Promoting Anti-Racism in Nursing Education in Canada

CASN Anti-Racism in Nursing Education Working Group

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Acknowledgements

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"The time has come to move from words to action, from debate to engagement, and from 'not racism' to antiracism" (Emami & de Castro, 2021, p.714).

Introduction

Racism has been a longstanding social phenomenon in Canada. Moreover, Environics Institute for Survey Research reported a 16-point increase in anti-Indigenous racism, and a 17-point increase in anti-Black racism in 2021 compared with data collected in 2019 (Environics Institute for Survey Research & Canadian Race Relations Foundation, 2021). Regrettably, racism remains prevalent among health professionals including nurses (Smith 2020). A recent investigation of health care services in Toronto revealed, for example, that many non-White patients experience a cluster of everyday racist interactions, including disrespect, mistreatment, discrimination, dehumanizing encounters, negligent communication, professional misconduct, and unequal access to services (Mahabir et al., 2021). An extensive review of health services in British Columbia reported widespread racism directed against Indigenous Peoples (Turpel-Lafond, 2020). Furthermore, studies indicates that not only patients, but non-White nurses confront racism in Canada. They also experience what has been termed "invisibility," to capture a lack of recognition of their contributions, their knowledge, and their agency (Etowa et al., 2009).

Research evidence demonstrates unequivocally that racism has harmful effects on all aspects of a person's life and, in some situations, their death. Joyce Echaquan, a 37-year-old Atikamekw woman, who died in a Quebec hospital in September 2020, is a tragic testimony to this (Amster, 2022). The Facebook video she recorded before her death shows health care workers' abuse of her, their false belief that she was a drug addict, and their assumption that her severe distress represented symptoms of withdrawal.

The detrimental outcomes of racism were exacerbated globally during the COVID-19 pandemic. Research shows for example that COVID-19 significantly increased food insecurity and other health disparities within racialized African, Caribbean and Black people, due to systemic anti-Black racism (Dabone et al., 2022). Police reported hate crimes in Canada rose by 72% from 2019 to 2021 (Statistics Canada, 2023).

Schools of nursing are a part of the health care ecosystem and a major influence on how future members of the profession will interact with individuals, families, communities, and populations when they join the nursing workforce. They must prepare students to be anti-racist and non-discriminatory caregivers and health team members. They must also address barriers induced by racism that limit educational access and academic progression of non-White students. It is equally essential that nursing students from all social backgrounds experience a culturally and racially safe educational environment (National Commission to address Racism in Nursing Education, 2022).

In June 2020, the Canadian Association of Schools of Nursing (CASN) published a position statement affirming its strong commitment to anti-racism (www.casn.ca). As part of this commitment, an Anti-Racism in Nursing Education Working Group was struck to develop strategies for Canadian schools of nursing to address the racism experienced by undergraduate and graduate nursing students, clinical instructors, and faculty. Members of the working group include practicing nurses, nursing faculty, and

undergraduate and post-graduate nursing students who are Black, Indigenous, People of Colour (BIPOC)[1], and allies. During a series of meetings over a 12-month period in 2021-2022, members of the anti-racism working group described their own experiences of racism, shared relevant literature on racism in nursing education, and developed recommendations for anti-racist nursing education.

Purpose

The purpose of this report is to present the strategies recommended by the CASN Anti-Racism in Nursing Education Working Group for schools of nursing to (1) incorporate an anti-discriminatory pedagogy, (2) provide a culturally safe context for learning, and (3) educate students to actively challenge racism. The report provides a review of background literature related to racism in nursing and diversity in the Canadian context, and an overview of the racism personally observed or experienced by the working group members. It concludes with recommended strategies for schools of nursing in Canada to address the racism being experienced by actual and potential students and build capacity among the next generation of nurses of all backgrounds to demonstrate anti-racism in their practice.

Background Literature

Nursing educators and students must understand the nature of racism, its history within their society, and its impact on their profession in order to promote and manifest anti-racism. Therefore, concepts, related to racism and anti-racism, will be examined; a historical overview of diversity in the Canadian context will be presented; and racism in nursing education will be discussed.

Understanding Racism

Multiple definitions of racism have been formulated. Common elements include unequal power relationships between groups in a society and an ideology about the inherent superiority of one group that supports discriminatory practices in institutions and among individuals (Henry & Tator, 2006). Recently, a national commission in the United States to address racism in nursing put forward the following definition: Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical harm of individuals and perpetuate systemic injustices and inequities (American Nurses Association, 2022).

Types of Racism

Racism has been described as a metastasizing phenomenon (National Commission to Address Racism in Nursing, 2022). At the individual level, interpersonal racism is a result of attitudes, biases, and stereotypes. Racism, however, may also be reflected at the institutional level in policies, culture, practices, and procedures that disadvantage and cause harm to a racialized group. Systemic racism refers to an overlapping web of institutional level racism, and structural racism represents "the totality of ways in which multiple systems and institutions interact to assert policies, practices and beliefs about people in a racialized group" (Dean & Thorpe, 2022). Racism may also be internalized by members of racialized groups who integrate racist stereotypes, biases, and ideologies perpetuated by the dominant social group in the society.

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[1] We acknowledge that BIPOC is an imperfect term. It is meant to be inclusive of diverse groups of people who are brought together under a "non-White" umbrella.

Overt and Covert Racism

Although racism has been a characteristic of many contemporary and historical non-western societies, much of the theoretical literature on racism has focused on contemporary White racism in Western societies, and particularly in the United States. While overt, interpersonal racism, is now legally prohibited in the United States, critical race theory contends that racism remains the ordinary experience of most Americans of colour (Delgado & Stefancic, 2012). Research indicates that this applies to Canada as well (Environics Institute for Survey Research & Canadian Race Relations Foundation, 2021). Furthermore, the negative outcomes of racism are evident in a plethora of social indicators in both countries. In Canada, the overrepresentation of Indigenous and Black people in the criminal justice system, and the underrepresentation of People of Colour in management or leadership positions, despite strong qualifications, are examples of unequal outcomes stemming from racism (Henry & Tator, 2006).

