

Pressure injuries and skin tone diversity in undergraduate nurse education: Qualitative perspectives from a mixed methods study

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Abstract

Aims: To, firstly, explore student and academic nurse perceptions of classroom content about the assessment and identification of pressure injuries across skin tone diversity and, secondly, to describe the impact of classroom content on student nurse understanding of pressure injury in people with dark skin tones.

Design: Qualitative case study employing focus groups and semi-structured interviews.

Methods: Five higher education institutions in the United Kingdom were purposively chosen. At each of the five-case sites, one focus group with student nurses and one semi-structured interview with a nurse academic were conducted between May 2018 and April 2019. The participants' narratives were transcribed verbatim and analysed via thematic analysis.

Results: Classroom learning was predominately framed through a white lens with white normativity being strongly reinforced through teaching and learning activities. This reinforcement of white normativity was evidenced through two main themes: (i) dominance of whiteness in the teaching and learning of pressure injuries in undergraduate nurse education and (ii) the impact and implications for student nurses of whiteness as the norm in pressure injury teaching.

Conclusion: Nurses responsible for the design and delivery of teaching and learning experiences for nursing students need to ensure meaningful teaching and learning experiences. This learning should assist future nurses to interrogate their complicity in a system of white dominance.

Impact: Nurse education delivered today influences and shapes nurses of the future. Nurses are the cornerstone of healthcare and play a significant role in the delivery of equitable healthcare. Nurse academics have a duty of care to inform and highlight health inequities in nursing and ultimately to enhance equity in care.

KEY WORDS

healthcare inequalities, nurses, nursing, nursing education, pressure injury qualitative research, pressure ulcer, racism, skin tone

1 | INTRODUCTION

Pressure injuries are a global concern and are indicative of care quality and experiences of patient care (Li et al., 2020). Pressure injuries bear a cost, not only a financial cost to organizations but also costs associated with pain, debilitation and psychological trauma for patients and their families (Jackson et al., 2018). With most pressure injuries being preventable and a common worldwide problem in long-term care, change needs to occur (Anthony et al., 2019). Despite numerous preventative measures being in place such as risk assessments and screening tools, early-stage pressure injuries continue to go unrecognized particularly in people with dark skin tones (Black & Simenden, 2020). While there is limited evidence, the international evidence that does exist suggests that people with dark skin tones are more likely to develop later-stage, more severe pressure injuries than people with lighter skin tones (Oozageer Gunowa et al., 2018).

2 | BACKGROUND

The resurgence of the Black Lives Matter movement (Black Lives Matter, 2020) serves as a stark reminder that there exists a system of privilege based on race across the globe. This concept does not evade healthcare as it is well known that people of colour are devastatingly affected by early onset of disease and disproportionately affected by leading causes of death compared with their white counterparts (Baptiste et al., 2020). The consequences of early-stage pressure injuries not being detected and pressure injuries worsening without the usual preventative measures in people with dark skin tones expose deeply entrenched racial inequity (Coates, 2008). Failure to address this inequity risks perpetuating inadequate pressure injury care for people with dark skin tones. Nursing is a profession that should interrogate such health inequities but in the United Kingdom there has been an over reliance on ethnicity as a proxy to skin colour and race, which has prevented the investigation of topics relating specifically to skin tone diversity. Furthermore, in practice, there is evidence of shying away from potential confrontation in relation to seeing and addressing differences based on skin colour (Moorley et al., 2020).

Nurse academics have a significant role in educating nurses of the future about health inequity and the need to eliminate racist practices that may lead to patient harm (Thornton & Persaud, 2018). However, as recognized by Bell (2020), for this to truly occur, nurse academics need to comprehend the persistence and pervasiveness of white normativity and dominance in nursing and their own enactments of white privilege. We already know that teaching and

What problem did the study address?

We address a knowledge gap about the assessment and identification of pressure injuries across skin tone diversity in nurse education by examining the understanding of pressure injury in people with dark skin tones.

What were the main findings?

- Overall, nurse academics acknowledge that the inclusion of people with dark skin tones in classroom teaching is superficial and tokenistic.
- Student nurses lack exposure to meaningful and challenging conversations about health inequities and skin tone diversity.
- Colour blindness and white normativity in nurse education hinder in-depth exploration of the impact of one's own racial background and those of other people.

Where and on whom will the research have impact?

Nurse academics and nurse educators in practice can use these findings to educate nurses of the future about skin tone diversity.

learning of the assessment and identification of pressure injuries in higher education institutions in the United Kingdom is overwhelming directed to people with lighter skin tones (Oozageer Gunowa et al., 2020). What is less clear is why this is happening and what is the impact on student learning. Therefore, to expand on previous research, further exploration of classroom content through the lens of nurse academics and student nurses in relation to PIs was undertaken.

2.1 | THE STUDY

2.2 | Aims

In this study, we aimed to (i) explore student and academic nurse perceptions of classroom content about the assessment and identification of pressure injuries across skin tone diversity and (ii) describe the impact of classroom content on student nurse understanding of people with dark skin tones.

2.3 | Design

Drawn from a larger doctoral study this qualitative study formed part of an explanatory sequential mixed-method collective case study (Oozageer Gunowa et al., 2020) employing focus groups and semi-structured interviews. Stake (1995, p xi) defines case study research as 'the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances'. In this study, a collective case study was used where several cases were involved. This helped to gain concrete, contextual, in-depth knowledge about skin tone diversity and pressure ulcers in pre-registration nurse education across five case sites.

