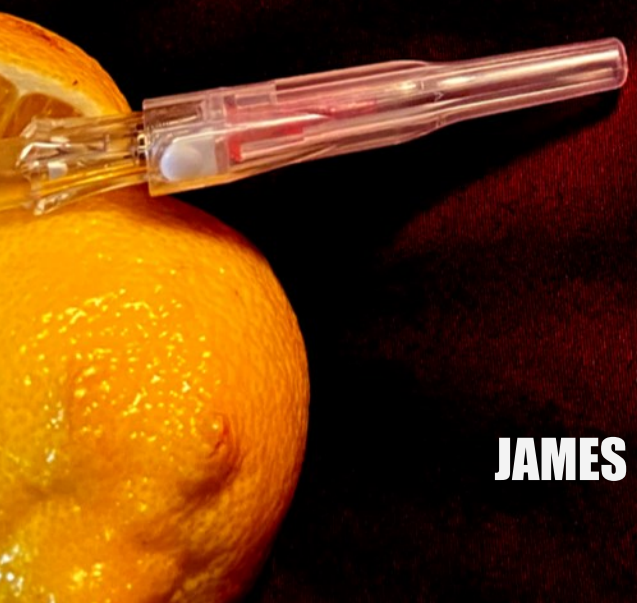




# **RACISM IN NURSING SCHOOLS:**

**Canadian Undergraduate Registered Nursing, Practical Nursing, and Psychiatric Nursing Students' Perspectives**



**JAMES MATTHEW MORTEL BESA**  
**JANUARY 2022**

# The Research Team



I am James Matthew Mortel Besa (he/him), the author/researcher/principal investigator of this research project. I am a fourth-year registered nursing student of color at the University of Victoria at Selkirk College in Castlegar, British Columbia, Canada. I am an immigrant from Romblon, Philippines, and have stayed in Canada for five years already. I have experienced racism in my professional and personal life here in Canada, which made me decide on devoting myself to fighting racism in Canadian nursing curriculums and healthcare settings. I am currently the People of Color Caucus Chair of the Canadian Nursing Students' Association (2021-2022), a Canada-wide organization that fights racism and advocates for the health and well-being of Canadian Nursing Students across the country.

Julia Langham, RN, BScN, MHA (she/her) is a Caucasian nursing instructor from a settler background. She is my field guide in this project. She currently works at Selkirk College in Castlegar, BC, located on the unceded territory of the Sinixt, the Ktunaxa, and the Syilx Nations. She is committed to learning how to be an effective ally to the BIPOC community and supporting nursing students through their personal journeys in understanding social justice issues.



Shannon Lanctot-Shah RN-C, MSN, DHSc, CCNE (she/her/hers) have been an RN for over 30 years with a clinical focus in Pediatric nursing. She is the co-investigator in this project and my practice instructor. She worked both in Canada and the United States and has been lucky to work and learn with people from around the world. Her research is based on supporting nursing students to build skills in leadership and self-efficacy. Her work includes preparing for the NCLEX-RN exam and preparing for the transition to practice as a newly graduated nurse.

# Land Acknowledgement



The picture in the background highlights the beautiful landscape of Nelson City in British Columbia, Canada, which was taken by the author in 2019.

The author is a student of Selkirk College – a school erected and presently operating in the traditional and unceded territory of the First Nations of the West Kootenay and Boundary regions: the Sinixt (Lakes), the Syilx (Okanagan), the Ktunaxa, and the Secwepemc (Shuswap) peoples.

The author recognizes that he lives, works, and studies in the traditional and unceded lands of the Sinixt people, who were previously declared 'extinct' by the government of Canada in 1956; this resulted in the violation of the Sinixt peoples' rights to obtain land title in this territory. The author recognizes the kidnappings and homicides of Indigenous people not only in this local region but in Canada as a whole, the broken treaty relationships, colonization, erection of residential schools, and continued attempts of the Canadian government and private companies to control the indigenous family unit, resources, and access to services. The author is committed to making efforts toward reconciliation.