Intersectionality, a tenet of critical race theory, emphasizes that no individual can be identified by membership in a single social category – everyone has multiple, social identities, including but not limited to age, gender, class, and sexual orientation, that intersect with one another (Crenshaw, 1990). The harmful outcomes of racism are compounded for those with intersecting identities that are also the target of discrimination. Studies show, for example, that the well documented inequitable health outcomes experienced by Indigenous Peoples in Canada have been exacerbated by the intersection of barriers stemming from poverty, environmental conditions, and other social factors (Tang & Browne, 2008).

Although racialized groups in Canada experience inequitable outcomes, overt interpersonal racism tends to be viewed negatively. Moreover, a legislative framework has emerged that explicitly bans racism. The Canadian Human Rights Act, passed in 1977, for example, protects Canadians from discrimination based on race; the Multicultural Act, passed in 1985, promotes the full and equitable participation of individuals of all origins in Canadian society. Nevertheless, a covert, often subconscious, systemic form of racism persists. It is embedded in policies, processes, and deeply ingrained, often unconscious biases that produce discriminatory outcomes (Beagan et al., 2022). At the day-to-day level of social interaction, this covert, ingrained racism is frequently expressed in what are termed, micro-aggressions, which refers to subtle comments that communicate a negative stereotype or attitude (Sue et al., 2007). They may be unintentionally hurtful, but nonetheless produce an unsafe social environment for members of racialized groups (Sue et al., 2007).

Race, Ethnicity, and Culture

Although racism targets a person assigned a specific racial identity, race has been a highly contested construct. Furthermore, it is often confounded with ethnicity and/or culture. In actual social encounters, racial, ethnic, and cultural identities are intertwined: Conceptually, however, they can be differentiated from one another. Understandings of race, ethnicity, and culture will be examined and the relationships among these concepts discussed.

Race

Historically, race was understood to reflect a biological division of the human species into a small number of groups with shared, inherited characteristics passed down from one generation to the next. Efforts to delineate discrete racial groups, however, created multiple ambiguities which ultimately resulted in the scientific dismissal of race as a biologically based categorisation of peoples (Mohsen, 2020). In 2000, scientists who completed the working draft of the Human Genome Project declared

unequivocally that a biological construction of "race" is scientifically invalid and unsupported by any genetic evidence (Mohsen, 2020). The concept of race, however, persists. Racial constructivism refers to the current view that racial groups are a creation of human culture (Mallon, 2007). People are culturally assigned to a racial category based on societally determined, observed or imagined, physical indicators of a given ancestry. The American philosopher Sally Haslanger takes racial constructivism further, arguing that the observed or imagined bodily features attributed to racialized groups in a given society, mark individuals as members of either a subordinate or a privileged status (Haslanger, 2019).

As indicated, race represents a social construction based on observed or perceived physical characteristics. In contrast, ethnicity refers to a sense of common ancestry within a social group that is based on cultural attachments, linguistic heritage, and/or a religious affiliation (Cornell & Hartmann, 1998, p. 24). Racialized groups tend to encompass multiple ethnic identities. Typically, individuals have little choice over a racial identity because it is associated with visual, physical traits. In contrast, they may choose to adopt or reject an ethnic identity as it is reflected in customs, beliefs, and/or language. Like race, ethnicity can be associated with culturally ascribed, inherent characteristics justifying a subordinate or privileged status in a society. Far too often, ethnic conflict, violence, even genocide has characterized relationships between and among ethnic groups throughout both Western and Non-Western societies.

As with ethnicity, culture also has implications for the notion of race. This concept was initially introduced in 1871 by Edward B. Tylor who defined it as a complex whole that includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by individuals as a member of a given society (Tylor, 1871). This led to efforts to understand societal groups through the description of cultural traits and customs. Although they were understood to be learned, the underlying assumption, was that people belong to a single, all-embracing culture characterized by fixed cultural traits. Referred to as cultural essentialism, this cultural categorization of people has been dismissed. While contemporary understandings of culture continue to focus on shared, social learnings that are manifested in multiple phenomena, including beliefs, norms, values, behaviours, and customs, culture is understood to be fluid and changing. Moreover, it is shared to varying degrees across different levels of social groupings. Thus, there are multiple, overlapping levels of culture within a society (Srivastava, 2022).

Like racialized groups and ethnic groups, people who share a culture may be assigned a subordinate status because their beliefs and customs are believed to be inferior. Ethnocentricism, a tendency for people to filter and judge the customs of others through the lens of their own cultural beliefs and values, can contribute to this (Baker, 1997). Ethnocentricism is often intertwined with racism and may drive it at both a micro and macro level (Baker et al., 2000; Baker et al., 2001). At the micro level in everyday interactions, often it is subtle, culturally based behaviours of a racialized group, such as, for example, style of speaking, that elicit negative attitudes from members of a dominant racial group, thus reflecting ethnocentric perceptions about what is appropriate and what is inappropriate. Competition for power and resources may also drive ethnocentric biases directed at a cultural group or groups at a macro level (Baker et al., 2000; Baker et al., 2001). With the confederation of Canada in 1867, the colonizing settlers adopted cultural assimilation of the Indigenous peoples as official government policy to acquire territory and resources. This was justified by an unwarranted ethnocentric belief in the superiority of European languages, customs, knowledge, and values (Canadian Association of Schools of Nursing, 2020).

Summary on Understandings of Racism

A racial identity is a social construction based in culture that confers a societal advantage or a societal disadvantage. Despite legislation to protect citizens from racist discrimination, and despite the prevalence of social attitudes condemning racism, it persists in Canada. As a result, racialized groups are liable to experience inequitable access to programs, services, and opportunities. They are also liable to experience microaggressions in their everyday encounters. Racism undermines the ability of racialized groups to access and graduate from schools of nursing. What is more, racism extends into and through the profession of nursing. We argue, however, that because race and racialization are cultural phenomena, and because culture is learned and dynamic, the racialization of social groups and discrimination within nursing can and should change.