3 | SAMPLE/PARTICIPANTS

Five higher education institutions were included as 'cases' and consisted of modern universities, established post 1992 (Further Education Act, 1992). All of which ran an approved Nursing and Midwifery Council 3-year Bachelor level Adult Nursing course (Nursing & Midwifery Council, 2010). These institutions were selected based on their similarity in size as well as demographic differences to ensure representation of nursing students and academics across England. Three of the five cases were members of the Advance Higher Education's Race Equality Charter (Advance HE, 2020).

Contact was made with the Head of School or Head of programmes at each higher education institution who then disseminated the participant information sheets. The nurse academics and student nurses then contacted the first author via email to arrange a suitable time for an interview. For further student recruitment, recruitment posters were used. No relationship had been established with participants before the study commencement.

3.1 | Students

Sampling decisions were made purposively to target those who knew the most about PIs. Consequently, final year adult student nurses were selected as they were more likely to have been exposed

to pressure injury teaching and learning throughout their course. Table 1 presents the number of students in each focus group and the demographic data of the study participants.

3.2 | Nurse academics

The recruited academics delivered teaching on pressure injury assessment and identification, were registered nurses and had previously provided nursing care to people with dark skin tones. Four of five of the academics have completed a Post Graduate Certificate in teaching and were NMC registered teachers. One academic was completing a Post Graduate Certificate in teaching. All nurse academic participants were female and white.

4 | DATA COLLECTION

At each of the five-case sites, one focus group with student nurses and one semi-structured interview with an academic were conducted by the first author. Providing a total of five focus groups and five interviews. The interviews protocol development was grounded in the previously gathered quantitative results (Oozageer Gunowa et al., 2020). Table 2 provides an overview of the semi-structured interview guide and Table 3 provides an overview of the focus group interview guide. The interview questions were piloted at another higher education institution which was not included in the five cases.

All focus groups took place between May 2018 and April 2019 in a convenient location (e.g. meeting room) and time at each higher education institution. Three interviews with academics were done at their respective higher education institution, one interview took place at a hospital and another over the telephone. Semi structured interviews with nurse academics on average lasted 45 min and focus groups approximately 60 min. The audio-recorded interviews and focus groups were transcribed verbatim by the first author and made available to all researchers on a secure network drive. Following each data collection, episode supplementary field notes were written. Two researchers Professor Debra Jackson and Professor Marie Hutchinson read through the transcripts multiple times, checking for

TABLE 1 Student numbers and demographic data

Case	1 (N=7)	2 (N=7)	3 (N=5)	4 (N=6)	5 (N=2)	Total N (%)
Gender N (%)						
Female	5 (71)	5 (71)	4 (80)	6 (100)	2 (100)	26 (81)
Male	2 (29)	2 (29)	1 (20)	0	0	5 (19)
Ethnicity N (%)						
White	5 (71)	5 (71)	2 (40)	1 (17)	2 (100)	15 (56)
Asian	0	1 (14.5)	0	0	0	1 (3)
Black/African/ Caribbean/Black British	2 (29)	1 (14.5)	3 (60)	5 (83)	0	11 (41)

TABLE 2 Semi-structured interview guide

Questions	Prompts
Professional Knowledge	
1. Do you feel pressure damage fits into this category? Why?	<i>Affects patient mentally and physically</i>
2. Over the years numerous different terms have been used to describe wounds caused by pressure. What ones have you heard of?	<i>Pressure injury, Pressure Sore, Pressure ulcer and Bedsores</i>
3. What sort of factors do you think nurses take into account when making initial skin assessments?	<i>Sensory perception, moisture, activity, mobility, nutrition, friction & shear</i>
4. How well informed to you feel about redness presenting across the skin tone spectrum? Can you tell me more about this?	<i>Purple or not visible</i>
Student Knowledge	
1. To your knowledge are student nurses taught about skin tone variance and presentation of conditions? Where?	<i>University/Practice</i>
Learning Resources	
1. To your knowledge do you explore skin tone variances when teaching?	<i>Examples</i>
2. Can you tell me if you think skin tone variance should be recognised in nursing curricula? Why?	<i>Equal Opportunity Health equalities</i>
3. How do you explore skin tone variation in class? Or do you feel this is covered in practice?	<i>Practical element</i>
4. Would the input of a Tissue Viability Nurse make a difference to nurse education in relation to exploring skin tone variances? Why?	<i>Specialist Knowledge</i>
Instructional delivery	
1. What do you feel are the main challenges to the inclusion of skin variation with the nursing curricula?	<i>Time</i>
2. What knowledge and skills do you feel are important for the nurse educators to best deliver teaching around skin tone variances?	<i>Course Specialist nurse involvement</i>

TABLE 3 Focus Group interview guide

Questions
Education
1. Can you tell me about your nursing programme
2. Do you recall when you learnt about pressure area care at the university? If you do what did it involve?
3. How do you feel you have learnt about pressure area care? What do you hear people say about pressure area care? In practice/at university?
Skin tone diversity
1. Who cares about skin tone diversity, and how do you know they care?
2. Have you ever considered how pressure ulcers/injuries show on various skin tones? In what way?
3. Do you ever remember talking about skin tones diversity at the university or in practice?
4. What about involvement of the patient, family or friends in pressure injury avoidance?
5. As a student, what makes it tough to provide and maintain care for a diverse population group?
Individual
1. How comfortable are you with the amount you know about presentation of pressure ulcers/injuries amongst people with dark skin tones?
2. Where would you go for advice?
Improvements
1. What could the university or practice do to help make you feel more prepared?
Closing question
1. If you had one minutes to give advice to the Head of School, about how to include diversity in the curriculum, what would you say?
2. Have we missed anything you would like to discuss?

errors, familiarizing and immersing themselves in the data, including associated demographic information.

