An Introduction to Anti-Racism for the Nursing Professional: A Focus on Anti-Black Racism

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NADIA PRENDERGAST

Introduction

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"An Introduction to Anti-Racism for the Nursing Professional: A Focus on Anti-Black Racism" is an open educational resource (OER) created for undergraduate nursing students at the introductory level. Educators co-curated this OER in collaboration with students for students. This resource is a unique contribution to nursing education as content focuses on Anti-Black racism in the Canadian context.

The resource includes four chapters. The first chapter focuses on providing a context to racism, anti-Black racism, the link between racism and intersectionality, and racism, health, and healthcare. The second chapter focuses on what it means to be Black. The third chapter focuses on the invisibility of Black nurses, and highlights Black, Indigenous, Asian, and racialized nurse leaders. The final chapter focuses on anti-racism and nursing communication.

Licensing

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CHAPTER 1: UNDERSTANDING RACISM AND ANTI-BLACK RACISM

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Learning Outcomes

At the end of this chapter, you will be able to:

1. Describe racism.
2. Describe anti-Black racism.
3. Outline the link between racism and intersectionality.
4. Examine racism, health, and healthcare.

Introduction

How often do you think about racism? How many times in the last week has racism influenced your communication and interactions with others? Once, twice, three times? Your answer will differ depending on your race, your proximity to social justice issues, and your upbringing.

Many **racialized** people in Canada think about racism every moment. This is because **racism affects every aspect of their life**: how they are viewed and how they are treated within society.

Can you imagine being called derogatory names, treated disrespectfully, and denied opportunities because of your skin colour?

How about being told you are not smart enough to succeed at anything?

Imagine being mentally and physically brutalized simply because you were born Black?

These are just a few of the experiences of racialized people, and especially Black people.

We are all **born into a structure of racism**, which is woven into the very fabric of society. So, while we all should think about racism, Black people, Asians, Indigenous individuals, and other people of colour are forced to do so. Their everyday living and functioning are wrapped up in the various manifestations of racism. Differential treatment against these groups is built into the creation and operation of society to the extent that **racism has become systemic** (Banaji et al., 2021). This means that racism is part of every aspect of life, with life-long detrimental effects.

However, racism is not experienced in the same way and to the same degree by all racialized groups, with varying consequences. Racism against Black people is called anti-Black racism. It takes different forms and involves different arguments to justify it (James et al., 2010). Anti-Black racism also transcends an understanding of

racism beyond class and economics to include culture and identity (James et al., 2010). Most of us are aware of the racism experienced by Black people in North America. The police officer who used his knee to slowly drain life from George Floyd is only one example of the profound and egregious nature of anti-Black racism. Anti-Black racism has been linked with many social harms among Black people (King et al., 2022). Some scholars argue that **anti-Black racism** is the **number one cause of death among Black people** (Sederstrom & Lasege, 2022).

Why is it important to discuss racism in the context of nursing education? The answer is simple: it presents an opportunity for all of us to pause, reflect, and understand, with the ultimate goal of **dismantling racism in our education and practice**. If we don't engage with the problem, we will perpetuate and replicate it, intentionally and unintentionally in our practice and our communication with others – and through our silence.

This chapter explores the history, manifestations, experiences, and social and health effects of racism. We give special attention to anti-Black racism because of its pervasive and detrimental nature, and because it has generally been neglected in the context of nursing education. We invite you to read with an open mind and appreciation for this knowledge as learners, and as future nurses.

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Current Events

In 2020, the world was shaken by the **brutal murder of George Floyd** at the hands of a police officer in Minneapolis, Minnesota. This served as a catalyst for the Black Lives Matter movement to expand globally. Protests erupted worldwide in solidarity for George Floyd and the countless other Black people murdered by those sworn to serve and protect. People began to understand what Black people and other visible minorities had been saying for years about racism being both blatantly present and deeply interwoven into our social structures.

A painting of George Floyd's face surrounded by array of colourful painted flowers on outdoor wall.

Figure 1: George Floyd (Photo by mana5280 on Unsplash)

Canadians tend to pride themselves on having an inclusive and non-racist society in which everyone is treated equally. This is clearly not the case.

In 2021, police in Kitchener, Ontario were called to respond to a student considered in crisis who was allegedly acting violently and required police intervention. The problem? The student in crisis was a **four-year-old child**. He was jumping on a desk and running

away from a teacher. He was also Black. This incident sparked outrage: it demonstrated the criminalization of Black children, as well as the obvious need for anti-Black racism interventions. Unfortunately, it was not an isolated incident.

In 2020, an Indigenous woman named **Joyce Echaquan** recorded healthcare providers near Montreal, Quebec making racial remarks about her as she lay dying. In 2021, a **Muslim family out for a walk** in London, Ontario was run down by a vehicle in a hate crime.

Racism is **deeply embedded** within our systems and institutions: legal, education, and healthcare systems, as well as in everyday life. The next section explores the concept of racism.

Did you Know?

In southern Ontario, Black male students are 2–4 times more likely to be suspended or expelled than their non-racialized peers (James & Turner, 2017). By the end of high school, 42% of Black students have been suspended at least once, compared with 18% of their non-racialized peers (James & Turner, 2017). These statistics offer insight into the school-to-prison pipeline that disproportionately affects Black students. This kind of exclusionary punishment disrupts student learning and leads to further disinterest in school rules and course work – and students who are forced out of school may engage in criminal involvement (Aronowitz et al., 2021).

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Understanding Racism

Racism is based on **the belief** that some groups of people are inferior or less human than others. This belief emerged from the erroneous idea that people are biologically different, which continues to be perpetuated. As a result, people have been classified into **social groups called races**, with racialized groups having less access to power, resources, and opportunities in society, than the dominant racial group (Williams et al., 2019). Stereotypes and prejudicial attitudes toward racialized groups also result in such groups being stigmatized and experiencing discriminatory treatment (Williams et al., 2019). One example is the stereotype that certain racial groups tend to engage in more criminal activity than others, which might result in these groups having less access to legal resources or fair legal processes or might be denied housing or employment. This kind of stereotype is often perpetuated by the media and other social systems (Allen et al., 2021).

Historically, race has often referred to a person or a group's physical traits (e.g., skin colour) (Yudell et al., 2016), but it can also refer to characteristics such as nationality, ethnicity, or religion (Williams et al., 2019). In short, race is based on **social categorization rather than scientific evidence** (Yudell et al., 2016). Why do social categorizations continue to exist? Consider what purposes they serve. The social categorization of race promotes the idea that white people are superior and thereby excuses or justifies the oppression of those who are not considered white. As a result, white people inevitably benefit socially, economically, and politically – simply by being white.

Have you ever heard the term **white supremacy**? Believe it or not, the term has been foundational to the colonization of large areas of the world and to the systematic destruction, exploitation, and enslavement of vast numbers of non-white people over many

centuries (Bonds & Inwood, 2016). Canada, for example, utilized notions of white supremacy to systematically:

- Exploit Indigenous peoples by displacing them from their lands and subjecting them to forced assimilation.
- Enslave, racially segregate, and discriminate against Black people of African descent.
- Mistreat Chinese, Japanese, and South Asian Canadians (Allen et al., 2021).

To really understand racism, we need to understand how it manifests at different levels: individual, institutional/structural, cultural/ideological, and internalized levels (Jones, 2000; Williams et al., 2019).

- **Individual racism** refers to the racist/discriminatory attitudes, beliefs, and behaviours of individuals.
- **Institutional/structural racism** refers to laws, policies, and practices that serve to advantage white dominant groups while racialized groups are disadvantaged.
- **Cultural/ideological racism** refers to how racism is embedded in societal norms, values, imagery, language, and assumptions. This sustains racism and ideologies of inferiority toward racialized groups.
- **Internalized racism** refers to a racially oppressed person or group accepting the negative stereotypes attributed to them through dominant beliefs/cultural racism (Williams et al., 2019).

The term **microaggression** is used to describe the **everyday** and **subtle forms of racism** that racialized people experience. These can include glances, gestures, manner of speech or tone of voice, jokes, slurs, etc., which are often automatic and unconscious but are nevertheless harmful to the victims. For example, a cashier may avoid touching a Black person's hand by putting the change on the

counter, or people may avoid sitting in an empty seat beside a Black person (Allen et al., 2021; Williams, 2020).

Activity: Check Your Understanding

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Anti-Black Racism

Now that you have a grasp on understanding racism, let's explore what anti-Black racism means and why it is relevant.