Understanding Anti-Racism

Canadians tend to see themselves as non-racist. Interpersonal racism is increasingly taboo; many Canadians are strongly committed to non-discrimination and calling someone a "racist" is perceived to be highly derogatory (Henry & Tator, 2006). However, given the inequitable outcomes experienced by racialized groups in Canada, being non-racist is clearly inadequate. Moreover, it has been associated with an "epistemology of ignorance" that allows members of a dominant group to minimize the negative effects racism has on the people who experience it, and frame those who speak out against it as deviant exaggerators (Hegarty & Pratto, 2004).

Active, anti-racism is required. Indeed, Kendi (2019), a leading thinker on anti-racism, argues that the neutrality of being non-racist provides a mask for racism. From his perspective, one is either actively anti-racist or one is racist. There is no neutral position. Thus, in contrast to the passivity of a non-racist stance, anti-racism is conceived to be active and intentional. The Canadian Race Relations Foundation (n.d.) defines anti-racism as an "active and consistent process of change to eliminate individual, institutional and systemic racism" (Anti-racism Section). Thus, to be anti-racist, one must recognize racism when it occurs; understand how it affects the lived experience of racialized people; contest it; and actively promote equity, non-discrimination, and social justice (Kendi, 2019).

White Fragility and Whiteness

Anti-racism requires a recognition and awareness of the unconscious and automatic ways in which it often presents itself as well as a critical reflection on one's own biases and stereotypes (Kendi, 2019). Despite a commitment to non-discrimination, a reference to racism or a comment indicating it has occurred often triggers a deeply defensive or dismissive response among White Canadians (Henry & Tator, 2006). In the United States, this denial of racism has been coined White Fragility and attributed to a desire to remain comfortable with racial inequities one benefits from (DiAngelo, 2018). Whether intentional or unconscious, it contributes to the persistence of racism.

The denial of racism in nursing has also been associated with what has been referred to as the "whiteness normativity" of the profession (Bonini & Matias, 2021). Nursing textbooks, teaching resources, and assessments skills that students learn often reflect an assumption that the patients they will be caring for are White. Actively challenging this "whiteness normativity" has been identified as an important target for anti-racism initiatives (Bell, 2021)

Allyship

Anti-racism is reflected in the concept of allyship, which is the active advocacy and support of a social group experiencing marginalization and discrimination. To be an ally, a person with a privileged racial identity takes on the struggle against racism as their own and works to dismantle inequities and injustice. In the anti-racism lexicon published by the Government of Canada (n.d.) allyship is defined as an "active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group" (Allyship definition).

Summary on Understandings of Anti-Racism

Anti-racism is an active, ongoing, and purposeful stance against racism. It involves a recognition of racism when it occurs, allyship, and the ability to advocate against racism. In the Canadian context, it also includes a recognition of the assumption of whiteness normativity and taking actions to challenge this assumption.

Diversity in the Canadian Context

As racism is a socio-cultural phenomenon, it is inherently grounded in a given historical and contemporary societal context. It is important, therefore, to situate racism and anti-racism in nursing education within Canada. Diversity related to racial, ethnic, religious, and linguistic identities in Canada is extensive, increasing, and complex. It is rooted in the colonialism of Western European societies, the evolving demands of the industrial revolution, the growth of capitalism, and since 1967, the global immigration policies adopted by the Canadian government.

Colonization

The lands that now constitute Canada were settler colonies of European empires that created and maintained global systems to obtain resources (Amster, 2022). In contrast with the slave-based sugar and cotton plantation colonies further south, animal fur, obtained through trade relationships with Indigenous Peoples, motivated the initial European colonization of the lands that were to become Canada. Alliances, warfare, and trade partnerships among and between competing First Nation Peoples and competing imperial powers characterized the early colonizing period. With confederation of the settler colonies into the Dominion of Canada in 1867, aggressive policies were instituted to culturally assimilate Indigenous Peoples. They included, among others, the prohibition of Indigenous cultural practices and a devastating residential school system that persisted for over 100 years, imposing significant loss of life and enduring, multi-generational trauma (Truth and Reconciliation Commission, 2015). Despite a continuing assault on their culture, identity, and well-being, 2.2 million people identified themselves as Indigenous in 2021, representing 6.1% of the population in Canada (Statistics Canada, 2022a). Among those, 1.4 million reported belonging to one of 104 First Nation ancestries, 560,000 identified themselves as Métis, and 82,000 as Inuit (Statistics Canada, 2022a). Demographic projections indicate that the proportion of Indigenous peoples in Canada will continue to grow in the next decades (Statistics Canada, 2022a).

Slavery, Freed Enslaved Persons, and the Underground Railroad

Although the population was small, there have been Blacks in what was to become Canada, since the seventeenth century. Although the colonial economy was not based on slave labour, as territories of France and then England, slavery was legal. In the period from 1629 to 1834, there were more than 4,000 enslaved people of African descent in the regions that became Quebec, Ontario, Nova Scotia, Prince Edward Island, and New Brunswick (Government of Canada, 2020). Following the American revolution,

Blacks who had fought for Britain and were therefore freed, emigrated to the Canadian colonies (Government of Canada, 2020). After emancipation in the British empire, some 30,000 Blacks in the United States settled in Canadian territory via the underground railroad (Government of Canada, 2020). Members of Black communities in Canada have historically fought for Canada in Canadian wars including the war of 1812, World War I and World War II. Despite this, segregation existed in specific laws and practices in education, residential accommodation, and employment into the twentieth century.