5 | ETHICAL CONSIDERATIONS

The University Research Ethics Committee at [insert University & number] approved the overall study. The approval was then cascaded with either the Head of school or Head of programmes at each higher education institution involved in the study. After providing study information and the participant information sheets, both verbal and written consent was obtained from participants ahead of data collection. Confidentiality of the higher education institution and participants has been maintained throughout, and all results presented anonymously.

6 | DATA ANALYSIS

Using the phases described by Braun and Clarke (2006), a thematic analysis was conducted. This method consists of six steps: (i) familiarization with the data, (ii) coding, (iii) generating initial themes, (iv) reviewing themes, (v) defining and naming themes and (vi) writing up. To maintain authenticity of each data set, the data analysis of the focus groups and interviews were carried out separately. The data were then entered manually into Excel software. Reflecting the emergent similarities across the two data sets, both were merged for the thematic analysis. By familiarizing, reviewing and identifying common ideas, the first author was able to extract data and generate initial codes from the data. After further immersion into the data, which included returning to and re-reading, emerging ideas and initial themes were identified. Written detailed analysis then took place, identifying the story of each theme.

7 | RIGOUR

No relationship had been established with recruits before the study commencement. Analysis was informed by the researchers experience in the field of nursing practice and research interests about health inequities, patient safety and nurse education. The five researchers are female registered nurses and teachers with many years of experience in both nursing practice and academia. The first author is a doctoral researcher. Weekly meetings with the whole research team were held until consensus of definitions and the name of each theme was reached. This approach enhanced credibility and established a data-driven analysis (Nowell et al., 2017). To ensure transparency, we used the consolidated criteria for reporting qualitative research (COREQ) reporting guidelines (Tong et al., 2007).

8 | FINDINGS

Thematic analysis revealed an overtone of blindness to skin tone diversity in the nurse education, which left skin tone variances

unconsidered and underexamined by student nurses. The results from the study illustrate the dynamics described by student nurses and academics about teaching and learning experiences. Two major themes were extrapolated: i) dominance of whiteness in the teaching and learning of pressure injuries in undergraduate nurse education and ii) the impact and implications for student nurses of whiteness as the norm in pressure injury teaching. Each theme and sub-theme are presented in Table 4 and described in this paper using illustrative exemplars from the focus group and semi-structured interview narratives.

8.1 | Dominance of whiteness in the teaching and learning of pressure injuries in undergraduate nurse education

This theme and constituent sub-themes illustrate the classroom dynamics described by students who sustained whiteness as the norm in relation to the teaching and learning of pressure injury assessment and identification. The failure of academics to meaningfully acknowledge differences in skin tone cascaded down to students, who largely failed to see or acknowledge the importance of these differences. This white-normed learning was further reinforced through experiences in clinical practice. By failing to acknowledge that skin tone differences should be considered, or even noticed, these pervasive practices endorsed whiteness as the norm.

8.1.1 | Claims of inclusion and commitment

University policy and nursing theoretical frameworks were employed by students and academics to evidence a commitment to skin tone diversity. Reference to University mission statements was used by some students to emphasize that diversity was included, instilled and seen as important '*they [university as a whole] talk about it [diversity] a lot...yea, I think in fact they've encourage you to [talk] about it'* (FG3, P2: 30). Among this group of students, there was a strong belief in the university delivering the correct information: '*they [university as a whole] teach us [diversity] mostly good way...generally, the information, the education [university teaching] we receive here definitely helps us to provide proper care for any type of skin'* (FG3, P5:30).

For nurse academics, these frameworks were referenced in a manner that diffused personal responsibility or denied the need for any further action. Nurse academics argued that inclusive teaching would be included in a holistic approach to care. Highlighting how higher education system processes enforced the inclusion of people with dark skin tones in teaching '*if we are teaching holistic patient centred care then yes it should be as part of you know the culture and diversity that we umm teach*' (I3: 29). Whereas another made a generalizing statement '*everybody's responsible for recognising risk and doing something or reporting it [pressure injuries]*' (I3: 30).

Nurse academics reported that the inclusion of pressure injury teaching was important and considered '*basic nursing care*' (I1: 96).

TABLE 4 Major themes/sub-themes

Theme	Sub-theme	Definition
Dominance of whiteness in the teaching and learning of pressure ulcers in undergraduate nurse education	<i>Claims of inclusion and commitment</i>	Representation of how University policy and theoretical frameworks was implemented in on-campus undergraduate nurse education
	<i>Claims of inclusion not borne out in teaching</i>	Skin tone diversity was largely visible in on-campus undergraduate nurse education of pressure ulcers
	<i>Marginalised, vague and incorrect inclusion</i>	Teaching and learning of skin tone diversity in relation to pressure ulcers was superficial
	<i>Motivation for inclusive teaching</i>	For the inclusion of skin tone diversity in on-campus undergraduate nurse education of pressure ulcers, there needed to be a reason
The impact and implications of whiteness as the norm on student nurses	<i>Displaced responsibility and notions of unintentionality</i>	Other topics were seen to be of more importance for a range of reasons
	<i>Diversity (un)awareness: dissimilarity, the other or outsider</i>	Skin tone diversity was seen as everything 'other' than white
	<i>Dominance of white-normed language</i>	There was a lack of language to describe the range of skin tones and presentation of pressure ulcers among people with darker skin tones
	<i>A state of uncomfortableness</i>	Students displayed and reported a level of discomfort and lack of empathy towards the discussion of skin tone diversity, in particular, people with darker skin tones
The role of external inputs on the teaching and learning of pressure ulcers in student nurses	<i>Dilemmas in the clinical setting</i>	Students were made to expect a lack of skin tone diversity in practice causing decision dilemmas to occur
	<i>The role of external resources on the inclusion of people with darker skin tones</i>	Nurse educators reported that there was a lack of external resources focusing on people with darker skin tones and a change to these could result in a change in teaching content
	<i>The role of external speakers and the inclusion of people with darker skin tones</i>	Nurse educators were unsure if external speakers would deliver teaching across skin tones
	<i>Practice learning: entrenched colour blindness</i>	Students relied on practice learning to inform their overall learning and reported that skin tone diversity in practice and practice-related campaigns was limited