Dr. Akua Benjamin, now an emeritus professor at Toronto Metropolitan University, first used the term **anti-Black racism** in her doctoral dissertation to explain the **brutality Black communities** were experiencing within the country's institutions (Benjamin, 2003). Although the term gained limited traction at the time, it became a focus of discussion during the COVID-19 pandemic, with reports identifying anti-Black racism as a key driver of the social and health barriers faced by Black communities (Public Health Agency of Canada, 2021). Why is this? Let's start by providing a definition of anti-Black racism:

> "Anti-Black racism is **prejudice**, **attitudes**, **beliefs**, **stereotyping**, and **discrimination** that is directed at **people of African descent** and rooted in their unique history and experience of enslavement and its legacy. Anti-Black racism is deeply entrenched in Canadian institutions, policies, and practices, to the extent that it is either functionally normalized or rendered invisible to the larger White society. Anti-Black racism is manifest in the current social, economic, and political marginalization of African Canadians, which includes unequal opportunities, lower socio-economic status, higher unemployment, significant poverty rates, and overrepresentation in the criminal justice system" (Government of Ontario, 2022).

The ongoing pandemic is not just a global health problem: it also intersects with social and political issues that are affected by the systemic presence of anti-Black racism. Boakye and Prendergast (2022) argued that anti-Black racism is maintained by four tenets: history, experience, invisibility, and legacy, which allow racism to remain undetected and be functionally normalized within Canada

(Government of Ontario, 2022). We know that racism has lasting and devastating effects on the health and well-being of Black and other racialized individuals, so it is important to understand the tenets of anti-Black racism and thereby find ways to dismantle and rupture racism at the root.

Let us take a brief look at the four tenets of anti-Black racism:

History: History is at the root of how racism was used to justify the inhumane treatment of people that continues today. More specifically, the unique history of the transatlantic slave trade explains the process used to dehumanize, devalue, and use humans as a commodity.

Invisibility: Anti-Black racism is so systematically institutionalized within policies, practices, and procedures that it becomes normalized and almost impossible to detect. The humanity of Black people is undermined in a multitude of invisible ways.

Experience: Living in a world where Black people are invisible, along with the historical processes of racism, leads to trauma and stress and ultimately affects health and well-being (James et al., 2010; Sederstrom & Lasege, 2022) in ways that are largely unnoticed by broader white society.

Legacy: Social injustices toward Black people continue despite ongoing revisions to policies and practices. Inhumane treatment is simply recycled without being interrogated and dismantled.

By understanding anti-Black racism, we may be able to gain a deeper awareness of the broader negative effects of learning in a Eurocentric-dominated space. For example, explicating anti-Black racism may further understanding of other forms of atrocities such as the **Holocaust**, **residential schools**, and **"head taxes"** for Chinese people entering Canada.

Activity: Check Your Understanding

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A Step into History

Understanding the past can help us understand the current situation. Let's start with a story.

Long ago, in the continent of Africa, people lived in many different communities with a well-developed trading system. Sometimes they traded people, but within this system, slaves were considered servants, and could often earn their freedom (Sawula, 2013).

In the 14th century, the richest man who ever lived came from Africa. His name was Mansa Masu. His wealth is estimated at more than $400 billion in today's dollars, but it is widely agreed that his actual worth cannot be described. During his reign, about half of the world's gold was in his kingdom of Mali, and he had nearly unlimited access to all of its wealth as king (Mohamud, 2019).

Most Westerners were, and continue to be, unaware of the complex and advanced nature of African society. When white European travelers came to Africa, they began trading with the indigenous people, who welcomed them as friends. But the African people were unaware that their white European 'friends' were misrepresenting them in their home countries. White travelers described the African people as savages and uncivilized. This led to a perception of African people being less than human, and a growing interest in trading for African people as merchandise. This came to be known as chattel slavery. African slaves were mainly taken from the west coast of Africa (e.g., Ghana) and dispersed throughout America and the Caribbean, where they were treated inhumanely and subjected to horrific violence. During the **Atlantic Slave trade**, an estimated 10–12 million African people were traded, captured, or stolen for the wealth and development of the Western world.

Canada is known for its role in helping in the freedom of enslaved Americans through the **underground railroad**. However,

slavery was also widespread in Canada, which is mentioned less often. Here are some facts:

- Slavery was a popular practice as early as 1759, when records indicate that approximately 3600 enslaved persons were living in Canada (McRae, n.d., The story of slavery…).
- From 1797–1800, 14 of the 17 members of the second parliament of the Upper Canada Legislative Assembly owned enslaved persons or were from slave-holding families (Henry, 2022).
- James McGill, a member of the Assembly of Lower Canada and the founder of McGill University, owned 6 enslaved persons (Henry, 2022).
- This began to change in 1793, when John Graves Simcoe, then Lieutenant Governor, became aware of the practice. He was offended by the idea of slavery and respected the sacrifices made by Black people during the Revolutionary War. He led the abolition of slavery in Canada (Cooper, 2007).

However, by the time slavery was abolished, its effects had already been embedded systemically, creating a legacy of negative beliefs, perceptions, attitudes, and actions toward Black people of African descent. The process of dehumanizing people can be experienced by other communities in similar and different ways, including Indigenous persons, Asians, other non-dominant racialized people, and anyone considered different, such as Jews and some immigrant groups.

We must explore anti-Black racism to fully understand the pervasive nature of racism and the need to identify and dismantle it in all its forms. One way is to rewrite the false narratives that we were told and tell the real truths about history – and we can start this process today in our classrooms.

Did you Know?

In the 1800s, Canada once had a thriving small Black community in Nova Scotia called Africville. The founding members of Africville were mainly slaves who came from America and who were promised land and freedom. But when they arrived, they encountered racism and discrimination by the white settlers and were forced to live in poor, squalid conditions. Despite the barriers they faced, they created a close-knit thriving community with their own shops, church, and businesses. However, the City of Halifax refused them basic amenities, such as sewage, clean water, and garbage disposal – even though they were paying their taxes to the City. Soon the City of Halifax began to build hazardous developments around Africville including an infectious disease hospital, a prison, and a garbage disposal site. These had adverse effects on Africville residents, but the discrimination against them did not stop there. The City of Halifax pressured the community to relocate, arguing that the move would improve conditions for the residents. Although the community tried to plead their case, they were unable to win against the odds stacked against them and were forced to relocate. This resulted in the dismantling of Africville, a once-thriving community. In 2010, an official apology was given, and in 2012 a replica of Africville's original church was opened as a museum and monument to the story of

Africville and how racism and discrimination were at the core of this community's fate.

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Racism and Intersectionality

Imagine being asked to define your personal identity. How would you respond? Would you include:

- Your ethnicity?
- Your culture?
- The languages you speak?
- The gender you identify with?
- Your religious beliefs and traditions?
- The places that you call home?

Now imagine if you could only pick one of these features. Most people would find it difficult. Identity includes gender, sexuality, age, class, race, ethnicity, religion, and ability/disability, all of which **overlap** and **influence** how society treats individuals. This is referred to as **intersectionality**. Depending on your unique combination of identities, you will experience different forms of privilege and oppression in society (Hankivsky, 2014).

You might be wondering where the word intersectionality came from.

It emerged during discussions of a 1976 court case in which several Black women attempted to sue General Motors, which segregated its workforce by both race and gender (Crenshaw, 2015). The organizations only hired men for certain jobs: this included both white and Black men. However, for the jobs designated for women, the company only hired white women, not Black women.

Clearly, General Motors discriminated against Black women, but the case was dismissed. The court argued that General Motors did not discriminate against race and gender because the company employed Black men and white women (Crenshaw, 2015).

After this ruling, **Kimberlé Crenshaw**, a Black American civil rights advocate, created the concept of intersectionality. Crenshaw argued that mainstream feminist theories were based on the

experiences of white women and do not address the unique problems faced by Black women, who are not only oppressed because of their gender but also because of the colour of their skin.

Consider how the following intersections of identities might compound experiences of oppression in Canadian society:

- A Black woman who is also transgender and bald.
- An older Indigenous man who is also poor and in a wheelchair.
- A South Asian man who is also Muslim and not married.

Returning to anti-Black racism, Crenshaw's work helps clarify how the experiences of Black communities are heavily affected by their identity as Black. These individuals face many barriers, including those related to economic opportunities, and Black women are affected even more. Even in caring gendered professions such as nursing, Black nurses remain under-represented in leadership and are unfairly disciplined compared with their white colleagues (Iheduru-Anderson, 2021; Jefferies et al., 2018).

