the following week's session, staff sponsors would meet for a debrief, which provided the opportunity to agree on the theme for discussion, reflect on what had been discussed, share stakeholder expertise and confer on decisions about responsive action.

Sessions were flexible in structure, to support students in taking control of steering the direction of conversations and discussions. It was made clear to students that they did not have to appear on webcam, but could remain silent and just listen if they so wished. At times, students were intentionally left in uncomfortable silence to allow them space to speak up and emerge as leaders. MS Teams was an ideal platform to host the discussions, as it allowed facilitators to call on students using the hand-raise function and to pick up pertinent topics from the chat. Despite the fluidity, a broad structure for the sessions emerged as follows:

- Round-robin introductions allowed students to share how they were feeling that day.
- The theme for that session was outlined, along with suggested prompts for exploration.
- An open discussion would ensue.
- Facilitators would make a note of the themes or issues raised: to escalate or to use as the means of signposting students to additional resources after the session.
- Usually, themes for the following sessions organically emerged from the students during the discussion.

Case studies

Table 1. Overview of wobble room sessions at the height of the first wave of the COVID-19 pandemic (April-August 2020)

Theme	Topics discussed	Responsive action(s)	Social context
Discrimination in practice	• Access to PPE • Concerns over raising issues in clinical areas • Experience of not being listened to when raising issues in practice • Experience of discrimination in healthcare generally • Concerns about exposing children or older family members to COVID-19	• Students were given an explanation of how the school's risk assessments would factor in ethnicity and be used to allocate their placement areas • Advice was given about dealing with discrimination in the moment and how to escalate it within the school	BAME healthcare staff are more likely to experience discrimination in the NHS
Health behaviour change in BAME communities	• Health promotion and being an agent of change as a student nurse in the community • Historical distrust of the government and healthcare professionals within BAME communities; students discussed how they might try to dismantle this	• Digital training circulated on health promotion	BAME individuals are more likely to have existing health problems
Learning at home	• Transition to online learning • Coping strategies for working at home and dealing with digital overwhelm • Managing study around childcare and inter-generational households		
Dealing with being overwhelmed	• Students experiencing exhaustion, feeling pressure to perform in practice, to be a good student and social justice campaigner for racial equality • Feeling overwhelmed by close family deaths	• Resources provided on protesting safely and protesting online • Next session to be on grief to address bereavements • School-level student all-hands meeting set up to discuss BLM and decolonising the curricula	Coincided with BLM protests in Nottingham

Case studies

Grief and rituals	• How students were dealing with increased levels of death and dying around them among service users and their own families and communities • Normal rituals disrupted owing to COVID-19 restrictions on funerals and attending places of worship	• University Chaplaincy team invited to the next session	Increased risk of COVID-19 mortality related to ethnicity meant BAME students were more at risk of personal experience of COVID-19 bereavements
Trauma and loss	• Christian and Islamic representatives from the Chaplaincy team attended to provide advice on processing trauma and loss in a faith context • Advice given on cultivating personal spiritual practice and forgiveness of self		Deaths from COVID-19 were continuing to climb nationally
How can our University be more inclusive?	• Feeling burdened by having to 'teach' people how to be anti-racist • Discussion of what is required for inclusive classrooms	• Agenda to develop a survey on what training staff and students need to create an inclusive anti-racist space	
Finding joy during the pandemic	• Grounding in nature techniques • Using music to escape • Wellbeing apps • Practising gratitude • Importance of sleep • Digital detox	• Students shared links to playlists, apps and YouTube videos	
Racialised equity labour and University appropriation	• Discussed Lerma *et al.* (2019) • How students felt BAME change agents were used in higher education (valued vs. exploited). • Whether they felt they had space to make authentic change	• Students as change agents project ideas were generated	

| Writing dissertations while recouping missed practice hours | • Time management

• Project management

• Advice given from an active BAME researcher on burnout and impostor syndrome | • Students who had already completed dissertations gave advice.

• Strategy developed to strengthen alumni relations to allow graduates to come back and talk to students about their experiences | |

Discussion

This case study has outlined the development and implementation of a BAME virtual wobble room to support BAME healthcare students during the COVID-19 pandemic. To ensure the wobble room continues to evolve, two students have provided reflections on their experiences in response to the following trigger questions:

- Why did you attend the wobble room?
- What issues were you dealing with around COVID-19 – what were your fears?
- What did you get from the wobble room?
- How did the wobble room prepare you for your return to practice?
- How do you think the wobble room should be developed in the future?

Students and staff overwhelmingly reported the main benefit of the wobble room to be having a space to decompress and express the constellation of pressures they were experiencing, which they felt differed from non-BAME students within the Russell Group. One student remarked:

> *"Trust me, I have no idea what would have happened to me without the wobble room."*

Specifically, pressures included meeting academic deadlines, an increased fear of contracting and passing on COVID-19, for reasons related to ethnicity and a higher number of close personal bereavements linked to COVID-19. Many mature students with caring responsibilities study healthcare courses in the school; consequently, for these students, there is an additional layer of complexity in balancing academic, practice and caring responsibilities. Students benefited from receiving peer support from others and reported feeling comfort from a reduced sense of isolation in recognising that they were not the only ones experiencing struggles of a similar kind.