Although these claims of importance were made, the information presented to students appeared to be inconsistent, disposable and brief when exploring pressure injuries and people with dark skin tones '*I do try and incorporate it [people with dark skin tones] in when I'm talking, looking for skin changes and it's [people with dark skin tones] on our slides when we are talking about grade 1 we talk about darkly pigmented skin*' (I1: 32). Later on, in the same interview, the nurse academic said, '*it might be purple or mauvy colour so we do try and incorporate it [people with dark skin tones] but we don't go into it in great detail*' (I1: 33). Uncertain of what was taught, another nurse academic dismissed the need for personal commitment to skin tone diversity through claims it had already been addressed '*some of it [teaching about people with dark skin tones and pressure injuries] has been going on for years it's*

not ignored or anything like that...it's almost routine to be honest, well I think' (I4: 11). Despite these statements, participants were unable to elucidate further or give examples of how it was addressed.

8.1.2 | Claims of inclusion not borne out in teaching

On further exploration, the topic of pressure injuries and people with dark skin tones was revealed to be superficial, tokenistic and even non-existent. Highlighting the superficial nature of pressure injury education, two nurse academics reported '*the way things stand, what's in the student nurse curriculum, it barely covers skin inspection at all...it's not really looked at*' [people with dark skin tones and pressure

injuries] (I1: 43) and 'to my knowledge at [names institution] skin tone isn't discussed' (I3: 28).

Another nurse academic acknowledged a level of superficiality in her teaching, expecting people with dark skin tones and pressure injuries to be included elsewhere in the curriculum 'I think it's umm brushed over I think it's probably something that ticks a box as opposed to really considering it...we probably do briefly touch on it ummm...one slide I think it, it's probably taught more in clinical skills than in the ummm a&p [anatomy and physiology] sessions' (I2: 14). There appeared to be a sense of dismissal with non-specific information on the assessment of people with dark skin tones and pressure injuries with another nurse academic voicing '*as far as different skin tones is concerned I've only ever really seen it as a general discussion [focus on whiteness] of this is how you assess skin*'.

About the nursing course content and visual representation of people with dark skin tones, students also reported an overall absence of images capturing pressure injuries in people with dark skin tones admitting '*yeh like on the slides it all like, all same coloured skin [white]*' (FG3, P4: 67). Among other students, there was a sense of nurse academics teaching to a normative white script resulting in the dismissal of skin tone diversity. Reflecting this experience, one student recounted '*you get taught [by nurse academics] the standard [white skin tone] don't you, between your different grades and what your treatments are*' (FG5, P1: 28).

One nurse academic recalled how an incident triggered her to recognize a personal knowledge gap; even so, she appeared to remain oblivious to white dominance as a wider issue saying '*we had ummm to internationalise or something, I can't remember what they called our work. I think I got the wrong end of the stick I had not long been here...I had included some slides of pressure area care for people with dark skin and in doing that, in putting that together I discovered actually it's not just about the skin looking different. But actually you know, black skin is not going to look red*' (I2: 10).

Among the claims of inclusion there was evidence instead, that when included, pressure injuries and people with dark skin tones were scarce, with a near-total reliance on visual presentation of pressure injuries among people with lighter skin tones. The dominance of whiteness in teaching and learning appeared to have no meaning to this group of academics, they were unaware that they held a white worldview.

8.1.3 | Vague and incorrect inclusion

Early-stage pressure injuries and people with dark skin tones were not addressed in the classroom. A student reported '*I think I've only seen one picture where it is dark skin, it was a severe I think it was a four [grade] or something like that where you see more past the skin basically*' (FG1, P1: 36). Nurse academics explained that, while images were included in teaching '*you have to show pictures of wounds so there would be slides of wounds etc we have loads and loads of them*' (I4: 14), on further reflection the information was vague as it was noted '*the ones I can remember, they would be of different skin tone that*

would just be randomly [in the teaching], but it wouldn't necessarily be about pressure [injuries]' (I4: 14).

A nurse academic expressed the current content at one higher education institution in relation to people with dark skin tones, which did not state that early signs of pressure injury damage can often be invisible '*I show pictures and I mention about the research behind it, it's only one slide but I teach them [students] what to look for in terms of the skin colour and the changes to grade 1, 2, 3 and 4 and about any discolouration, any blanching of the skin ur or erythema rather of the skin*' (I5: 25). Students from another higher education institution reported nurse academics addressed the assessment of pressure injuries and people with dark skin tones in different ways, which did not rely solely on a visual skin assessment.

'they [nurse academics] talk about hotness and then because they talk about black skin you can't see it blanche or anything, but feeling it with the back of your hand you can feel that, that place is hot and then talking to the person as well' (FG3, P1: 41).

8.1.4 | Motivation for inclusive teaching

For nurse academics, student expectation was seen to be a significant reason for the inclusion of pressure injuries and people with dark skin tones in classroom teaching '*the students ask how does that look different?*' (I5: 23). Whereas another nurse academic reported that questions relating to people with dark skin tones have never been posed '*Do you know it is interesting I don't think I have ever had a student ask me about [people with dark skin tones]*' (I1: 32). For others, the inclusion of skin tone diversity was seen to be out of the sphere of common knowledge and burdensome '*you can relate it back to them [students with dark skin tones] but you have to do that, you have to make the effort consciously to do that otherwise your teaching what you know, it's not going to be as effective and well related to them*' (I5: 23). In some cases, the academics appeared to have been pressurized into delivering the topic due to student demographics '*you couldn't not address it in class because people sit in front of you would say what about black skin?*' (I4: 10).