As a nurse, you should use a **holistic lens** to help address the gaps in healthcare for Black, Indigenous, and racialized individuals. Think about the many **different forms of oppression** that compound and affect a person's health and well-being. We can use the intersectionality framework to address inequitable policies, culture, and procedures in healthcare. What will you do to address intersectional oppression? How can nurses be agents of change for a better tomorrow?

Activity: Check Your Understanding

Watch the TED talk "The urgency of intersectionality" by Kimberlé Crenshaw to learn more about intersectionality.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=82#oembed-1

Video: The urgency of intersectionality [18:50]

An interactive H5P element has been excluded from this version of the text. You can view it online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=82#h5p-4

To learn more about Kimberlé Crenshaw https://www.ted.com/speakers/kimberle_crenshaw

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Understanding Anti-Black Racism in Health and Healthcare

Have you ever been told to love the skin you were born in because that is the skin you will die in? What if the skin you were born in is quite literally the source of illness and even death? In countries where race-based health data are gathered, racism is recognized as an illness-inducing oppression that is linked to poor health outcomes.

A research team at Harvard University **linked racism** and racial discrimination to **higher rates of morbidity** and **mortality** among racialized groups in the US (Williams et al., 2016). Racialized people must contend with racial inequities, exclusion, poverty, community violence, stressful encounters in public spaces, incarceration, and even murder of family members. The associated stress is linked with greater risk for cardiovascular diseases, diabetes, and liver and kidney diseases. **Black people** not only have an **earlier onset of these diseases**, but also higher death rates (Calvin et al., 2003; Clark et al., 1999; Williams, 2012; Williams & Williams-Morris, 2000).

Researchers in many countries have also identified an association between **racism** and **mental health**. Studies in the UK and the US have confirmed more diagnosis and severity of psychosis-related mental illness among Black people of Caribbean and African heritage (Mouzon & McLean, 2017; Nazroo et al., 2020).

Racism is also associated with **negative effects during pregnancy**: studies in the US and Canada have found that Black women are more likely to experience perinatal loss, and more likely to die from pregnancy-related complications (Berger et al., 2019; Taylor, 2020). The chronic stress of racism has stronger effects on

pregnancy among Black women, regardless of socioeconomic status.

Kim Anderson's Story video [6:08]

Overall, **racism affects physical** and **mental health** in many ways due to the multiple forms and levels of discrimination, and the continuous exposure to stress (Williams & Etkins, 2021). Anti-Black and other forms of racism play a significant role in social and health disparities within Canada. Race-based data are rarely collected in Canada, but we know that anti-Black racism creates inequitable access to healthcare resources for Black Canadians, reflecting similar health trends in the US (Dryden & Nnorom, 2021).

The Canadian healthcare system is generally admired, but our healthcare practices continue to be influenced by colonial practices and Eurocentric culture (Simpson, 2012). We want a healthcare system that is reflective of Canada's diverse society. We need to start in our classrooms, our clinical settings, and our communities. We must listen to the voices of those experiencing racism to learn about how racism affects their health.

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Key Takeaways

- Racism is based on an ideology that assumes some groups of people are inferior or less human than others.
- Racism infiltrates every aspect of human existence.
- Racism is deeply embedded in Canadian systems and institutions, including healthcare.
- Anti-Black racism and other forms of racism play a significant role in the social and health disparities among Black Canadians and other racialized people.
- Anti-Black racism is considered the number one cause of death among Black people.
- Racism intersects with other forms of oppression related to components of one's identity (e.g., gender, sexuality), so intersectionality is important to consider.

CHAPTER 2: WHAT IT MEANS TO BE BLACK

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Learning Outcomes

At the end of this chapter, you will be able to:

1. Describe white privilege.
2. Explore what it means to be Black.

Introduction

The common social rule is to never bring up four topics at a party: politics, religion, race, and health. Conversations about race and racism tend to involve discomfort, confusion, anger, and even denial.

However, these conversations are important. What if we were to move beyond our own personal ideas about race and racism? Could we learn more about ourselves and those around us? Could healthy, productive discussions about race and racism help relieve fear and uncertainty and help us connect with each other?

As we learned in Chapter 1, racism is deeply entrenched in our everyday lives: the existing systems, values, and beliefs were purposefully designed to favour, privilege, and empower broader white society while marginalizing and oppressing Black, Indigenous, and other racialized people. We also learned about the different types of racism and how they affect health. Racism is a lived experience, and by understanding anti-Black racism, we can gain insights into what it means to be Black: of Black African descent. Some Black people have redefined Blackness as a source of hope and resiliency.

Before discussing what it means to be Black, let's explore white privilege.

White Privilege

In 1939, two psychologists, Drs. Kenneth and Mamie Clarke, conducted **the doll experiment**. They placed two almost identical dolls in front of children and asked: Which do you prefer? Which is pretty? Which is ugly? Which is bad? Which is good? The only difference between the dolls was that one was Black and the other was white. The researchers found that both Black and white children preferred the white doll and attributed positive characteristics to it and negative characteristics to the Black doll (McNeill, 2017).

The doll experiment was initially conducted in the context of racial segregation of Black and white children in the American education system; other researchers have continued to use it since 1939 and the results have remained consistent (Windell, 2019). Why do white and Black children prefer the white doll? What does this experiment reveal about how whiteness is viewed?

Other scholars have found that the preference for whiteness follows us into adulthood.

- Kang et al. (2016) found that when Black students tailored their resume to sound white, they were more likely to receive a call-back from employers compared with other Black students who did not conceal their racial identity.
- A report from DealAid found that 90.2% of consumers who identify as Black or African American have experienced racial profiling while shopping (McCabe, 2021).
- A survey by Stats Canada found that almost half of Black women had experienced discrimination or unfair treatment in the past 5 years, as did more than 40% of Black men. In contrast, only 20% of women and 13% of men who were neither Indigenous nor visible minorities had experienced discrimination (Cotter, 2022).

These findings are not just numbers: they reflect the reality that Black people face every day. North American society prefers whiteness, and this preference is linked with the concepts of white privilege and white supremacy.

- **White privilege** refers to the advantages that white people receive in society that are not earned by merit but given solely based on the colour of their skin.
- **White supremacy** is the belief that white people are superior to Black, Indigenous, and other racialized people.

As you think more about white privilege and white supremacy, think about **decentralizing whiteness** so that non-white people can be treated equally and respectfully. The doll experiment is just one example of the centrality of whiteness. Another example is that health assessment textbooks tend to use white skin as the baseline, with non-white skin compared to this baseline. This centrality of whiteness is at the cost of those who are not white, with consequences including feelings of low self-esteem, being devalued, living in a state of racial trauma, and experiencing systemic and **internalized racism**.

The **health disparities** among Black, Indigenous, and other racialized people continue to increase at exponential rates, so nurses must take the lead and become agents of change. One way to help us identify the centrality of whiteness in nursing is to use an **anti-Black racism framework**. We must confront anti-Black racism, and this requires understanding how centralizing whiteness plays a significant role in normalizing and rendering racism as invisible. This call to action is not an attempt to erase the lived experiences of those who are not Black; it is intended to challenge the current approaches to anti-Black racism and help create better ones (Jefferies, 2021).

Take a moment to reflect. If you were a child, which doll would you choose?

Did you Know?

The ideology of whiteness isn't "about being white" – it's about racial systems of power in which darker skin colour has been socially (not biologically) constructed as inferior and white skin colour has been socially (not biologically) constructed as superior (Patel, 2022).

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What it Means to be Black

In 2013, world-famous Oprah Winfrey talked about an experience she had when she was shopping in Europe. Oprah recounts being in a luxury shop and asking a salesperson to show her an expensive purse. But, not recognizing Oprah, the salesperson refused to show her the purse, telling her that she could not afford it. Oprah left the shop, and the incident sparked public interest in **what it means to be Black** (Gabbatt, 2013). Have you ever really thought about what it means to be Black?

Imagine our world is about to end and you are about to be transported to another world exactly like ours but with one difference: you can choose your race. **What race would you choose to be?** Imagine that during transport to the new world, the flight attendant hands out everyone's race assignment, but by the time they come to you, only Black is still available. How would you feel? Think about it: for the rest of your life, you will be labeled as Black. How do you feel? Try this activity with a friend or family member and explore their thoughts.