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# Abstract

Racism is evidently present in the Canadian multicultural society. Yet, racism in nursing remains under-investigated, and a gap in literature was found concerning the experiences of Canadian undergraduate nursing students in different levels of racism - institutionalized, personally mediated, and internalized. This project, advertised as *The Diversity Embrace-ment Project: An Anti-Racism project*, aims to further understand the patterns and levels of racism that nursing students have experienced or witnessed in nursing schools and their practice partner sites across Canada. Through qualitative short-narrative inquiry, 40 nursing student participants from undergraduate registered nursing, practical nursing, and psychiatric nursing programs across Canada have completed the survey to describe the experiences they had in racism. Three themes emerged from this study; it was found that undergraduate nursing students experience different levels of racism in Canadian nursing schools, spot safety and educational development concerns, and are eager to fight racism in Canadian nursing schools. In this article, five ways to address racism in nursing curriculums across Canada are discussed.

**Keywords:** racism, Canadian healthcare, nursing student, Black, Indigenous, People of Color, nursing school, educator, leader

## **Racism in Nursing Schools: Canadian Undergraduate Registered Nursing, Practical Nursing, and Psychiatric Nursing Students' Perspectives**

The Government of Canada (2019) defined racism as “any individual action, or institutional practice which treats people differently because of their color or ethnicity,”; wherein this distinction is often used to justify discrimination (p. 24). Canada is a multicultural society. However, Munoz (2016) found having multiculturalism as a public value is a façade of a racist system hidden behind denial and recognizing more subtle forms of multicultural racism as standard practices in a multicultural society. Oppression and racism can be seen in many forms and can sometimes be initiated unintentionally; it can be openly displayed in racial jokes and slurs or hate crimes, but it can be more deeply rooted in attitudes, values, and stereotypical beliefs, whereas, in some cases, these are unconsciously held and have become deeply embedded in systems and institutions that have evolved (Ontario Human Rights Commission, n.d.). It was found that racialized individuals in Canada experience lower rates of income, higher rates of unemployment, and lower occupational status that threaten their physical, mental, and social health and the overall health and wellbeing of society (Raphael et al., 2020). In the Canadian healthcare system, a system where nurses and nursing students are expected to become advocates and leaders in healthcare delivery, members of the Black, Indigenous, and People of Color (BIPOC) community (including nursing professionals and students themselves) are currently experiencing the negative effects of racism (Canadian Nurses Association, 2009; Iheduru-Anderson et al., 2020). Yet, it was found that racism in nursing schools and nursing practice remains under-investigated (Iheduru-Anderson et al., 2020). There are numerous examples of racism affecting the physical and mental health of Canadians found in the literature and reports, such as the ones mentioned in the *In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care* (Turpel-Lafond, 2020). In addition, listed below are other examples of racism that affect racialized individuals' physical and mental health in Canada.

- Landry (2020), chief commissioner of the Canadian Human Rights Commission, stated that people of African descent in Canada feel threatened or unsafe every day because of their skin color.
- Indigenous women have been coerced into sterilization (Boyer, 2017).
- Indigenous men were proven to have been ignored in emergency departments, left to suffer, and, in at least one tragic case, to die (the death incident of Brian Sinclair, a 45-year-old First Nations man who died of a treatable bladder infection in 2008) (Boyer, 2017).
- During the COVID-19 pandemic, 50% of Canadians of Chinese ancestry reported being called names or insulted as a direct result of the COVID-19 outbreak; wherein, 43% of this population further said that they've been threatened or intimidated (Korzinski, 2020).

In Canadian nursing school settings, a tangible example of racism is the lack of inclusive learning resources for darker skin colours and the lack of visibility and influence of BIPOC faculty in nursing curriculums and leadership. In addition, there are racial biases construed from invalid evidence and harmful racist stereotypes present in our nursing education and practice, discussed further in the following paragraphs. The current study aims to explore nursing students' experiences with racism and recommendations for policy and curriculum changes to promote inclusion and fight racism in Canadian nursing schools and practice partner sites.