Immigrants

As a settler colony, immigration has been a constant feature of Canadian society and 20 to 25 percent of the population have been foreign born since Confederation. Until 1967, however, the government gave official preference to White, English-speaking migrants from Great Britain or from the United States. Moreover, non-Whites were to be denied entrance (Mooten, 2021). Often, however, the demands of the emerging industrial economy for a particular skill or for cheap labour overrode these policies and "non-preferred" Europeans or Asians were admitted into Canada. Between 1877 and 1928, Japanese immigrants entered the country to work in areas such as the salmon fishery in British Columbia. They were, however, denied the right to vote until the late 1940's. During the second world war, the War Measures Act was invoked to keep Japanese Canadians away from the Pacific coast. Some 22,000 were sent to detention camps and their possessions and property confiscated and sold (Government of Canada, 2023a). The government of Canada officially apologized to the House of Commons for this egregious injustice in 1988.

Between 1895 and 1908 South Asians who were mostly Sikhs settled primarily in the Fraser Valley, B.C and worked in lumber, mining and the railway. Their immigration, however, was banned in 1908. According to Statistics Canada (2023a), over 17,000 Chinese immigrants were also admitted to Canada from 1881 and 1884 to build the Canadian Pacific Railway. Although some arrived from the United States where they had worked on building the American transcontinental railroad, most immigrated directly from southern China. In 1885, once the railroad was completed, a $50 head tax was imposed on every Chinese person seeking entry into Canada; it was raised to $100 in 1900 and $500 in 1903 (Government of Canada, 2023a). This was not repealed until 1947. In 2006, however, the Government of Canada apologized in the house of commons for this discriminatory head tax (Government of Canada, 2023a). Despite the head tax, Chinatowns were developed in the 19th and 20th centuries providing major hubs for families and businesses. Until well into the 1930's, however, restrictive legislation in some cities inhibited Canadians of Chinese heritage from investing in properties outside of Chinatown areas (Government of Canada, 2023a).

By and large, Canada's discriminatory immigration policies succeeded in creating a primarily White society until recently. In 1931, 51 % of Canadians were of British descent; 28% were Francophones; people of German, Dutch and Scandinavian origin accounted for 8.2% of the population; and 9.4% were from all other European countries. The remaining 2.3% were primarily of Asian background or Indigenous (Canadian Museum of History, n.d.; Statistics Canada, n.d.)

The demographic profile began to change radically following the introduction of new immigration laws in 1967. The selection of immigrants based on racial identity and national origin was replaced by a point system targeting occupational skills, education level, and ability to speak French and/or English (Statistics Canada, 2022a). This has had a major impact on the socio-cultural diversity of the Canadian population. By the 1981 census, 4.7% of the population were described as persons other than Aboriginals

who are non-Caucasian in race or non-white in colour (Statistics Canada, 2017). Twenty years later, they had grown to one in four Canadians, in the 2021 Census. By 2016, African countries became the second major source of origin of immigrants (Statistics Canada, 2017), and in 2021 those who identified themselves as Black had increased to 4.3% of the population (Statistics Canada, 2022a).

Religious Identities

Not uncommonly, religious affiliation is the basis for the racialization of a group within a society. Prior to the changes in the immigration laws, most Canadians were Christian. Jews seeking entry to Canada were among the least favoured immigrants. Those who succeeded in settling in Canada faced discrimination at all levels of society. Although antisemitism decreased following the second world war, police-reported crime data indicate that in 2021, there continued to be hate crimes targeting the Jewish community (Government of Canada, 2023b).

Following the change in immigration policies, religious diversity in the Canadian population also began to grow. In the 2001 census, 77.1% identified themselves as Christian, and in 2021, this dropped to 53.3%. Although still a relatively small proportion of the population, the numbers of Muslims, Hindus and Sikhs grew in the last two decades (Statistics Canada, 2022a). In the aftermath of 9/11, however, Muslims began experiencing racist attacks although there were no historical roots for anti-Muslim sentiment in the social fabric of Canada. A study conducted in New Brunswick found that following 9/11, Muslims immigrants experienced an almost overnight transition from a sense of societal integration in the local Canadian community to membership of a visible minority. This was driven by external events and forces outside Canada rather than internal historical inequities (Baker, 2007). Police-reported crime data indicate that in 2021, members of Muslim communities are another group in Canada who are subjected to hate crimes (Government of Canada, 2023b).

Linguistic Identities

Historically, the use of either or both English and French in government and service sectors, as well as the rights of francophones outside of Quebec, have been key, divisive, social issues in Canada. With Confederation in 1867, the use of both English and French was recognized in parliament and in the federal court, but this was not official. In 1969, the first Federal Official Languages Act was enacted to ensure fairer treatment of francophones across the country. It formally declared French and English to be the official languages of Canada. Although many English-speaking Canadians supported the ideal of bilingualism, others strongly opposed it. In 1982 the Canadian Charter of Rights and Freedoms strengthened the official languages act and assured the right of official-language minorities to instruction in their language, providing a legal solution to an issue that had been contested by francophone minorities outside of Quebec. Subsequent amendments of the Act have intended to strengthen the official bilingualism of Canada.

In contrast, for well over a century, the federal government actively sought to eradicate a multitude of Indigenous languages spoken in Canada through the residential school system. In recent years, however, the 2019 Indigenous Languages Act completely reversed this policy and provides mechanisms and measures to reclaim, revitalize, maintain, and strengthen Indigenous languages. In 2021, 189,000 people reported having at least one Indigenous mother tongue, and 183,000 reported speaking an Indigenous language at home on a regular basis (Statistics Canada, 2022b). Cree and Inuktitut are the main Indigenous languages spoken in Canada (Statistics Canada, 2022b).

The change in the immigration policies in 1967 has had an impact on the nature of the linguistic diversity of Canadians. The 2021 census found that 4.6 million Canadians (12.7% of the population) speak predominantly a language other than English or French, and the proportion of Canadians whose mother tongue is neither English nor French has been increasing for 30 years (Statistics Canada, 2022b). Next to English and French, Mandarin and Punjabi are the country's most widely spoken languages. More than half a million Canadians speak predominantly Mandarin at home and more than half a million speak Punjabi (Statistics Canada, 2022b).