Justifying limited inclusion, students suggested that the demographics of the local and student population might render nurse academics oblivious and disconnected to diversity in the classroom: '*yeh I'm just thinking, I'm just thinking as we are talking whether it would be the same ... where they have a lot of diversity whether they will also have the same issues, or it would be a bit different*' (FG3, P1: 72). This was supported by the perspective of nurse academics who noted that the demographic location of a higher education institution influenced their belief that skin tone diversity should be included in the curriculum: '*yes it [skin tone variances] should, I think it's important for all nurse education but particularly you know for our local community here definitely*' (I4: 15). Other academics recognized a need for change due to increasingly diverse population demographics '*[this current research project] made me realise you have to relate it [to*

everything] you're teaching a diverse audience...and you need to relate that to them' (I5: 24).

Tokenistic in nature, the consideration of pressure injuries and people with dark skin tones was overshadowed by whiteness with the motivation for inclusion only being included due to visibility of diversity in students and active student inquiry. Our participant nurse academics lacked the ability to consciously acknowledge the need to address skin tone diversity in all situations; hence, reinforcing white dominance in the delivery of the curriculum.

8.1.5 | Displaced responsibility and notions of unintentionality

In discussion about their limited learning, students spoke of how the literature and intellectual underpinning was limited or absent in relation to people with dark skin tones. This absence seemed to further displace the ownership of classroom exclusion relating to skin tone diversity:

'most books are written by the white, so they [nurse academics] would give you what they have I don't think it is intentional... you can't write about you can't give what you don't have, you can only give what you have and that is what I think is happening' (FG3, P3: 73).

The minimization of skin tone variances in the classroom was illustrated in comments that the curriculum did not allow space to include this topic and was seen as '*you have to put such a lot of information into such a short amount of time I guess maybe sometimes [people with dark skin tones and pressure injuries are not included]*' (FG1, P4: 37); hence, reinforcing the white dominance in the classroom. Another student highlighted that if nurse academics did not consider it important, why would students:

'it [people with dark skin tones] doesn't cross some people's mind...I am sure that maybe lecturers have not even thought about it themselves' (FG3, P1: 74).

As exemplified in the following quote one nurse academic minimized and instantly erased the importance of pressure injuries and people with dark skin tones by illustrating that the inclusion of diversity was complex, justifying that due to time restraints there was only time to teach white dominance:

a generalistic point [focus on whiteness] of view [is taught in the classroom], then when we are face to face with the patients, we would then be more specific in terms of what we are discussing, what we're assessing (I3: 30).

Student nurses sought to justify the lack of consideration and exploration of pressure injuries and people with dark skin tones by nurse academics, reflecting an acculturation into a white dominant view of nursing. The lack of awareness and in some cases dismissal of people

with dark skin tones appeared to be undetected by some students and seen to be a superficial concern by others. Nurse academics lack critical awareness of white dominance in nursing curricula and often blame their lack of inclusion on differing factors such as time restraints, which reinforces that it is acceptable to exclude the needs of people with dark skin tones in teaching.

8.2 | The impact and implications of whiteness as the norm on student nurse perceptions

This theme illustrates the effect 'whiteness as the norm' has on student perceptions of the assessment and identification of pressure injuries in people with dark skin tones.

8.2.1 | Diversity (un)awareness: dissimilarity, the other or outsider

The pervasiveness and influence of white-normed teaching and clinical experience were evidenced in the meaning and understanding of diversity described by students. Among students, people with dark skin tones were viewed as distinct or marginalized from the mainstream culture of whiteness. This perspective reflected a taken for granted dominant norm among the students.

For many students, people with dark skin tones were largely framed through a lens of dissimilarity or appearing to be different. This was described as '*families of like overseas*' (FG1, P4: 38), or '*it usually comes back to a race thing and think [people being seen as] different I think*' (FG1, P6: 23). In focusing on people with dark skin tones as 'different' or the 'other' most students defining themselves as white reported that they had not previously thought of the presentation of pressure injuries on people with dark skin tones. One student voiced: '*it's not something that would cross [my mind]*' (FG1, P3: 36). Another student highlighted the invisibility of skin tone, commenting that they '*never thought about why it would be any different...I've never have thought of any difference between their [people with dark skin tones] skin tone though*' (FG5, P1: 27).

Despite face value recognition of diversity some students held views that were strongly white dominant and were used to justify blindness to skin tone variance: '*I don't think it's particularly important [the issue of diversity and pressure injuries], but it doesn't really affect me all that much*' (FG1, P1: 27) and '*I wouldn't even expect it [pressure injury] to look yeh, it's not different than saying a young person of 19 with like smooth soft skin and a 90-year-old wrinkled shrivelled up lady, you know I wouldn't think about that either, yeh I true though, the skin is completely different just like black and white*' (FG1, P3: 36). Another admitted dismissing people of dark skin tones based on geographic locale and white dominance suggesting because of where they lived, they would only be nursing people seen as 'white': '*I don't think it's a big deal [diversity or skin tone and pressure injuries]...it's just a white area*' (FG1, P2: 27). Furthermore, for some, there was an element of

unconcern that led them to ignore the possibility of considering skin tone variance:

'it hasn't even occurred to me to ask [about skin tone variances] coz I think my assumption is it [pressure injury] will just be really obvious, it will just be obvious that they're in pain and their skin will be of some sort of discolouration compared to the rest of their skin' (FG4, P3: 24).