# Background

According to Statistics Canada (2017), the visible minority (VM) population (persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in color) has grown steadily since the 1981 Census, which is mainly attributed to immigration; in the 2016 Canadian census, VM represented more than one-fifth (22.3%) of Canada's population. Phillips and Malone (2014) discussed the importance of increasing the diversity in nursing to reduce the distinct health disparities experienced by VMs. However, VMs are significantly underrepresented in nursing, especially in leadership roles such as advanced practice and specialty areas, which consequently leads to VMs being concentrated in lower-level positions, non-specialty areas, and unregulated clinical roles such as personal care workers (Premji & Etowa, 2014). The underrepresentation of VMs in nursing limits the extent to which the values and preferences of these groups are incorporated into care (Phillips & Malone, 2014). According to Jefferies et al. (2019), the underrepresentation of VMs in nursing is due to invisibility (lack of recognition of their contributions, existence, and agency), high attrition and insufficient recruitment and retention, and racism, manifested through tokenism and othering. As mentioned above, Indigenous people also face racism and social injustices in the present Canadian society. In line with this, the author decided to incorporate studies that reviewed VMs' and Indigenous peoples' health and used the term BIPOC to address the Black, Indigenous, and People of Color community in this paper. This study is a response to the gap found in the literature, explored further in the following section, and the recommendation of Jefferies et al. (2019, p. 3), which stated that "recruitment and retention strategies must explicitly address the invisibility, underrepresentation, and racism experienced by VMs in nursing". For the purpose of this study, the author used the levels of racism, as defined by Jones (2000), to theme racism experienced or witnessed by nursing students in nursing schools and healthcare settings. In this paper, the author discussed the evidence in literature and examples from the survey related to the three levels of racism experienced or witnessed by nursing students in nursing schools and healthcare settings, the DivE project's methodology and results, limitations, the author's recommendations to address racism in nursing curriculums across Canada, and the author's *Unresolved Racism in Nursing Theory: Divers' Drowning Boat Tale*.





# LITERATURE REVIEW

The author conducted a comprehensive literature search using the online databases: CINAHL & MEDLINE & PubMed & Google Scholar. By carefully examining the reference list, 24 articles met the inclusion criteria (see Appendix A). The review used the PRISMA checklist (see Appendix B). The literature's main themes were clustered around the following categories: denial of racism in nursing education and practice, and the Canadian society, institutional racism in nursing schools and healthcare settings, personally-mediated racism in nursing schools and healthcare settings, and internalized racism in students and nurses. Key points in each of these categories are documented in table format (see Appendix C).

Limited information was found in the literature related to the specific acts (forms) and levels of racism - institutional, personally-mediated, and internal racism - experienced or witnessed by nursing students in nursing schools and healthcare settings. However, there is a significant amount of literature related to the need of exploring inclusive pedagogical approaches and levels of racism in nursing schools and healthcare settings that affects the health and wellness of nursing students, which consequently contributes to the underrepresentation of members of the BIPOC community in nursing (Jefferies et al. 2019; Bewer et al., 2020). Themes emerged from the literature that can potentially influence education delivery in nursing schools across Canada, highlighting the need to examine different levels of racism in the Canadian context, implement a non-racist pedagogical approach, and provide inclusive educational resources.