Summary of Diversity in Canada

Canada set out to assimilate the Indigenous nations in the country and build a settler society composed primarily of English-speaking, White, Christian immigrants from the British Isles and their descendants. Its heritage, however, is rich and diverse. The country became officially bilingual in 1969, and despite government efforts to erase Indigenous cultures, Métis, Inuit, and members of First Nation ancestries have grown. Historically, Black communities in Canada were small but they have contributed to building and defending this country since the eighteenth century. Although, for some 400 years, settlers in Canada were primarily from Western Europe, Asian immigrants from countries such as China, Japan, and India have contributed significantly to the development of Canada since the latter half of the nineteenth century. Finally, for over the last forty years, most immigrants to Canada come from non-Western countries, and most are non-White. The proportion of Christians in the population has decreased, while the number of Canadians of other religions have increased. Thus, Canada is a highly diverse society; this diversity is expected to continue to grow; and we believe it is essential that the diversity of the Canadian population is reflected in nursing education and in the nursing workforce.

Addressing Racism in Nursing Education

Historically in Canada, schools of nursing were hospital-based and overtly discriminated against admitting non-White students. Hospitals used entrance requirements to define nursing as a respectable occupation, differing from domestic service, reserved for young, single, White women. Until the 1940's, no African Canadian or First Nation woman meeting the other entrance criteria were admissible to schools of nursing in Canada (McPherson, 2005).

In contemporary schools of nursing, potential and actual nursing students and faculty are likely to experience a more covert racism that hampers them from advancing in their studies and their careers (Zappas et al., 2021). Moreover, a recent synthesis of literature indicates that nursing faculty are often unprepared, uncomfortable, or lack the ability to discuss racism or address racist incidents when they occur (Bell, 2020). Non-White faculty may also experience racism as professors and researchers, which further disadvantages them in their professional life and limits role models for students (Cooke et al., 2021). In addition, nursing curricula have been identified as contributing to racism. Course content and textbooks often convey a construction of difference in which whiteness is normalized and disease causality implies deficit thinking about racialized groups (Bell, 2020).

Calls to Action

There has been a growing societal awareness of the detrimental effects of racism, and nursing scholars have been urging the profession to recognize and actively address it. Moorley et al. (2020) emphasize that being a registered nurse or midwife must mean "being aware of social injustices and the systemic racism that exist in much of nursing, health and social care" (p. 2450). They stress that nurses must challenge racism and take action to eliminate it. To this end, Koschmann et al. (2020) state that

nurse educators must "advance antiracist practice within nursing education" (p. 540). Similarly, Louie-Poon et al. (2021) encourage nurse educators to critically examine the theoretical foundations of Canadian nursing in relation to systemic racism. A variety of methods are being put forward to combat racism in schools of nursing.

Education and Training

Many recommend providing training to students and faculty about racism and how to address it. Coleman (2020), for example, has proposed that all nursing faculty be included in a yearly anti-racist training program, and that students be required to take a mandatory course that explores power and privilege and includes intersectionality as a core nursing competency. Others suggest meaningful dialogue with non-White nurses and nursing students; mandatory anti-racist education of nurses in leadership positions (Cooper Brathwhite et al, 2021); and mentorship of equity deserving students and faculty to help them advance in their studies and careers (Zappas et al., 2021).

Curricular Review and Revision

Curricular changes have been proposed to foster anti-racism among nursing students. These include creating a diversity committee to explore implicit bias in the program (Ro & Villareal, 2019); addressing embedded assumptions of the whiteness of nurses in the curriculum (Bonini & Matias, 2021); building awareness of what has been termed "White privilege," which is the unearned advantages that being White confers (Puzan, 2003); highlighting to students that racism has been identified as a social determinant of health in Canada (Abdillahi & Shaw, 2020; and teaching students about microaggressions that convey subtle, often unconscious insults or a negation of their experiential reality (Zappas et al. 2021). Symenuk et al. (2020) also underscore a pressing need for curricular acknowledgement of the complicity of nurses in many of the colonial harms experienced by Indigenous Peoples, such as their active participation in the abuse ridden, Indian Hospitals.

Educational Approaches

Several scholars propose transformative educational approaches. Hassouneh (2006), for example, put forward an anti-racist pedagogy that focuses on issues of social justice, explicitly deconstructs race as a societal creation, and reveals various systems of oppression. More recently, Hilario et al. (2017) urged educators to "reorient nursing pedagogy away from the discourses of individualism, multiculturalism and colour-blindness towards an explicit engagement with the institutional and ideological influences that structure health and social inequities" (p. 5). Blanchet Garneau et al., (2017) have developed a critical anti-discriminatory pedagogy to counteract racism and other forms of discrimination. Its features include integrating an intersectional approach to diversity; fostering a transformation among learners so they experience "a deep, structural shift in the basic premises of their thought, feelings, and actions" (p. 4); developing a critical awareness through simultaneous reflection and action; examining the structures and power dynamics that keep systems in place; and remaining grounded in the context of a situation.

Relationship Building

Relational practice has been recommended as an approach that supports allyship, and anti-racism. Central to this, is the need for nurses to recognize intersectionality and attend to the perceptions their patients and clients have of the world they live in, their reaction to others, and the broader social context in which they and their support systems are situated (Hartrick Doane & Varcoe, 2015). Relational practice also includes the need for nurses to develop greater self-awareness, a recognition of their

particular social location as well as how they influence and are integrally connected to the client and the healthcare system (Hartrick Doane & Varcoe, 2015).

Decolonization

Several authors have linked the need for transformative change in nursing education to colonization. Nursing practice is considered to reflect values originating from European settlers who used coercion to control the Indigenous population (McGibbon et al., 2013). Inequities persist because nurses believe the impact of colonialism is a thing of the past. This negates open discussions about current inequities, such as the systemic racism that continues to discourage Indigenous clients from seeking health care and negatively affects health outcomes (Viens, 2019).