The label Black often has a negative meaning – think about old beliefs like a black cat being a bad omen. This kind of belief has also been linked with people and has led to the unfair treatment of people just because they were labeled Black (Hall et al., 2021). As we discussed in Chapter 1, **being Black has far-reaching outcomes** that impact everyday life and treatment in education, health, and criminal justice systems.

The negativity linked with Blackness has been used in policies, procedures, and practices to justify the inequitable treatment of Black people. These policies and practices have been challenged by the Civil Rights movement in the 1960s and in recent global protests of the Black Lives Matter Movement where people came together to speak out against racism. This recent widespread

solidarity with Black people has also led corporate organizations such as Nike to denounce racism (Ebrahimji, 2020).

Within nursing, several organizations including the Registered Nurses Association of Ontario (RNAO, 2022) are trying to tackle the systemic nature of anti-Black racism in Canadian nursing. Toronto Metropolitan University's (2020) Campus Climate Report on anti-Black racism provides an example of an institution dedicated to eliminating racism on an institutional level. But the social injustices experienced by Black people remain widespread, including in the education system where Black students are at greater risk of suspension and expulsion (Public Health Agency of Canada [PHAC], 2021).

To be Black can be described as **an invisible wall that prevents** Black people from moving into positions of leadership, including within nursing (Statistics Canada, 2022; Jefferies et al., 2018; PHAC, 2021). It's important to remember that none of this is related to their skills or qualifications – **it is racism**. Behind the invisible wall erected by racism, Black people continue to unify into dynamic communities and resist the negative connotations given to them by reframing, refashioning, and reorienting how Black people are perceived. This kind of positive resistance is called anti-Black racism resistance, and it has a long history in North America, including the early Black Power Movement in the 1960s, which worked to protect the Black community and also inspire pride in being Black. This work continues today: Black Girls Rock fosters the identity and empowerment of Black girls and women, and the epic Black Panther movie franchise is promoting positive images of what it means to be Black. Overall, anti-Black racism resistance efforts demonstrate that Black lives do matter and have made many positive contributions. These contributions have been recognized by the Office of the High Commissioner for Human Rights by dedicating a decade to Black communities (Bachelet, n.d.)

Watch the video below: you will hear **firsthand the experiences** of people sharing **what it means to be Black** and the strategies

they use to reject stereotypes and biases while celebrating their identity by resisting anti-Black racism.

> *One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=129#oembed-1*

Video: What it means to be Black [34:52]

As nurses, we need to understand what it means to be Black. An anti-Black racism framework can help us understand the various ways Black, Indigenous, and other racialized people experience discrimination and how it goes unnoticed by broader society (Statistics Canada, 2022; Government of Canada, 2022). This will improve our communication skills: we need to listen carefully to the experiences of all clients and communities and effectively and competently **engage with those who live the Black experience** as well as others who experience racial and other forms of discrimination. Returning to our story about travelling to another world, have your thoughts and beliefs changed? How would you feel if the flight attendant assigned you the only race available – Black?

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Reflection

Take a few moments to pause and reflect. Consider the following questions:

1. What have you learned about the experiences of Black people and other marginalized groups that you didn't know before? Consider your own positionality based on your race as you may be Black, Indigenous, another racialized community, white, or a mix of several races.
2. What emotions do you feel while learning about anti-Black racism and efforts to address it? Do you feel sad? Angry? Defensive? Confused? Relieved?
3. Delve a bit deeper into the primary emotion you identify. If you feel confused, what are you confused about? If you feel angry, what is making you angry in particular, and what does that anger feel like for you?
4. What questions do you have about racism, anti-Black racism, and your role as a nurse? In what ways is this content important for you to know and understand as a nursing student and a future practicing nurse?

Key Takeaways

- White privilege refers to the advantages that white people receive in society that are not earned by merit but given solely based on the colour of their skin.
- To be Black is to be perceived and defined as inferior by the white dominant culture, and this label affects social, economic, and geographic status.
- The politics of Blackness exposes the struggles of Black people who are always placed at a disadvantage.
- Understanding what it means to be Black will improve nurses' communication skills.

CHAPTER 3: THE INVISIBILITY OF BLACK NURSES

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Learning Outcomes

At the end of this chapter, you will be able to:

1. Recognize how Black nurses were made invisible.
2. Identify Black, Indigenous, Asian, and racialized nurse leaders.
3. Identify other Black, Indigenous, and racialized nursing-related leaders.

Introduction

Nursing in Canada and internationally is founded on the story of "The Lady with the Lamp." Her name was Florence Nightingale, and she established the Nightingale Training School for Nurses in 1860. The omnipresence of this white nurse throughout nursing history suggests that no other nurses were instrumental to the evolution of nursing – particularly nurses from racialized groups. This is a direct result of systemic racism and the power of white supremacy.

Other **pioneers** have been instrumental in the advancement of nursing throughout the world, although they are rarely mentioned. Some examples of Black and racialized nurses include:

- Mary Seacole.
- Edith Monture.
- Agnes Chan.
- Rufaida Al-Aslamia.
- Marisse Scott.

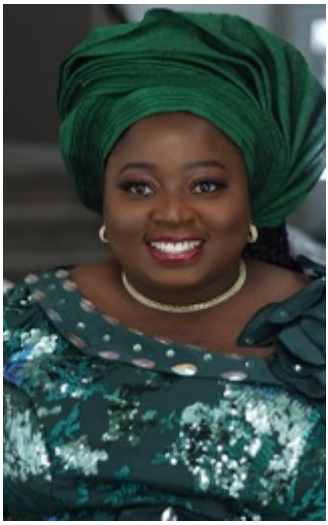
Despite facing numerous barriers, these racialized nurses forged ahead to serve others with care and compassion. They have made **invaluable contributions** to the advancement of nursing education and practice, and have created inroads for many other nurses. As we work to foster equity and social justice within the field of nursing, let's take a moment and reflect on these influential nurses and how their legacy continues through the stories of today's modern nurses and leaders. Let's start with the Hall of Fame for these iconic nurses who contributed to nursing against all odds.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=163#oembed-1

Making Black Nurse Leaders Visible

This section introduces five nurses who are influencing change in Canada. These nurses include Dr. Bukola Salami, Dr. Dorothy Ayela, Dr. Geoffrey Maina, Dr. Angela Cooper Brathwaite, Ovie Onagbeboma, and Dr. Joan Lesmond. Unless otherwise noted, the following content was created in collaboration with each nurse.

Dr. Bukola Salami: A Leading Nurse in the Academy



Dr. Bukola Salami is a leading nurse researcher and educator. She is the Director of Intersections of Gender Signature Area at the Office of Vice President Research and a Professor at the Faculty of Nursing, University of Alberta. Her research program focuses on policies and practices shaping the health of migrants and Black people. She has been involved in more than 75 funded studies in this area: she has led research projects on African immigrant child health, immigrant mental health, access to healthcare for Black women, access to healthcare for immigrant children, Black youth mental health, health of internally displaced children, well-being of temporary foreign workers, and parenting practices

of African immigrants. Bukola is a nationally and internationally recognized scholar who founded and leads the African Child and Youth Migration Network, a network of 42 scholars from four continents. She also recently launched the Black Youth Mentorship and Leadership Program at the University of Alberta. This is the first university-based interdisciplinary mentorship program for Black youth in Canada, with the goal of empowering Black high school youth – socially and economically – so that they can contribute meaningfully to Canadian society. Her work on Black youth mental health has led to the creation of the first mental health clinic for Black Canadians in Western Canada. She has also presented her work to policymakers (including twice to the Prime Minister of Canada) and successfully changed policy. Dr. Salami outlines her vision for the future of nursing as follows:

- First, I believe nursing should lead policy development in the future especially as it relates to healthy public policy.
- Second, I have a vision of stronger nursing leadership in equity, diversity, and inclusion. This is necessary for us to achieve equitable population health outcomes.
- Third, I see a vision toward nursing leadership in interprofessional teams. My leadership at the Alberta College of Social Workers and Black Physicians of Alberta has shown me that nurses can lead across diverse disciplines and that we have much to contribute.

Dr. Dorothy Ayela: Academic Chair (Associate Dean)

Dr. Dorothy Ayela is a doctorate-prepared Nurse Practitioner, Professor, Academic Nursing Chair, and Author with extensive knowledge, expertise, and experience in clinical nursing practice, academic leadership, and academia including teaching across all elements of nursing programs. She is currently the Academic Chair (Centennial Site) of the Bachelor of Science in Nursing Program, a collaborative nursing degree between Toronto Metropolitan University, Centennial College, and George Brown College in Toronto, Canada.