Healthcare students at the University have access to several sources of placement support. These include personal tutors, clinical supervisors and academic assessors. However, empowerment information delivered by BAME facilitators in a therapeutic context appears to have increased BAME students' confidence in managing practice demands. The following quotes illustrate how students feel they have benefited from the discussions held in the virtual wobble room.

"I can seriously say that without the wobble room, I am not sure if I would have returned to practice at all because I was that fearful."

"I learnt to take responsibility for my safety and protection by asking for appropriate PPE in practice, to speak up when there is a need to do so."

"I have never been that confident in practice prior to COVID-19. I have the wobble room to thank for this new confidence."

UK BAME medical students recently wrote a response to an article exploring factors influencing students' return to clinical practice during the pandemic (Blaaza *et al.*, 2020). They highlighted that social vulnerability, which disproportionally affects BAME students, is often overlooked when a reluctance to return to practice is considered. Students who attended the wobble room initially expressed distrust in the University's ability to understand their concerns and were suspicious that risk assessment information might be used to prevent specific groups from practice, which in turn would hinder the completion of their studies. Through transparent and open discussion of BAME discrimination and historical mistreatment in healthcare, in addition to the reciprocal relationship developed as a result of acknowledging and responding to BAME student concerns, we were able to allay these worries:

"Knowing that the School would do what they could to support students and ensure their safety was paramount"

Co-producing the discussion space with students allowed them to emerge as change agents in the development and delivery of the sessions themselves. Students asked that summaries of the sessions be posted in the MS Teams space after each session, to allow them to reflect upon and articulate to others what they had been doing during this time. Students actively took up the organisation and promotion of the space by sending out reminder emails and announcements and sharing useful resources in MS Teams. They reported an increased sense of community which helped them during the pandemic.

Advocacy, health promotion and social justice approaches are already a part of health sciences curricula. However, in encouraging BAME healthcare students to invoke these skills practically, for their own benefit and for that of their community during the COVID-19 pandemic, we have empowered them to view themselves as future healthcare leaders. Students were particularly receptive to this notion as the pandemic highlighted the lack of BAME senior healthcare leaders. Moreover, the admission that BAME students felt exhausted by pressures to campaign for racial equality galvanised the school to hold an all-hands meeting for all staff and students, looking at inclusivity issues in HE. Several students have expressed interest in combining wobble room activities with existing change-agent work they are doing within the University as part of their Advantage Award.

Conclusion

This BAME student-staff partnership highlights the usefulness of creating reciprocal discussion spaces where knowledge can be exchanged between staff and students. The wobble room allowed staff to outline transparently how policies and practices could be used for the benefit of BAME students while also supporting student distress. Equally, students were encouraged to voice their concerns about any shortcomings they perceived in the

organisational systems around them for escalation to senior management. This allowed for a transmission of cultural capital between those in different roles within the school.

For students, this resulted in an increased confidence to effect change in the school and in clinical practice. As the first wave of the pandemic stabilised, the wobble room moved to monthly meetings because many of the students graduated or returned to their clinical placements. Thus, the fundamental aim of the wobble room had been achieved, in that BAME students had been empowered to sustain and complete their studies while maintaining a sense of wellbeing.

For staff, the topics raised in the wobble room have provided an authentic understanding of BAME student perspectives. Allowing student perspectives to emerge organically in a therapeutic space meant that these perspectives were free from any acquiescence bias such as may occur in a typical focus-group situation. Some of these insights were relayed to academic and professional staff, key role holders and leaders in the school; they were shocking and concerning to non-BAME staff. This has provided two main benefits: first, we have identified ways in which we can strengthen our existing equality, diversity and inclusion offering; second, the importance of representation in HE has been underlined. The fact that facilitators themselves belonged to the BAME community encouraged fearlessness in discussing taboo topics and contributed to students' willingness to be open.

Practical action to strengthen our equality, diversity and inclusion offering has included school-level meetings for all students and staff to discuss decolonising the curricula and the issues raised by the BLM movement. We are working with our alumni relations team to strengthen our BAME alumni relationships, with the aim of creating more peer-support opportunities for students who can provide a post-qualification perspective to current students. We aim to work with our colleagues who manage the University-wide Students as Change Agents programme to scaffold student activity in the wobble room into opportunities that formally acknowledge BAME students' leadership skills and support their employability. One way of doing this would be to rebrand the wobble room as an 'empowerment room' in which, following the pandemic, students might address themes associated with BAME attainment gaps.

While the pandemic continues and healthcare workloads are increased, it is not feasible to place additional demands on healthcare partnerships. However, as disproportionate BAME disciplinary action is an issue, even among student populations, future wobble room activities may seek to co-produce content from a student perspective on these matters, for practice supervisors' consideration.

Owing to the rapid, reactive nature of this initiative, support for the benefits of the BAME wobble room is largely anecdotal and reliant on a small number of self-reports from students. In order to share this initiative with others, it would benefit from the development of stronger evaluation and impact measures that are mapped to student outcomes. The importance of using BAME facilitators has also been raised. However, it is understood that BAME staff are under-represented in academia and so, for this initiative to be used by others, best practice guidelines should be developed which may benefit non-BAME facilitators.

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