Other students denied the use of a white dominant curriculum but associated whiteness with normativity:

'I mean yes, ok, there is probably photos [of light skin tones], but I don't think it's like intentional [being white centric]...and I don't think that they [academics] never actually speak of like one skin tone, just talking in general [whiteness]' (FG3, P2:70).

Students repeatedly displayed discomfort and a range of defensive moves when asked to explore the concept of diversity. Some students highlighted perceptions of difference, others employed exclusionary or marginalizing descriptors of people with dark skin tones. This included focusing on perceived differences in healthcare practices, with comments such as 'they [people with dark skin tones] don't use normal creams, they use coco butter' (FG1, P4: 35) or using visual descriptors that made sharp distinctions of difference:

'[a patient with dark skin tone had] completely different type of skin tone [to a white person] to the point where her feet were actually scaly, they were cracked and dried, so we had to heavily moisturise her skin, was completely different say from my skin [White Female]' (FG5, P1: 27).

Similarly, another student commented on perceived biological differences: 'because also I think their [people with dark skin tones] skin is a bit stronger' (FG1, P7: 39) and 'they [people of colour] do have thicker skin though' (FG1, P1: 39). For other students, blindness to skin tone variance and health inequities was justified by attempting to deny any physiological differences: 'the depth of skin is the same, I presume is the same I may just be being ignorant, but I presume the the actual physiology of skin is the same on everybody. So, to me I wouldn't see [the increased risk of people with dark skin tones developing a pressure injury]' (FG5 P2: 29). However, this participant failed to recognize the differences that occurred in recognition and assessment of skin that was damaged by pressure.

The apparent ease with which diversity was discounted generally among students was further echoed among students who defined themselves as black, African, Caribbean or black British. These students spoke of being the minority and accepted the exclusion or marginalization of skin tone variances in the classroom: 'because you wouldn't really think about it [that the university would consider people with dark skin tones]' (FG3, P4: 70). In a learning

environment where the topic of diversity was marginalized and excluded, these students remained silent in the classroom on issues of race:

'I think as a black person, some of the things you might not voice it out, but it just comes to your head you just think' (FG3, P3: 83). Another participant stated, 'to be honest I thought of it [pressure injuries in people with dark skin tones] but I just didn't want to bring it up' (FG4, P1: 20).

In the absence of coherent and meaningful teaching and learning opportunities, students who defined themselves as black, African, Caribbean or black British, and who recognized the need to include teaching on people with dark skin tones, largely silenced themselves in the classroom. Other students reproduced the deficit thinking of nurse academics and employed a range of defensive moves in not recognizing the need to be taught about pressure injuries and people with dark skin tones.

8.2.2 | Dominance of white-normed language

The impact of the white-normed learning on students included a white-normed language. A lack of language focusing on the presentation of early-stage pressure injuries across skin tones, specifically concerning the presentation of pressure injuries in people with dark skin tones, was either not thought about, or consistently identified as challenging by students.

Some students reported the lack of language as comforting, as it limited their need for personal engagement in the process of labelling a person according to their skin tone; thus, alleviating any doubt or responsibility they grappled with when assessing pressure injuries in people with dark skin tones: 'no, but that [identifying skin tone] would be a very pc [politically correct] thing though, wouldn't it, I wouldn't want to say, but if someone else [patient] made the decision' (FG2, P2: 36). For this student, the dominance of a white clinical language and script displaced their feelings of responsibility in decision-making, with the student happy to leave the responsibility of identifying dark skin tone with the patient or not at all.

Even though students who described themselves as black, African Caribbean or black British showed that they were being silenced, they had unanswered questions which did raise concerns of missing early detection of pressure injuries in people with dark skin tones. More specifically it was voiced that there was a lack of language relating to pressure injuries and people with darker skin tones:

'saying if you were Black like me, like checking pressure ulcer, like the blanching thing stuff, it doesn't work on us, so how do you check pressure ulcers redness, you can't see like the redness on our skin most of the

time so how do you actually assess if like someone like that comes into hospital, there is actually no way of checking it...you can't actually see when it's like getting worse you can't actually see it' (FG3, P4: 23)

However, students describing themselves as white highlighted that redness was visible on a person with dark skin tones '*you can still see redness*' (FG3, P5: 22). Even so, there was an overall consensus of student nurses participating in the focus groups reporting that the identification, visualization and assessment of pressure injuries in people with dark skin tones would be more difficult:

'probably the more red, urr red the more better I would be able to detect it if the skin was more darker it would have been ummm more harder for me' (FG3, P5: 45)

8.2.3 | A state of uncomfortableness

All students initially evaded the nuanced topic of skin tone diversity. On numerous occasions, they referred to their personal experiences of diversity, which were unrelated to skin tone diversity. In one focus group, most students appeared reluctant to use specific terms such as black, white or brown (FG3: 49). At times, a sense of nervousness was displayed around the topic of skin tone diversity, with laughter used by students to lessen the impact of their answer.

The need for political correctness was used as a silencing mechanism, introducing barriers and preventing the exploration of topics relating to people with dark skin tones. In this vein, one participant voiced:

'I think people are very shy talking about [skin colour], I think everybody wants to be correct, politically correct and so not many people talk about this thing [people with dark skin tones], they just they, they do what they want to do' (FG3, P3: 31).

For students describing themselves as black, African, Caribbean or black British, they confirmed that there was a lack of insight into skin tone diversity due to political correctness. This view is exemplified in the following quote from a student:

'it's like the politically correct thing is like Afro Caribbean skin then you kind of assume that everyone from Africa like that's why I always say to people if they say Afro Caribbean I'm like do you know there are white people in Africa ...that's how most people like define I've never seen in placement where they'll say black or white or stuff like that' (FG3, P4: 47).