As the Academic Chair, she is experienced in providing academic and administrative leadership, supervision, and direction to faculty, managers, support staff, and students. She provides leadership in the planning, development, and delivery of nursing programs. As a Nurse Practitioner, she provides clinical leadership in culturally responsive and trauma-informed care in racialized and underserved communities. Her areas of expertise include primary healthcare, maternal/infant health, mental health & addiction, and women's health. She has published a book titled Postpartum Depression: Black Women Guide for Mental Health & Wellness. She is currently a Post-Doctoral Miller Fellow at Case Western Reserve University working on a research project called Black Nurse Leaders in Academia in Canadian Nursing Education Program: A Call for Diversity and Inclusion.

Dr. Geoffrey Maina: A Leading Nurse Researcher

Dr. Geoffrey Maina is an Associate Professor at the Prince Albert Campus of the College of Nursing at the University of Saskatchewan. His program of research focuses on interventions with an emphasis on HIV prevention and care (i.e., harm reduction, stigma reduction, and peer interventions, both locally and globally), improving outcomes for clients and families affected by addiction, and promoting immigrant health. He uses diverse community-based research methodologies that employ qualitative research methods such as art-based approaches and methodologies that honour lived experiences including patient-oriented research. Dr. Maina teaches from the perspectives of nursing in a global context, with a focus on mental health and addiction nursing courses in undergraduate programs and nursing research in graduate programs. He is also actively involved in supervising masters and doctoral students. Within the community, he serves on the Canadian Chapter of Men in Nursing as its founding Research Coordinator, and on the Canadian Chapter of International Nurses Society on Addiction as the Saskatchewan representative. Dr. Maina outlines his vision as follows:

Given that Canada is a developed country, it is unfortunate that some population groups experience worse outcomes than those living in developing countries. I would like to see nurses equipped with knowledge and skills to actively engage in health promotion

and disease prevention, and confront social justice issues of our day that are often rooted in determinants of health, especially with the marginalized communities in Canada.

Dr. Angela Cooper Brathwaite: A Nurse Influencing Practice

Dr. Angela Cooper Brathwaite is Past President of the Registered Nurses' Association of Ontario (RNAO), co-chair of the Registered Nurses' Association of Ontario's Black Nurses' Task Force (BNTF), and an Associate Graduate Faculty Member, Health Sciences, Ontario Technology University. Most recently, Dr. Cooper Brathwaite was inducted as a fellow of the American Academy of Nursing, (FAAN) and was also invested by the lieutenant governor of Ontario where she received the Order of Ontario (OOnt). She holds a Ph.D. in Nursing from the University of Toronto and a Master of Nursing from the University of Manitoba.

Dr. Cooper Brathwaite has extensive experience in leadership, nursing administration, nursing education, policy advocacy, healthcare systems, and cultural competence, and has spoken at national and international conferences and events. As a co-chair of BNTF, she recently co-facilitated 11 monthly webinars on Anti-Black Racism for nurses, nursing students, and the broader nursing community. She also submitted a resolution, Advocating for Racism, to be included in undergraduate nursing programs in Ontario; this was passed at RNAO's 97th Annual General Meeting. She has published peer-reviewed articles on systemic racism and discrimination in nursing in professional journals and presented

keynote addresses on racism in nursing at webinars/conferences for national and international nursing students and academics from the University of Toronto, Ontario Technology University, Toronto Metropolitan University, the College of Nurses of Manitoba, CARE International Educated Nurses, and the Sixth International Webinar on Global Advanced Nursing, United Kingdom. As an expert on racism in nursing, she has been interviewed many times on television, radio, and in newspapers. She also regularly mentors graduate students on their MSc theses. Dr. Cooper Brathwaite envisions the future of nursing as an inclusive, diverse, equitable profession, and advocates for the use of effective anti-racism policies, practices, and structures to empower all nurses to achieve their goals throughout their careers.

Ovie Onagbeboma: A Nurse Inspiring the Next Generation

Ovie Onagbeboma is a nationally recognized nurse and business leader. She is a registered nurse who is pursuing her Master in Business Administration and is a clinical nurse manager. She is also Lean Six certified: Lean Six Sigma implementation projects focus on eliminating non-value-added activities and reducing costs; Ms. Onagbeboma engages in flexible problem-solving techniques to prevent problems before they happen.

Ovie is also the founder and Executive Director of the Canadian Black Nurses Alliance (CBNA). She is a transformative leader who identified a serious problem in healthcare and acted to address it.

She recognized that existing nursing associations work primarily to advance the collective interests of the nursing profession as a whole; this is an important mission, but they do not meet the unique needs of Canada's Black nurses. She consulted with her peers and built consensus around what a new organization dedicated to creating a national community of Black nurses might look like. Under her leadership, and in a short period of time, CBNA has become a phenomenal national organization that has been life-changing for many Black nurses.

Ovie is now a sought-after consultant serving many national organizations throughout Canada. She is an advisor to the Canadian Nursing Association and the Canadian Association of Schools of Nursing, and is a stakeholder with Canadian Health Workforce Network.

Dr. Joan Lesmond: A Leading Educator, Advocate, and Leader

Dr. Joan Lesmond was a nurse, educator, advocate, mentor, and recognized leader. She had a profound and widespread impact on the nursing profession and on community-based healthcare in Canada and beyond. After immigrating to Canada in 1970, Dr. Lesmond worked with perseverance and passion in building her chosen career, earning a BScN from Toronto Metropolitan University (formerly Ryerson University), an MSc in Community Health Nursing from D'Youville College in Buffalo, and

a Doctor of Education in Health Policy and Health Education in 2008. As a dynamic and respected leader, Dr. Lesmond served as Saint Elizabeth Health Care's (SE Health) Executive Director of Community Engagement, SE Health's chronic disease self-management program, and Executive Director of SE Health's Foundation, where she successfully forged community partnerships and engagement in the areas of service delivery and international consulting. She established a reputation for welcoming new challenges as she strengthened and modelled diversity within the nursing profession. Dr. Lesmond was always a strong advocate for nurses and took on leadership responsibilities and board roles with professional and community organizations including the Canadian Nurses Association, Registered Nurses' Association of Ontario, Canadian Nurses Protective Society, Canadian AIDS Society, Regent Park Community Health Centre, Women's College Hospital, and Health Force Ontario. She served as President of the Association of Ontario Health Centres, Vice President/Director of the Ontario Community Support Association, and Board Member of the Ontario Hospice Association. She helped educate and mentor many nursing students at Toronto Metropolitan University for almost 15 years, while simultaneously advancing community health nursing and care for people with HIV/AIDS and through international engagement as a delegate in the OHA Africa Lesotho Initiative for Hope, Health, and Healing. Dr. Lesmond championed the rights of girls and women of diverse backgrounds at all levels of the healthcare system. She supported African and Caribbean women affected by the HIV epidemic, and after volunteering in South Africa with women and girls living with HIV/AIDS, she became active in policy development and for the South African Network of Nurses and Midwives. Her many accomplishments were recognized with a YWCA Toronto Woman of Distinction Award in 2011.

This information was kindly provided by Dionne Sinclair who adapted some of the information from the Registered Nurse Journal (Registered Nursing Association of Ontario, n.d.). All

information was approved by Dr. Lesmond's family, and they also offered their picture of choice. Dr. Lesmond passed away in 2011.

Did you Know?

"Until the late 1940s, Black women were excluded from nurses' training in Canada because of the fear of medical doctors, nurses, and other staff members of Black hands on white bodies." (Flynn, 2011, p. 98)

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Making Indigenous, Asian, and Other Racialized Nurses Visible

In this section, we celebrate the contributions of other trailblazing nurses from diverse ethnic backgrounds including Jean Cuthand Goodwill, Edward Cruz, Catherine Tanski, and Sharon Hoosein.

Jean Cuthand Goodwill: Championing Indigenous Nursing

Provincial Archives of Saskatchewan/R-B6805

Jean Cuthand Goodwill was among the first Indigenous registered nurses in Canada. She obtained her nursing degree in 1954, becoming the first Indigenous registered nurse in Saskatchewan (Cuthand, 2020). Jean promoted an upstream approach to health. She was committed to improving living conditions for Indigenous peoples and had a significant impact on healthcare delivery to Indigenous communities (Indspire, n.d.). To support novice nurses and address the shortage of Indigenous nurses, she co-founded the Canadian Indigenous Nurses Association (previously Indian and Inuit Nurses of Canada) in 1974 (Cuthand, 2020). From the late 1970s to the early 1980s, Jean served as a consultant for Health and Welfare Canada and an advisor to

the Aboriginal Affairs Assistant Deputy Minister and the Minister of National Health and Welfare (Cuthand, 2020). For her work as a prominent leader and an advocate for Aboriginal health, Jean received the Order of Canada in 1992 and an honorary Doctorate of Law from Queen's University in 1986 (Cuthand, n.d.).