Decolonizing frameworks for nursing education have been proposed that include changing curricula, fostering anti-racism, and incorporating outreach to Indigenous communities (Jakubec & Bourque Bearskin, 2021). The use of the term decolonisation, however, to cover proposed curricular changes has been contested. Scholars such as Tuck and Yange (2012) contend that decolonization when applied to curricula is a metaphor that dilutes the intended power of the concept. They call for a narrow use of the term to target power over settlements and economic resources.

Addressing Inequities

A variety of strategies have been proposed to address the inequities experienced by racialized nursing students and faculty. In a narrative literature review, American researchers Iheduru-Anderson and Wahi (2021) recommend that nursing programs be mandated to meet certain benchmarks for admitting "ethnic minority" students and hiring "ethnic minority" faculty. Murray and Loyd (2020) suggest holistic admission policies be adopted that value different preparatory experiences. They also propose a targeted recruitment of students of colour through engagement with their communities as well as sustainable funding to support them once they enter the program.

Summary on Racism in Nursing Education

The review of nursing literature indicates that racism continues to exist in Canadian schools of nursing. A variety of strategies have been proposed to address and/or prevent systemic racism in nursing education and among nursing graduates when they join the nursing workforce. They target the training of faculty and students, curricular review and revision, transformational educational approaches, relational practice, and methods to address inequities that occur because of racism.

Experiences of Racism Among Working Group Members

Critical race theory emphasizes the need to amplify the voices of those who face race related discrimination, harassment and/or violence. To that end, members of the Anti-Racism in Nursing Education Working Group described the racism they have observed and/or experienced in nursing education in Canada. They also put forward strategies to foster anti-racism in schools of nursing.

The foundational first step identified by the working group is to make racism visible to those who don't experience it. They identified the following areas of race related inequities that need to be recognized and addressed: systemic and structural barriers; interpersonal racism from students, faculty, preceptors, and patients; discriminatory academic treatment; and racism based personal harms. Their observations about each of these will be described.

Systemic and Structural Barriers

Several structural and systemic barriers limiting access to baccalaureate programs of nursing were discussed. These included a lack of targeted recruitment initiatives to equity-deserving students as well as high tuition fees at certain universities, making nursing education off limits for those from financially disadvantaged backgrounds. They also noted that high school students interested in becoming nurses are at risk of being counselled against taking the more academically demanding courses required for admission to nursing because of negative racist stereotypes about their potential.

Besides admission barriers, working group members discussed the challenges students face once admitted to a nursing program. For example, a member said, "It's one thing to get in the door, but another to stay in." Another commented, "Academic excellence is not the issue if a student is having difficulty [in a nursing program] because students need high admission scores to be accepted. The issue is the hidden agenda and the white supremist and colonizing ideals."

Clinical placements are a component of nursing education that is particularly prone to be a landmine for racist experiences. Structural barriers were identified by members of the working group, for example: "Part of the problem is the memorandum of understanding programs have with clinical areas that seems to give preferential treatment to certain schools with a mostly White student population."

Many issues identified stemmed from embedded racist stereotypes. These included difficulties experienced by Black students in obtaining preceptors because of a racist assumption that they are less competent than White students. It also included difficulties for non-White students to be selected for final preceptorships in areas such as public health or critical care that take a limited number of students. Their sense is that these areas are "reserved for White students." They noted that an outcome of these lost opportunities is that fewer non-White or Indigenous nurses are employed in these areas.

Just as non-White students face biases regarding their abilities, non-White faculty are liable to face similar hidden assumptions. Members of the working group stated that systemic racist biases made it more difficult for qualified faculty to be hired in full-time positions. In their experience, Black, Indigenous, and People of Color (BIPOC) nursing faculty can obtain part time positions but have difficulty obtaining tenure track appointments despite possessing the required graduate level credentials. Once hired, they also stated that faculty can face biases during tenure and promotion processes.

Interpersonal Racism

Student members of the Working Group described incidents of overt interpersonal racism from other students, patients in clinical placements, preceptors, and nursing faculty. For example, a participant shared that she did all her group work alone "because no one wanted me in their group." Several reported that sometimes faculty explicitly tell non-White students that they lack knowledge, skills, and abilities. They also spoke of a sense they have that non-White students cannot expect to be protected against racist incidents. They pointed to a lack of appropriate reporting structures. Moreover, a member stated, "Even if the institution has rules against racism, nothing happens to students or staff who transgress them." They also spoke of a fear of reprisals when racism is reported, and the inability for people who put forward a complaint to preserve anonymity.

Often the overt racism students experience takes the form of microaggressions. Several described, for example, patients stating, "I'll let you take care of me, even though you're [a certain race]"

or "Your English is really good for someone who isn't White." These situations are unpredictable and hurtful when they occur.

Discriminatory Academic Treatment

The working group members also believe faculty are at risk of treating White and non-White students differently because of racial prejudice. Examples include:

- *Inequitable treatment following an error.* White students and non-White students are often treated differently following an error. For a White student, an error is treated as a learning opportunity while for a Black student, a mistake has been committed. Speaking about this, one student member of the working group explained that she must always be "more attentive than a White student" or else she will fail. This adds stress to an already stressful situation. Another student said that when she was having difficulty, the faculty advisor suggested she change into a lower-level nursing program stream. She believed that this would not have been suggested to a White student.

- White students are told to appeal a poor grade while non-White students find out about this option by chance.

- White students are encouraged to ask for accommodations both on campus and in practice settings while non-White students are not.

One student described an incident that didn't reflect assumptions about her abilities but did emphasize her difference from others in the class. A nursing faculty placed the burden on her to explain content related to race to the whole class. The student (who is Black) was perceived to know how every other Black person would feel. Members of the group said that although non-White students may be able to help expose racism, they should not be the prime architect of race related content in the classroom.

Racism-Based Personal Harms

A very harmful consequence of being treated inequitably is that students are at risk of internalizing that they "are not smart enough" (quote from a member). As one member explained, they feel that "there must be something you [student] need to change." Students get hints at how they are supposed to do this. As one member said, "There's a close connection between whiteness and being European and being a good nurse," so rather than being themselves, they try to become an idealized White nurse.