Other students highlighted that, with a deficit in nurse education and the literature in relation to pressure injuries and people

with dark skin tones, they would lack the confidence to challenge bad or poor clinical practice, even though they had a dark skin tone stating '*to challenge a mentor you must know more than the mentor, especially where wound management is concerned, where you want to learn from them because you in uni you're just taught about skin [white skin]*' (FG3, P3: 14).

Feeling uncomfortable and lacking confidence was a major contributory factor influencing student questions and possible care delivery in practice, with one student avoiding the topic '*even if I want to ask in placement [about dark skin tones], I wouldn't ask. I would try it like go through like all the corners I wouldn't just go and ask*' (FG3, P4: 54). Another student stated '*see I think I would feel uncomfortable, I think I would feel uncomfortable [to ask if a person with a dark skin tone used a different cream]*' (FG1, P3: 42).

When asking the students about their confidence asking patients about skin tone, they described a level of discomfort and lack of empathy. The identification and exploration of people with dark skin tones was compared by more than one student with the uncomfortableness of discussing resuscitation. One student said '*it just feels, like so blunt and so forced like, but that's not a question that you would manage to probably get out of them otherwise and I just feel like sometimes that's really difficult, I don't know personally how to approach that situation in a nice way*' (FG3, P2: 54). It was voiced by some that a prescriptive tool or tick box would limit their discomfort. In a similar vein, another student positioned diversity as a difficult question, with the need to prepare the individual being assessed with an apology before asking the persons ethnic background in case of offence. Describing their discomfort, this student recalled '*I find that if you're going to ask a difficult question, I always start by apologising first before [laugh]*' (FG3, P4: 56). This is noteworthy that the student felt uncomfortable about initiating the conversations around diversity that are required to provide fundamental care.

A student spoke of the fear of litigation as a factor which rendered him inarticulate about managing pressure injury care and triggering a reliance on whiteness: '*and there is more [legal issues] nowadays if you do say something [in relation to diversity issues] and that could get you into trouble*' (FG2, P1: 37). For others, the feeling of discomfort was so prevalent and entrenched that people with dark skin tones and pressure injuries were made to be invisible in documentation such as patient notes and records:

'yeh I feel easier discussing it with someone [patient] saying oh because you have darker skin or whatever, but I would be quite cautious about what I actually wrote down' (FG2, P2: 37) and '*you're nervous so you don't write anything'* (FG2, P7: 37).

A passive self-preservation response from students highlights the impact of white dominance in nurse education. Students felt the need to avoid the topic of pressure injuries and people with dark skin tones to evade feeling uncomfortable, fear of getting it wrong and experiencing unease.

8.2.4 | Dilemmas in the clinical setting

The dominance of a white normed language and deep-rooted institutional systems created the dilemma of feeling obliged to inaccurately record information or use an inaccurate predetermined language when assessing people with dark skin tones. In the following quote, this student is struggling to accurately record skin assessment for a person with a dark skin tone on a prescriptive and set wound chart that only incorporated options for white skin:

'you know when you fill out the wound care [chart] and it asks you 'is it red?' I'm always like, how am I supposed to tell? It's red on someone that's darker than me... isn't really inclusive to that [people with dark skin tones], so it's like I'm always like, ohh ok and then I cross it out and put a different colour' (FG4, P4: 21).

For this student, the white-normed clinical environment created a moral challenge. Resisting the dominant colour-blind approach to skin assessment scripted by the institutional chart, this student instead attempted to acknowledge the personhood of the person with a dark skin tone. Moreover, another student described the limitations of recording systems and lack of language to identify early-stage pressure injuries can be seen in the following quote:

'you could just go into more detail when you're writing it [about people with dark skin tones] rather than having different paperwork [relating to wound assessment]' (FG2, P2: 35).

It appeared that students had effectively been trained to filter out clinical situations that did not fit the 'white as norm', hence, narrowing their imaginative and moral sensitivities, creating justification for further lack of understanding.

9 | DISCUSSION

In contrast to claims that teaching with an emphasis on person-centred care nursing will lead to a culture that is free from racial injustice (Ghane & Esmaili, 2020), our findings reaffirm that racial discrimination continues to be deeply embedded in nurse education. By nurse academics failing to truly acknowledge that skin tone variations should be considered and recognized, whiteness is endorsed as the norm (Bell, 2020). While one explanation for this might be that more than 76% of students in the United Kingdom are white (Universities UK, 2019) and academics in higher education institutions cater for the majority of the population they teach (Boatright-Horowitz & Soeung, 2009), then this attitude further inflicts white normativity and a hierarchical paradigm of who is seen to be the most important. This status quo is clearly unacceptable.

There is clear evidence in this study about the lack of skin tone diversity in teaching and learning about pressure injuries. There is also a lack of expectation that it should occur. It could be perceived that this is a simple omission on behalf of the nurse academics who unwittingly neglect to teach in an anti-racist manner, exacerbated perhaps by the use of teaching materials which are not reviewed but reused year on year, intercepted by the tokenistic representation of people with dark skin tones. This supports Liyanage's (2020) work where participants voiced that in predominantly white spaces cosmetic changes were used to give the visual effect of diversity without actually being committed to inclusion.

However, the data from this study indicate that the lack of skin tone diversity in the teaching of pressure injuries and the lack of expectation that it should be taught is more than a simple omission. Instead, there is evidence that nursing academics are unaware of the prevalence of white dominance (Bell, 2020). With inadequate understanding of white dominance in nursing, nurse academics appear to lack confidence and have retreated into safe spaces resulting in a politically soft curricula with stagnant and rigid classroom sessions where questions relating to skin tone (and presumably other issues related to race and diversity) remain unexplored. Clearly this is incompatible with the professional values of the registered nurse; however, this study reflects that nurse academics often lack the ability or commitment to challenge and intervene.