Edward Cruz: Embracing International Nursing Talent

Dr. Edward Cruz is an internationally educated nurse (IEN) from the Philippines and a Professor in the Faculty of Nursing at the University of Windsor, Ontario. Prior to this role, he was a Professor and Program Coordinator of a bridging program for IENs at a community college in the Greater Toronto Area. His vision is for the nursing profession in Canada to serve as a leader in promoting all aspects of equity, diversity, and inclusion. He believes that Canadian nurses should not only promote equity, diversity, and inclusion in caring for clients but also among visible minority nurses and IENs seeking registration in Canada. Dr. Cruz notes:

This does not mean that all IENs must be given the right to practice nursing in Canada. My hope is for the nursing profession to remove the ongoing barriers to IEN registration and celebrate their contributions to Canadian nursing. Organizations need to reconsider their stereotypical treatment of IENs, their non-Canadian academic credentials, and their out-of-Canada work experience, notably those coming from developing countries. We

need to minimize brain waste from IENs being channelled to low-paying, survival work. This may require creating opportunities for these nurses to grow within the profession and become leaders in their respective fields.

Catherine Tanski: Championing Indigenous Nursing

Catherine Tanski is the Provincial Chair of the Indigenous Leadership Circle of the British Columbia Nurses' Union. The Indigenous Leadership Circle is the matriarchal backbone of the community of First Nations, Metis, and Inuit nurses. Ms. Tanski was influenced by the resistance to colonialism by Indigenous leaders such as Elijah Harper, and by the loss of her sister, who went missing in 1990. She has centred her nursing career around transformative change and comments:

Today, Indigenous people continue the fight to maintain their sovereignty in the Canadian healthcare system. The Indigenous Leadership Circle encourages nurses to listen more and talk less; follow more and steer less; advocate more and comply less; invite more and exclude less; collaborate more and control less. Indigenous nurses carry traditional customs, ancient language, medicinal +knowledge, and unique wisdom passed down over thousands of years and envision a safer future in the healthcare of their peoples. Non-Indigenous nurses must re-examine the use of nursing models that do not honour cultural belief systems and Indigenous worldviews, re-think assessment techniques and

procedures that have conveyed misleading and inaccurate messages about the abilities of Indigenous peoples, reconsider research that benefits the careers of researchers rather than improving the lives of Indigenous participants, re-develop treatments that have ignored Indigenous approaches to healing and dismissed the importance of culture and spiritual wellbeing, and remove silence and lack of advocacy on important policies that have resulted in the removal of Indigenous children. Self-determination of Indigenous health involves nursing practice that empowers those within a healthcare system that has left many feeling powerless. I am honoured to stand among those who have turned ancestral strength into political activism that continues to provide for and protect Indigenous peoples in healthcare.

Sharon Hoosein: Diversifying the Nursing Profession

Sharon Hoosein was born in Guyana and immigrated with her family in the early 1970s. She entered a diploma program at Seneca College and later graduated from a BScN bridging program at Toronto Metropolitan University (former Ryerson University). After many years of bedside nursing in the field of neurosciences/orthopedics, she became intrigued with research and entered a Master's program at the University of Toronto. However, she was intrigued by the new Acute Care Nurse Practitioner program offered the same year and quickly transferred to that program.

Serving as a nurse has opened Sharon's mind to medical adventures abroad: she has worked in the US and participated in tsunami relief in Indonesia and earthquake relief in Pakistan. She currently works as a Geriatrics Emergency Medicine Nurse Practitioner. She also holds a Clinical Associate Professorship with McMaster University where she is involved in research. Sharon believes that the future of nursing depends on the ability to attract diverse groups of people to the profession and retain them. She notes that the COVID-19 pandemic has illuminated the inequities within public environments including institutes of higher education and hospitals and stresses the need to nurture leaders who are committed to ensuring that healthcare is accessible to all.

These diverse nurse leaders have made amazing ongoing contributions!

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Trailblazers and Nurse Leaders

Before continuing, let's hear some inspiring thoughts about the future of nursing from other diverse and influential nurse leaders:

- Dionne Sinclair
- Dr. Josephine Wong
- Dr. Annette Bailey
- Dr. Maher El-Masri

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=311#oembed-1

Video: Trailblazers [7:55]

Making Other Healthcare Workers Visible

Now you have learned about diverse nursing leaders and trailblazers within the Canadian healthcare system. Take a moment to think about other individuals who may be forgotten or rendered invisible while supporting the healthcare system. Essential care providers, specifically **Personal Support Workers** (PSWs) and **Registered Practical Nurses**/Licensed Practical Nurses (RPN/LPN), are frontline workers who may be placed at great risk in times of crisis (Bharati, 2020). If you have ever worked or visited a hospital or a healthcare facility, you were more than likely to have met a PSW or an RPN/LPN. You might have mistaken them for a registered nurse or manager. Who are they, and what do they do?

A PSW, sometimes called a Personal Care Attendant, is an unlicensed healthcare provider who cares for the physical, mental, and emotional well-being of a person who cannot care adequately for themselves, typically the elderly and those with disabilities. Their main responsibilities include supporting patients with the activities of daily living and working with an interdisciplinary team to ensure the patient receives the best quality of care (Ontario Personal Support Worker Association [OPSWA], n.d.). Canada has become increasingly reliant on PSWs to take care of our aging population and those with disabilities (Bell et al., 2022).

RPNs and LPNs are licensed healthcare providers who work independently or in collaboration with other members of a healthcare team. They can assess, plan, implement, and evaluate care for clients as well as promote health by using a holistic model of care (Canadian Institute for Health Information, n.d; Registered Practical Nurses Association Ontario, n.d.).

The work of these caregivers can be **physically**, **emotionally**, and **psychologically demanding**, but those who are Black, Indigenous,

or other people of colour may be **subjected to racism** and even violence (Adler & Bhattacharya, 2021). During the pandemic, PSWs and other healthcare workers have been on the front lines working selflessly to care for the ill and vulnerable. They experience anxiety, stress, occupational burnout, fatigue, guilt, and fear, and some have even died (Bharati, 2020).

In summary, Black, Indigenous, and other racialized healthcare workers are at increased risk due to systemic racism and their historic and ongoing contributions go largely unnoticed. We all have a role to play in celebrating and recognizing these healthcare workers and creating an anti-racist workplace environment where all are visible and can thrive. We must respect and celebrate the roles of those who so easily go unnoticed.

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Key Takeaways

- The dominance of the Lady with the Lamp throughout nursing history books is a result of systemic racism and the power of white supremacy.
- Pioneering nurses who have been made invisible include Mary Seacole, Marisse Scott, Rufaida Al-Aslamia, Agnes Chan, and Edith Monture.
- We all need to make the important contributions of nurses and nurse leaders from racialized groups visible.
- Modern-day nurse leaders include Dr. Bukola Salami, Dr. Angela Cooper Brathwaite, Ovie Onagbeboma, Geoffrey Maina, Annette Bailey, Maher El Dionne Sinclair, and Josephine Wong.

CHAPTER 4: ANTI-RACISM AND NURSING COMMUNICATION

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Learning Outcomes

At the end of this chapter, you will be able to:

1. Examine anti-racism.
2. Identify how to be an anti-racist.
3. Outline what it means to be a critical ally.
4. Explore the power of words.
5. Examine anti-racist communication in the healthcare environment.

What is Anti-Racism?

Have you ever said, "I'm not a racist"?

The phrase "not racist" is problematic, and Ibram X. Kendi dismantled it in his 2019 book, How to be an Antiracist. Kendi (2019) argued that the phrase suggests neutrality about an issue in which neutrality absolutely cannot exist: **one is either racist or anti-racist**, and there is no in-between. See **Table 4.1** for a summary of the differences.

Table 4.1: Difference between racism and anti-racism [adapted from Kendi, 2019].

Racist	**Anti-racist**
Believes in racial hierarchy and/or takes no action to dismantle it.	Believes in racial equality and acts to dismantle racism.
Believes that social problems are rooted in groups of people based on race.	Believes that social problems are rooted in both power and policy and acts to challenge these.
Permits racial inequities to exist and doesn't actively do anything to change them.	Actively works to confront power and policy that maintains racial inequities.