Another personal harm that working group members identified is what happens if an individual student or faculty exposes racism. Several said that this results in a "target on one's back"; they experience repercussions from other students and from faculty members. Working group members also believed that because robust systems for accountability are often absent in educational institutions, racist incidents go unreported as students believe it is not worth the risk: nothing will change, and things could get worse.

Strategies to Address Racism

Members of the working group provided strategies to address racism in nursing education. They recommended curricular change to capture the diversity of the Canadian population. Faculty, course content, and teaching resources, such as simulations, must prepare students to assess and care for non-White patients. Courses should also include content about BIPOC nurse pioneers, such as Jamaican born Mary Seacole and her work in the Crimean war; the social activism of the American nurse, Harriet Tubman;

Edith Monture of the Haudenosaunee Six Nation Reserve, the first Indigenous registered nurse in Canada, she served in the First World War and then on the reserve; and, Jean Goodwill who was a member of the Cree Nation, one of the founders of the Aboriginal Nurses Association (now Canadian Indigenous Nurses Association) and a special advisor to the National Minister of Health and Welfare. Similarly, the images in textbooks or learning activities should reflect the diversity in the population. In addition, they recommended that racism, intersectionality, anti-racism, and allyship be an intrinsic part of the curriculum.

The working group members also strongly suggested that all staff, faculty, clinical instructors, and preceptors receive anti-racism and cultural safety training as well as information on responding to and addressing racism appropriately when it is reported. These sessions should help expose existing racist practices and policies and prevent future ones. For example, a student explained, "While faculty are being pushed to discuss racism, not all know how to do so because personal prejudices (explicit or implicit) affect what they say and how they teach." Other students specifically pointed out that academic advisors need diversity education to communicate appropriately about students' experience and goals, rather than making negative assumptions about their potential based on race.

The working group members also suggested that schools create target numbers and reserve seats for equity deserving students and implement recruitment and out-reach strategies to attain the targets set. This would need to be accompanied by an action plan to support and retain the students. Programs could collect recruitment and retention statistics to monitor progress.

Several strategies proposed were at the policy level. Working group members recommended that schools develop a statement of student rights, create core anti-racism competencies to guide curricular changes, provide students with a resource to use when they experience racism, and as noted earlier, strengthen the racism reporting system.

A final suggestion was for nursing programs to reduce the whiteness of nursing education through international partnerships with programs in non-White organizations. Such partnerships could offer students the opportunity to see competence from non-White role models and from a different racial lens.

Summary of Working Group Experiences

In summary, the Anti-Racism in Nursing Education Working Group members have observed and experienced microaggressions, interpersonal racism, and systemic racism in schools of nursing. They recommend a greater awareness and recognition of racism among nursing faculty, greater support for students who experience racist incidents, initiatives to intentionally recruit and retain non-White students, and curricular reform to prepare students to provide equitable care to a highly diverse population.

Eliminating Racism in Nursing Education

The literature review and the experiences shared by members of the working group clearly indicate that racism in Canadian nursing education must be addressed. Embedded in cultural norms, institutional policies, and deeply ingrained, often unconscious biases, it results in inequitable opportunities and inequitable outcomes. Members of racialized groups face barriers in becoming a nurse; Members of racialized groups also face barriers in receiving optimum nursing care. We join the call for schools of nursing to take action to address these issues.

Objectives

The following five objectives provide direction for initiatives designed to root out systemic racism in nursing education.

1) Nursing students and faculty will demonstrate an awareness of racism and recognize it when it occurs.
2) Nursing students, faculty, clinical instructors, and preceptors will demonstrate anti-racism and allyship.
3) Nursing curricula, teaching, and learning resources will reflect the diversity of the Canadian population and foster anti-racism and inclusion.
4) Policies and practices in schools of nursing will result in equitable recruitment of students, equitable hiring of faculty, and culturally safe environments for all persons.
5) Faculty will foster optimal academic success of all nursing students.

Taking Action

We believe that schools of nursing must create a culture of collective, institutional anti-racism, and allyship. To this end, a series of overlapping recommended actions is proposed that address the five objectives. The below Venn diagram visually illustrates this. The actions are drawn from the experiences and strategies proposed by the working group; they are grounded in the background literature on racism; and, they are situated in the context of diversity in Canada.

Table 1

Taking Action Venn Diagram
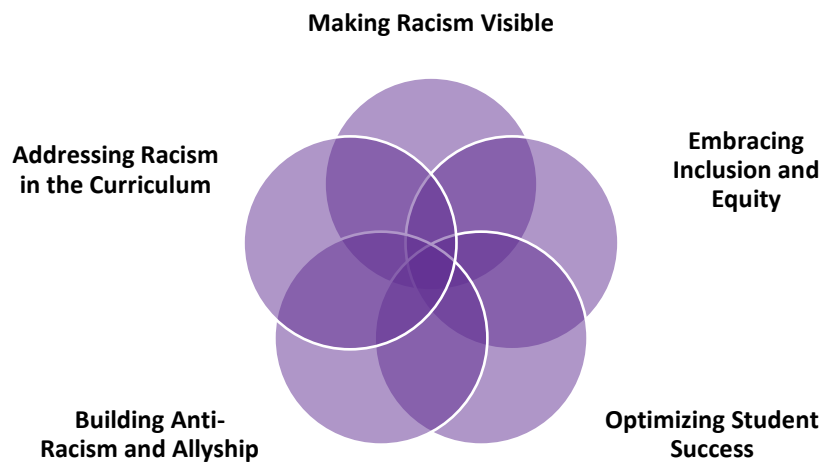
- **Making Racism Visible**

Recognizing racism in oneself, in others, in learning resources, and in policies is a foundational but critical step in rooting out racism. Mandatory, regular training courses for the leadership team, faculty, staff, clinical instructors, and preceptors are recommended. There should also be required content in the curriculum to develop students' ability to identify overt and covert racism.