As a consequence of white normativity and nurse academics being – albeit unwittingly – complicit in upholding racial ignorance, no student described learning that was purposeful or comprehensive on pressure injuries and people with dark skin tones. Furthermore, our study also indicates that students have an overreliance on nursing knowledge being disseminated directly from nurse academics resulting in a lack of critical imagination, applicability to other situations and/or to oneself. Some students in this study recognized that there was an issue of exclusion and a dominance of white-based literature, but they excused this lack of inclusion with explanations that they were in a predominantly white geographic location (Thorne, 2018). This seemed to help displace the ownership of exclusion, reinforce complicity and mask the need for research in this area. Furthermore, this view demonstrates the lack of understanding of the importance of racial inequity with the perception of an already established equitable society, where ignoring skin tone is inconsequential to patients (Hilario et al., 2018).

No matter of the student's personal demographic background or skin colour, they appeared to be blinded to inequities and a system of racial privilege in teaching, accepting the exclusion of skin tone diversity as the norm. With white normed teaching being so engrained and subtle in the fabric of the nursing curriculum, students who defined themselves as black, African, Caribbean or black British fell silent and justified the exclusion of skin tone diversity. They were made to feel that due to their minority it would be acceptable for others to hold a colour blind perspective, instead of admitting to a lack of awareness, ignorance and white normativity in nurse education (Cunningham & Scarlato, 2018).

There is evidence in this study that an uneasy and unpalatable status quo exists in nurse education. Academic nurses teach from a perspective of white dominance and this is, in the main, accepted by their students. To dismantle obstacles, blocks and ideologies that sustain racism nurse academics need to comprehend and combat the underlying cause and adopt an antiracist stance. By antiracist we mean that nurse academics must move away from being passive bystanders, where their teaching reinforces white normativity, they must instead make conscious efforts and take actions such as self-reflection to acknowledge differences and work against racism, however, uncomfortable they may feel (Kendi, 2019). Nurse academics hold a moral and ethical responsibility to advocate for their students' right to fair nursing education which is representative of all population groups. Failing to listen and look after people with dark skin tones is dehumanizing and a form of racist practice, resulting in essentially discriminatory nursing practice (McCoy, 2020).

While we condone the attempts made to ensure that inclusive teaching material is embedded in the curriculum (Mukwende et al., 2020; Tagg, 2020), we also argue that the short-term skill acquisition initiatives such as being made aware of skin tone diversity does not fix racism or create anti-racist practices (Bell, 2020). One reason for failing to tackle this racial injustice of early-stage pressure injuries going unrecognized in people with dark skin tones in practice is that student nurses lack exposure to meaningful and challenging conversations about health inequities and skin tone diversity; if we stop talking about racism, it does not go away but minimizes and negatively erases race (Saad, 2020).

Mayes (2020) argues that this lack of inclusion is not necessarily an individual failing but should be looked at from an institutional perspective, we need to consider the pervasiveness of whiteness by exploring the wider concept of oppression in the historical formation of institutions. This view rings true in this study as it was clear that white was the default; in all cases, there was a lack of inclusion of people with dark skin tones in the curricula despite each higher education institution having mission statements and policies addressing inclusion and diversity in the curriculum.

Nurse academics hold the power through transformative learning to educate nurses of the future, ultimately limiting the damage of racism in healthcare by changing nursing practice (Blanchet Garneau et al., 2018). This change in nursing practice and education would in turn raise awareness of health inequities experienced by people with dark skin tones such as in the assessment and identification of pressure injuries. Ways in which this can be achieved is through diversification of the teaching workforce and frequent examination of the curriculum, the institution and individual classroom teaching sessions to ensure that they stand against racism and challenge the status quo. However, it is important to highlight that it is not only taking time to diversify the workforce but there needs to be a commitment to inclusion in curriculum design and that this does not mean that an anti-racist curriculum will result.

9.1 | Limitations

The study was conducted across five study sites in England and may not represent experiences and views internationally. The study involved a small homogenous sample of academics who may not have represented all views in the included institutions. Social desirability bias may have influenced the results, participants were aware of the study context as they had been provided with a participant information sheet before data collection. The impact of the researcher on the interviews and focus groups was visible as quotes from the participants referred to the awareness of the researcher's interests.

10 | CONCLUSION

With race being a deeply held social construct, nurse academics are duty bound to ensure future nurses interrogate their complicity in a system of white dominance. This approach leads to students questioning their practice and, in turn, dismantling racism in healthcare, offering a safe and welcoming space for all future nurses and patients who have dark skin tones. Anti-racist teaching practices are not policy, they are a set of values and principles against which to measure all work. When it comes to pressure injury assessment, nurses need to focus on prevention rather than a manifestation threshold; therefore, academics need to move away from a visual reliance. To truly dismantle racism in nursing, nurse education needs to change. Nurses need to continuously commit to the recognition of the real-life impact of apathy, remaining silent, race neutrality and being racially colour blind to ensure equity in healthcare for people with dark skin tones.

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DATA AVAILABILITY

The data are not publicly available due to privacy and ethical restrictions.

CONFLICT OF INTEREST

The editor-in-chief is a co-author.

CONFLICT OF INTEREST

No conflict of interest was declared by the authors in relation to the study itself. Note that Debra JACKSON is a JAN EIC but, in line with usual practice, this study was subjected to double-blind peer review and was edited by another editor.

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