Reflect on Kendi's reference to **actively being an anti-racist**. You might realize that you are or have been racist at some period in your life. This might be difficult for you to accept, and you might resist the idea of acknowledging yourself as racist. As a Black man, Kendi was bombarded by racist thinking and ideas, which "hardened the racist ideas inside … [him until he] was ready to preach them to others" (2019, p. 6). This is the power of racism.

So, how do we move on from here? How do we take up the fight to be anti-racist whether we are racialized or not? How is anti-racism an important part of professional communication in

nursing? Kendi wrote that racism is "one of the fastest-spreading and most fatal cancers humanity has ever known" (2019, p. 238). **How can we fight racism the way we fight cancer**? We have already explored the deeply interconnected and historical nature of racism, which has exploited and oppressed racialized people for centuries (Patel, 2022). Therefore, the fight to dismantle racism is also highly complex. The following discussion explores how to become an anti-racist.

Activity: Check Your Understanding

An interactive H5P element has been excluded from this version of the text. You can view it online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=178#h5p-5

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How To Be An Anti-Racist

You may have already started the journey to becoming an anti-racist. If you have been consciously and reflectively reading the previous chapters of this book, you may have developed an awareness and empathy related to the harmful impacts of racism and how they play out in health inequities. You may also have become more aware of how certain dominant narratives are continually reproduced, such as the narrative of "The Lady with the Lamp" dominating nursing history books. These narratives are slowly being dismantled as readers like you learn about the stories of Black nurse leaders such as Bailey, Salami, Cooper Brathwaite, and Onagbeboma.

But this is only the first step to being anti-racist.

Everyone's journey to becoming an anti-racist will be different. You might have grown up in a family and culture of anti-racists and take up the fight daily. You might have grown up in a family and culture where everyone claimed, "I'm not racist." Or you might have grown up in a family and culture that is racist. Let's explore the steps to becoming an anti-racist.

Interrogate your positionality. How you position yourself in relation to race and racism is informed by your identity and culture, so you must reflect upon your own positionality to possibly revamp it. Take time to reflect and write about it. Are you a racialized person? Are you white? How has this affected your life? This is an important beginning point to become an anti-racist in your general life and your nursing career.

Be courageous. You should challenge anti-Black racism and all forms of racism. Becoming an anti-racist is a choice – and it is a radical choice because racism has historically been ingrained to such a degree that it seems natural, to some. It is difficult to see, particularly when you are privileged. Be courageous: recognize your positionality and acknowledge your racist ideas and the ways

you have not been an anti-racist. Remember, there is no neutrality in racism. If you haven't been actively anti-racist – if you have not acted to dismantle racism – then you have been racist.

Do your homework. It is not the job of other people to teach you about racism and its consequences. Recognize that speaking about racism is difficult for everyone, particularly marginalized populations who have experienced racism, often on a daily basis. Think about what it is like for them to talk about it and to be asked ignorant questions, even if unintentionally. Racism and its consequences are traumatic, so do your homework. A large body of literature is available: as a nursing student, you might start with the Registered Nurses Association of Ontario (RNAO; 2022) Black Nurses Task Force. Read, listen, and learn.

Dismantle the scaffolding. Recognize that racism is continually nurtured, sustained, and reproduced by an intricate and complex scaffolding of whiteness (Patel, 2022). Explore this ideology of whiteness and your accountability in sustaining it, and work to dismantle it as part of your journey to become an anti-racist.

Institutionalize anti-racism. Advocate for, and get involved in, actively institutionalizing anti-racism (Patel, 2022). Act as an activist to create change and de-centre whiteness. When you see or sense racism, name it. Speak up. It is important to use your voice to name the idea or thinking or policy or process that is racist. Words are powerful. It's okay if you stumble over your words and struggle to articulate yourself and what you see. Silence is even more powerful than words, so if you are silent, you are conveying that you are not an anti-racist. And if you are not anti-racist, you are racist – remember, **there is no neutrality when it comes to racism** (Kendi, 2019).

Centre the voices of racialized people. Being an anti-racist involves centring and privileging the voices of Black, racialized, and marginalized people and examining practices from diverse perspectives (Patel, 2022). This is also a part of de-centring whiteness and creating spaces that counter dominant narratives (Patel, 2022). It is particularly important to engage in conversations

about racism with Black and racialized people because this can provide a foundational understanding of inequities and how to move forward (Iheduru-Anderson, 2021). As a racialized person, believe in your voice and speak up. As a white person, this de-centring involves taking cues from marginalized groups and working to uplift them and provide them with opportunities to speak and lead. But remember: this doesn't mean they should always have to be the first one to speak up – this work is difficult and often traumatic. Your voice is needed, along with a diversity and collective of other voices, to institutionalize **anti-racism**.

Take a political position to be anti-racist in your day-to-day activities. This process is not about blame and guilt, but rather about critically examining how power upholds racism and how you can disrupt whiteness in day-to-day practices (Patel, 2022). As an anti-racist, you must play an active role: engage, step up, and enter conversations. In a documented conversation with Maya Angelou and Melvin McLeod, Bell Hooks referred to creating space for healing and positive forward movement by thinking about how to "hold people accountable for wrongdoing and yet at the same time remain in touch with their humanity enough to believe in their capacity to be transformed" (McLeod, 1998, para. 61). This involves holding yourself accountable and recognizing each other's humanity through humble, difficult, and non-polarizing conversations. "Non-polarizing" doesn't mean that diverse perspectives won't exist, but rather that the individuals engaged in conversations have a common goal of dismantling racism. Inviting this kind of dialogue will enrich and strengthen the process of institutionalizing anti-racism.

Institutionalizing anti-racism is a collective responsibility in which we commit to a new dominant narrative and system of anti-racism. The next section explores how to be a critical ally.

Did you Know?

To be an anti-racist takes courage and constant reflection. You must intentionally act each day to be anti-racist and work at dismantling racist structures. When you see racism, you should identify it, discuss it, and work to change it.

Activity: Check Your Understanding

An interactive H5P element has been excluded from this version of the text. You can view it online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=180#h5p-6

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What it Means to be a Critical Ally

Critical allyship is an important part of being anti-racist. Proudly labelling yourself an ally is not enough. Many self-proclaimed allies approach anti-racism through a non-Black/non-racialized perspective. Most have good intentions, but this does not necessarily translate into effective actions.

Critical allyship can be defined as an **ongoing** and **active practice** of working toward **eradicating racism in solidarity** with **marginalized** and **oppressed groups** (Nixon, 2019; The Anti-Oppression Network, n.d.). An important element of this definition is the word "active" – you should take action by supporting non-dominant groups, addressing and dismantling discrimination, and working to promote social justice; this kind of action should also be informed, meaning that you should educate yourself (Brown & Ostrove, 2013). Don't just say you are an ally – you need to **act** to be a real ally. Critical allyship involves open and explicit support for marginalized groups and taking action to support these groups. Another important element of the definition is that actions should involve solidarity with marginalized and oppressed groups. Critical allyship involves working with these groups to explore what they believe is in their best interests and acting in unity with them (The Anti-Oppression Network, n.d.).

As the world transitions to a digital era, allyship has followed suit and faced some unforeseen changes. **Passive forms of allyship** have emerged, which has led to the need for critical allyship. For example, social media users often use a shield of kindness to over-compensate for the lack of true allyship. They might "like" and "repost" allyship posts and resources.

Specific examples of this kind of **digital allyship** include:

- Tweeting out the hashtag "Black Lives Matter" and signing off.
- Reposting resources for anti-Black racism and ending the conversation.
- Self-proclaiming oneself as an ally and doing nothing more.

Let's step back and evaluate what it means to be an ally beyond the digital world. Being a digital ally proves to your social circle that you care about social issues and anti-Black racism, but what can you do beyond that? A critical ally goes beyond posting on social media and engaging in meaningful actions. For example, a **critical ally**:

- **Has the intention** to create meaningful and valuable change. Speaking out goes beyond the digital world: it means speaking out with and among peers and **amplifying Black and racialized voices**.
- Has **genuine presence** (Hardiman & Dewing, 2014) in the community and situation. A critical ally is present and not simply a bystander. Take the time to step into situations and to be physically and emotionally supportive of your Black peers and counterparts.
- **Actively listens** to the Black and racialized community and peers. A critical ally takes the opportunity to learn from those around them but also seeks out learning opportunities to understand the full spectrum of anti-Black racism and other forms of racism.
- Takes **accountability** for their actions and lack thereof. Take the time to ask critical questions, admit to gaps in knowledge about anti-Black racism, and take the opportunity to fill these gaps.

