Student explorations of black and minority ethnic attainment inequalities in pre-registration physiotherapy – a qualitative study

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Outline

- Background
- Purpose
- Methods
- Findings
- Conclusion
- Implications
Background:
Norris et al (2017) BME attainment

-11.1% (95%CI -13.1 to -9.2)
-7.1% (95%CI -9.7 to -4.5)
-4.7% (95%CI -7.1 to -2.4)
Other research: BME in physiotherapy

- Students lower attainment / academic difficulty (Williams et al 2015; Riddle et al 2009; Utzman et al 2007)
- Students, parents, clinicians, academics – highlight issues as a result lack of diversity (Yeowell et al 2013a,b)
- Graduates – recognise discriminative culture in workplace – adopt personal strategies to ‘fit in’ (Hammond et al 2017)

Lack of research exploring how students negotiate these challenges
Current research

- Funded by HENWL small grant
- Ethical approval
  - BUL REC 8709-MHR-Jan/2018-10988-2 + KUSGUL REC agree
- Purpose:
  - To explore BME student experiences during physiotherapy training and understandings of why an attainment gap might exist.
Methods

• Qualitative informed by phenomenology (Finlay 2011)
  • Focus on experience as student from BME background

• Students from 2 HEIs invited
  • Self identification BME background
  • BSc /MSc cohorts
  • completed both academic and clinical modules

• Focus groups (x4)
  • Interviewer – outside host institution
  • Topic guide – identity, experiences uni and placement and results of study Norris et al 2017

• Analysis –thematic analysis – iterative process
### Participant characteristics

<table>
<thead>
<tr>
<th>Physiotherapy students</th>
<th>17</th>
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<tbody>
<tr>
<td>Level of study</td>
<td></td>
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<tr>
<td>BSc</td>
<td>13</td>
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<tr>
<td>MSc</td>
<td>4</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Men</td>
<td>7</td>
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<td>Women</td>
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<td>Ethnic Group</td>
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<td>Asian</td>
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<tr>
<td>Black</td>
<td>12</td>
</tr>
<tr>
<td>Other / Mixed</td>
<td>2</td>
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</tbody>
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Findings – Theme 1

‘You do feel like an outsider’ – feeling ‘other’ in physiotherapy education

Overt demographic factors

At the beginning, when I started….there was a lot of, like, Asian people on other courses –like, medicine and biomed, and then when I was, like, interacting with them, I felt like I was on the wrong side (laughter) like, cos I was in physio, which is the main, like, white people, I was maybe I’m on the wrong course, I should be on the other side FG4

Other factors

Accent/language
Middle class
Social/outgoing
Sporty/active
‘Other peoples microaggressions… they just don’t know’ – others’ responses to BME difference

I do feel like sometimes when I’ve got feedback for like an exam, umm, and it’s not been like a terrible grade but I just wanted to do better and one of the lecturers was like surprised that I….wasn’t happy about it. And then for someone else [another student] like she told me ……she basically just passed …… and the lecturer was like, “Oh, this isn’t like you, like I’m really surprised that you haven’t, you know, done better. Like what’s the problem?” And I just thought like, “What other reason would there be?” FG1
Findings – Theme 3

‘We don’t have much influence’ – personal strategies to establish a sense of belonging in PT education

Assert Identity

I like being in a full tracksuit, coming in and then being able to answer every question, just maybe to plant the seed that just because I’m this way doesn’t mean that I’m stupid or anything. I don’t like stereotypes FG2

Self-regulation

Avoid/Ignore

I’ve had like similar things, elderly patients they don’t really want to umm, be, interact with a black person. And then sometimes you will try and change your approach so you’ll be extra … like we’re nice people cos we’re physios, we’ll be extra-extra nice to like an elderly white person trying not to seem aggressive or, but I mean you see other white physios will go in and tell their patients off, shouting at their patients, and it’s like if we ever did that sort of thing……. we’d be seen as aggressive FG1

Modify Behaviour
Study conclusions

• Students from a BME backgrounds
  – perceive in/direct discrimination (structures, individuals and pedagogic practices) in physiotherapy education
  – manage difference by adopting personal strategies (with significant emotional labour)
Implications

Based on participant perspectives

• strive for **greater BME representation**: staff, students, alumni, mentors

• **Staff development** (academic and practice)
  – listen to student voices to understand where inequalities exist
  – Challenge (in)direct discrimination

• **Talk with BME students**
  – Acknowledge inequity, not deficit, check ok

• **All student training**
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