# Denial of Racism in Nursing Education and Practice, and The Canadian Society

Canada is considered a multicultural society and is one of the first countries in the world that developed legislative frameworks/laws, such as the *Canadian Multiculturalism Act* and the *Canadian Human Rights Act*, that promotes and protects its diverse population and states that each member of its population will be given equal opportunity and will be protected against discriminatory practices based on race, national or ethnic origin, color, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction for an offense for which a pardon has been granted or in respect of which a record suspension has been ordered (Raphael et al., 2020; Government of Canada, 1985a; Government of Canada, 1985b). However, Muñoz (2016) found that the idea of multiculturalism as a public value serves as a facade of a racist system that hides within the testimonies of the oppressed individuals, which in the author's study are skilled Mexican migrants in Toronto's labor market, that spans from denial of racism in Canada to the recognition of more subtle forms of multicultural racism as normal practices in a multicultural society. Gulliver (2018) supported this notion as the author mentioned that Canada is seen as a multicultural society, which reinforces racism by encouraging the passive acceptance of existing societal structures that deny and recontextualize racism in Canadian discourse and education. The denial of racism and silencing also exists in Canadian nursing education. Zanchetta et al. (2021) found that the acts that show ignoring racial disparities, lack of a concerted, direct, and systematic plan of tackling the issue of race by nursing faculty, and the silencing and normalization of racism is present in the Canadian nursing classrooms and practicum settings. A Toronto undergraduate nursing student even testified in the study that if one were to speak out against, the individual would be branded as overly "sensitive, a troublemaker or problematic" (Zanchetta et al., 2021, p. 472). Zanchetta et al. (2021) suggested that increasing awareness of racial negligence within a clinical setting can be the premise for change and encourage nursing professionals (nursing students, nurses, nursing educators, nursing managers, etc.) to advocate for multicultural clientele, so they receive culturally sensitive care.

## Institutional Racism in Nursing Schools and Healthcare Settings

According to the Government of Canada (2021, p. 18), systemic or institutional racism are "patterns of behaviour, policies or practices that are part of the social or administrative structures of an organization, and which create or perpetuate a position of relative disadvantage for racialized persons"; these racist acts may appear neutral on the surface but, nevertheless, have exclusionary impacts on racialized persons. Institutionalized racism manifests itself both in material conditions and in access to power; in material conditions, examples include differential access to quality education, sound housing, gainful employment,

appropriate medical facilities, and a clean environment, wherein, in access to power, examples include differential access to information (including one's history), resources (including wealth and organizational infrastructure), and voice (including voting rights, representation in government, and control of the media) (Jones, 2000).

## **Lack of Inclusive Learning Resources**

One example of institutionalized racism in nursing schools is inadequate nursing and medical resources that highlight black and brown skin or multiple ethnicities in class discussion. For example, in their study, Lester et al. (2020) found that in all thirty-six articles that they have reviewed, which showed a total of 130 images of COVID-19 signs in the skin, there are no published photos of the cutaneous manifestations in dark skin. This is a problem because skin disease often presents differently in skin of color and can lead to cognitive biases that can also impact differential diagnoses and physician-patient relationships (Lester et al., 2020). Next, Foronda et al. (2017) found that among the manikins in simulation catalogues/brochures, 94% were White and 6% were Black, a disproportionate representation of the population; the authors said that the lack of racial diversity could certainly impact students' perceptions of the learning environment and set a negative tone; the authors also recommended changing policy in simulation to require diversity as a standard to influence manufacturers and educators to provide inclusive learning environments. In addition, Bewer et al. (2020) suggested that Indigenous perspectives can support the nursing's (profession/education) core ethical values of relationality and holism and may hold representational and transformational possibilities for both students and educators; however, they also concluded that challenges and considerations might arise when Indigenous perspectives and approaches are considered for inclusion into nursing education programs, which can be addressed through partnerships, collaboration, and commitment to local Indigenous communities.

## **Lack of Visibility and Influence of BIPOC Faculty In Nursing Curriculums and Leadership**

The Canadian Nurses Association (2009) describes nurse leaders as clinicians, administrators, researchers, and educators involved in policy development, analysis, interpretation, providing exemplary care, education, administration, research, etc. Premji and Etowa (2014) found that visible and linguistic minorities, particularly women, were under-represented in managerial positions and over-represented in lower-ranking positions in Canada and its major cities. Having nurses as leaders and decision-makers enables the voice of the nurse (which can be nursing faculty members), patients (which in this case can be BI-POC nursing students), and family to be heard; however, the problem is that there is a lack

of diversity among nurse leaders, faculty members, nursing researchers and clinicians in practice that shapes the nursing profession (Phillips and Malone, 2014; Jefferies et al., 2018; Hamzavi, 2021). In practice, it is suggested that commitment and resources are needed to accompany the efforts to increase diversity in nursing within organizations (Premji & Etowa, 2014).