Did you Know?

A critical ally is one who actively works to fight anti-Black racism and other forms of racism. An ally goes beyond one step and one action and instead actively cultivates anti-racism into daily life so that it becomes second nature.

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The Power of Words

Most of us grew up hearing the adage, "Sticks and stones may break my bones, but words will never hurt me." It's intended to make us feel strong and brave, but it's actually far from the truth.

Words are powerful, and words do hurt.

Not only do words hurt as they are spoken: but they may also have long-lasting effects on health and well-being. In previous chapters, we discussed how experiences of racism can lead to acute and chronic physical conditions as well as feelings of social inadequacy. Racist words and phrases play a major role in perpetuating racist practices. Overt words of racism are often called out due to laws and workplace policies and can lead to disciplinary actions. So, how can racism continue?

The answer is that racist speech is easily disguised and is often accompanied by "I never knew I couldn't say that!" or "It's only a word, I did not mean any harm!" Many people do not take the time to think beyond the word or phrase and the emotional pain it can trigger for a Black and racialized person. This kind of emotional pain is often referred to as **racial trauma**, which is the cumulative and traumatic effects of racism and its continual recurrence that can involve psychological and physical effects such as stress, nightmares, flashbacks, headaches, and heart palpitations (Comas-Diaz et al., 2019). By understanding racial trauma, we can become culturally aware: words may not affect one population much, but might be life-altering and damaging to another population. Let's take a moment to **reflect on the power of words**.

Imagine you are watching a movie that takes place in the deep South of the US. A young white man calls an older Black man, "Boy!" What is the meaning behind that term? It undermines the Black man's maturity and signifies to the Black man that he is less than an adult, less intelligent, and simply "less than" the white man – all of which would have lasting effects on the Black man's self-worth.

Another example is that after 9/11, Muslim communities were labelled as terrorists, creating fear and distrust toward them. When white supremacists were rioting in Charlottesville in response to the proposed removal of the statue of General Robert E. Lee, the then-president of the United States publicly called them "good people." These examples illustrate the power of words and how they can criminalize one group and exonerate another.

The history of anti-Black racism reflects the influence of words used toward Black, Indigenous, and other racialized communities; some of these words have also been extended to certain groups of inferior white immigrants. These words continue to influence beliefs and how certain populations are viewed – **because words have power**.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.library.torontomu.ca/antiracismnursing/?p=184#oembed-1

Video: The Power of Words [8:03]

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Anti-Racist Communication in the Healthcare Environment

As healthcare providers, we have made a collective commitment to promote health and well-being and to do no harm. However, Black and other racialized individuals can have exceptionally distressing experiences of racism as they access and/or work in the healthcare system (Czyzewski, 2011; McGibbon, 2009).

As healthcare providers and users, we all have preconceived ideas and perspectives about the world based on our own lived experiences, thoughts, and beliefs, which can negatively affect our interactions with others (Trepagnier, 2001, p. 145). We all need to take practical steps to become anti-racist and to foster an anti-racist environment (Ivey-Colson & Turner, 2020).

The process of becoming anti-racist requires **constant awareness** about how you **communicate** –verbally and non-verbally, including written communication. Think about the words you use and the actions you take. Earlier, we discussed the power of words – silence is equally important. Your silence or inaction says something to others, whether they are your patients, families, or interprofessional team members (Obasi, 2020).

During communications with others, you should also be **aware of power differentials**. Consider the power relations between you and patients, families, and community, as well as between you and colleagues, educators, and managers. Power differences emerge across ages, cultures, geographical locations, gender, and sexual and racial identities, and these can intersect with the experiences of individuals (see Chapter 1 on intersectionality). People in leadership positions have power: because their actions can have

deep and lasting effects, they must be aware of their own biases and racism.

Racism may not always be overt. It is often covert, and you may struggle when finding ways to address it, especially in professional spaces. Fears of being targeted as a problem at work might make you want to remain silent and unobtrusive, but our nursing practice standards require us to protect the health and safety of those for whom you care and interact with (College of Nurses of Ontario, 2019).

Let's explore some examples of explicit racism, microaggressions, actions, and inactions that reinforce racism in the clinical setting. How might you navigate communication with others when addressing this kind of racism in a clinical setting?

Scenarios

Think about the following three scenarios. What would you do? It would be easy to remain silent, but if you don't speak up, the racist and toxic environment will remain unchanged. How could you advocate for these patients? It is your duty as a health professional to dismantle racism and foster an anti-racist environment.

1. A 16-year-old Black boy, wearing baggy pants and a hoodie, comes to the hospital in severe pain with his mother, a single parent. He is admitted to the adult unit where you are working. You overhear some colleagues making comments like, "I've seen his kind

before. He is asking for morphine. I bet he's on drugs. That's why he is asking for morphine. Let's assess him after we finish seeing our other patients."

2. A woman who is a Muslim attends her obstetrical appointment with her husband. She is wearing a hijab (head covering). Your nurse colleague asks you to distract the woman's husband so she can ask her about her home situation and if there is any domestic violence. Your colleague is convinced that the patient must be hiding bruises behind her hijab.
3. You are in a team meeting. The manager addresses a complaint by a patient's family claiming that their Jamaican mother is being ignored because she speaks **patois**, while the other patient in the bed next to their mother has an interpreter. Suddenly, the assigned nurse complains, "Why doesn't she just speak proper English? I don't understand a word she is saying!" Others agree and another says, "She's living in Canada now. Why can't these people learn to speak English? When in Canada, do what Canadians do!" Everyone agrees.

As a nurse, you are responsible for **speaking up** and finding ways to **address racism**. Have the difficult conversations. A few ways to engage in critical allyship include petitioning for informative anti-racism workshops, educational resources, and courses. Many organizations, including the Canadian Nurses Association (CNA), College of Nurses of Ontario (CNO), Registered Nurses' Association of Ontario (RNAO), and the Canadian Public Health Association (CPHA), are already working to address anti-racism and specifically anti-Black racism. Racism is a safety concern, and your

involvement can support their work in dismantling racism within our healthcare system.

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Ain't I a Nurse?

Well done! You are almost finished this educational experience.

In the previous chapters, you learned about racism, anti-Black racism, and how we as nurses can transform our nursing profession to be anti-racist. In Chapter 2, we mentioned the term "anti-Black racism resistance." Anti-Black racism is systemic within the nursing profession (RNAO, 2022) and the Canadian healthcare system (Public Health Agency of Canada, 2020), so anti-Black racism resistance is a positive way of dismantling racism.

Look at **Figure 1**.

This illustration in **Figure 1** was designed by Dr. Nadia Prendergast and is called "Ain't I a nurse." It emerged from her reflections on a famous speech from more than 100 years ago, called "**Ain't I a woman**". The image calls for all nurses to be treated with dignity and respect, and to treat those they care for the same. The sad reality is that the presence of anti-Black racism in the nursing profession acts like a chain to limit our full potential (see the tenets of anti-Black racism in Chapter 1). However, anti-Black racism resistance is good news: it acts like a vine to bring life. The vine can weave through the chains of anti-Black racism, growing and nurturing the core values of nursing, as depicted by each leaf.

Will you help actively dismantle the racism and anti-Black racism within the Canadian nursing profession?

Take action by choosing one of the core nursing values shown on the leaves. How can you promote an anti-racist environment? For example, choose one of the words on the leaves and create a symbol, meme or statement about the word and what it means to you. You can even take a picture or create a poem about the word. Why not be creative?

You could start by saying,

"I will actively be a part of dismantling racism in my nursing practice by _____. Here is my contribution _____."

Thank you for being anti-racist and making nursing a caring and inclusive profession. Please share your ideas with your peers!

Figure 1: Ain't I a Nurse (Copyrighted and designed by Dr. Nadia Prendergast, 2022).

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Key Takeaways

- There is no neutrality related to racism: you are either racist or actively anti-racist.
- To be an anti-racist, you must interrogate your own positionality and work to examine and dismantle the intricate and complex structure of whiteness.
- An anti-racist actively works to confront the power relations and policies that maintain racial inequities.
- Critical allyship is built on open and explicit support for marginalized groups – and taking actions to support these groups.
- Anti-racist communication is an important component of your role as a nurse, and as a healthcare professional, it is your duty to foster it.