Self-reflection lies at the heart of making racism visible and is the foundation of anti-racism. Both the training for educators, and the curriculum for students should foster an examination of one's social location, assumptions, stereotypes, ethnocentric cultural perspectives, and racist biases. Given the historical and current Canadian context, a recognition and understanding of White privilege, White normativity, and White fragility must be incorporated in this. Because of the diversity in Canada, however, and because racism, ethnic conflict, and religious conflict exist in many non-Western, non-White societies involving other societal groups, self-reflection on one's stereotypes and biases must go beyond a White/non-White dichotomy.

- **Building Anti-Racism and Allyship**

Core anti-racism and allyship competencies should be developed by the school to guide personal development among the leadership, faculty, and staff. These competencies should also guide learning outcomes for students in the curriculum.

Training programs for educators and staff must include fostering the development of knowledge and skills to address racism when it occurs; building capacity to apply anti-racism competencies in everyday relationships and interaction, and when teaching students. They must also promote institutional collaboration in creating a collective institutional climate of allyship.

As noted, the anti-racism and allyship competencies must be an integral component of the curriculum for students as well. Students must learn to take on the struggles that others are experiencing with racism as their own. They must also develop the capacity to amplify the voice of those experiencing overt and/or covert discrimination even when they feel uncomfortable or frightened in doing so. Furthermore, they must learn to provide nursing care that is non-discriminatory and culturally safe to all patients and clients.

- *Addressing Racism in the Curriculum*

The curricular challenge for nursing education is twofold: It includes addressing both the formal and the informal or hidden curriculum. At the formal level, nursing curricula need to explicitly address areas such as the Truth and Reconciliation Commission[2] of Canada (2015) Calls to Action, racism, anti-racism, allyship, cultural safety, cultural humility, and relational practice. Curricula should also address the diversity of the Canadian population, including the history of harms experienced by racialized groups and their contributions to the society. Key relational attributes for allyship are important for students to develop including the ability to listen; humility; admitting ignorance; and a commitment to ongoing self-reflection and self-learning. Moreover, as proposed in the relational practice approach, students also need to develop a greater awareness and understanding of their social location and their personal, micro-level cultural beliefs and values. They must learn to focus on the relational interplay at, between, and among

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[2] To see the full report, https://publications.gc.ca/collections/collection_2015/trc/IR4-8-2015-eng.pdf

the intrapersonal, interpersonal, contextual and structural levels shaping each nursing situation (Hartrick Doane & Varcoe, 2015).

Implicit assumptions in the curriculum about the whiteness of nurses, and the normativity of whiteness among patients, must also be identified and revised. Working group members stressed that students must develop the knowledge and skills to care for bodies and minds that are non-White, including the ability to conduct assessments of people whose skin colour is not white as well as how to understand intergenerational trauma, and provide care to those who are experiencing it. Furthermore, teaching resources, such as high-fidelity simulators, virtual simulations, mannequins, case studies, and textbooks, must all reflect the diversity of the Canadian population.

Language used in teaching resources may contribute to stereotypes and biases and should be reviewed and revised to foster equity. The use of race, for example, as a biological construct in connection with a set of symptoms or a disease, implies that the racialized group is inherently diseased, when it is the social ascription of a racial categorisation that produces the negative health consequences (Metzl & Hansen, 2014).

- *Embracing Inclusion and Equity*

Inclusion must be embraced as the cultural norm within the institution. New policies should be considered with a view to increasing equity, such as targeting numbers of students to be recruited and/or faculty to be hired from a given racialized group, as well as outreach approaches to increase non-discriminatory educational access or employment opportunities. Existing policies, processes, and procedures related to hiring, student admissions, student progression, and student and faculty evaluation should also be re-examined from an equity lens.

In developing new policies, processes and procedures, and in re-examining existing ones related to access and inclusion, administrators and faculty should consider (1) whether it was /is being designed with equity in mind; (2) who it was /is being designed for and whether or not they were/are involved in designing it; (3) who benefits/will benefit from it and who is/ will be disadvantaged by it: (4) whether it needs to be or can be effectively transformed to reduce bias, discrimination and inequity; and, (5) whether or not it creates/will create greater equity and equality.

Policies should also be in place related to students' right to a non-discriminatory and culturally safe environment. Schools of nursing may consider developing an anti-racism team and creating safe spaces for students to discuss racism related concerns early on. While a reporting system for logging incidents of racism should be kept, maintaining the anonymity of those involved is important. There must also be a clear, fair, and robust system in place for students and faculty to lodge complaints regarding racism while also protecting them from repercussions. In addition, they must be informed about how to access a formal complaint system regarding racism.

- *Optimizing Student Success*

The institutional climate is a key factor in ensuring that students achieve optimal success. A culturally safe educational environment is critical. The racism and anti-racism training for the leadership, faculty, clinical instructors, and preceptors should include an emphasis on non-discriminatory treatment of all students. The ability to recognize and root out racial biases, or assumptions based on deep-seated stereotypes, is also an essential component of this training. In addition, faculty, clinical instructors and

preceptors must have developed the capacity to discuss racism with students and to intervene appropriately when their students encounter racism in order to provide support.

As BIPOC students often encounter racism during clinical placements, special attention must be given to this component of nursing education. Discussions with service agencies need to include agreements about addressing racism should students experience racist incidents as well as strategies to support an optimum, non-discriminatory learning environment. Finally, non-White clinical instructors are also likely to face racism when supervising and teaching students in clinical placement. It is essential that this possibility be recognized by administrators and that support be provided to the instructor and action taken when racism occurs.

Conclusion

The COVID-19 pandemic highlighted inequities in Canadian society that often went unnoticed in the past. It also increased awareness of the harms caused by racism and of the critical need for action against it. The time is ripe for change. CASN is fully committed to anti-racism, and we believe that nursing education has a significant role to play in promoting equitable, non-discriminatory, and culturally safe health care services.

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