## **Misleading Acknowledgement of Racism, Racial Biases, and Racist Stereotypes in Canadian Nursing Education and Practice**

Zanchetta et al. (2021) found the following forms of racism integrated in the empirical database used to guide nurses' clinical practice and their preceptorship that are considered to be misleading acknowledgement of racism in Canadian nursing context – first, the assessment of dark skin coloration of Black patients in situations of electrical burn, AGPAR assessment in Black newborns and assessment of pressure ulcer stages; second, the normalization of sleep apnea among Black, obese individuals; third, the trivialization of sickle cell disease symptoms mostly on people of African descent, leading to under-screening and poor pain management; fourth, the representation of stoic individuals (Japanese, Black) regarding their manifestation of pain, leading to inadequate implementation of pain management interventions, such as a lower dose of pain medication for wound debridement and physiotherapy; lastly, the preconceived notions of Black individuals' physical strength, leading to decreased screening of hypertension among young individuals. Next, in a recent study by Sjoding et al. (2020) published in *The New England Journal of Medicine*, it was found that Black patients had nearly three times the frequency of occult hypoxemia that was not detected by pulse oximetry as White patients, which suggests that the reliance on pulse oximetry to triage patients and adjust supplemental oxygen levels may place Black patients at an increased risk for hypoxemia. The authors added their findings highlight an ongoing need to understand and correct racial bias in pulse oximetry and other forms of medical technology (Sjoding et al., 2021). Present nursing textbooks contain racist stereotype statements such as Hispanics are Roman Catholics that might have issues dealing with contraception, abortion, and family planning, Blacks will usually keep their appointments but may not always be on time, and Asians are sensitive and “need male authority to make health-related decisions” (Bastable, 2014, pp. 113-168). According to Saad (2020, p. 110), “racist stereotypes continue to reinforce the idea that those who do not hold white privilege should not be given that privilege because they are other, inferior, and a threat to white civilization.” Turpel-Lafond (2020) found the important role of healthcare educational institutions in the development of anti-racism initiatives and recommended that the government of British Columbia should require all university and college degree and diploma programs for health professionals in BC to implement mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for Indigenous students. In addition, the Global Centre for Pluralism (2021), in partnership with Canadian Commission for United Nations Educational, Scientific and Cultural Organization (CCUNESCO), recommended that the teachers across Canada learn about anti-Black racism, the development of an inclusive curriculum that encompasses all subjects and should include representation of racialized groups, and the collaboration of administrative personnel, parents/carer, and teachers in discussing and addressing anti-Black racism.

# Personally-mediated Racism in Nursing Schools and Healthcare Settings

Among the examined articles, the author found zero Canada-wide studies that explore personally mediated racism acts experienced by Canadian BIPOC nursing students. Personally mediated racism is defined as “prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race”; it manifests as a lack of respect, suspicion, devaluation, scapegoating, and dehumanization (Jones, 2000, pp.1-2). According to Zanchetta et al. (2021), members of the BIPOC masters of nursing and undergraduate nursing student in Toronto, Canada, have been reported to have experienced personally mediated racism in classrooms and healthcare settings. For instance, a female undergraduate nurse student of Bangladeshi descent said the following testimony;

“when a professor talked about how oily foods are harmful [to] our bodies and should be avoided despite her love for ‘Indian food,’ she looked directly at me several times. I felt singled out and uncomfortable, especially because I am not of Indian descent. An assumption was made based on the pigment of my skin. At that moment, I felt as though all South Asians are seen as a package, even though there are significant differences among South Asian groups. At that time[,] I felt that the teacher-student relationship was unidirectional because the teacher holds a lot of scientific health knowledge and clinical expertise in the field.” (Zanchetta et al., 2021, p. 471).

In the United States of America, Ackerman-Barger and Hummel (2015) found that BIPOC nursing students even experienced being discouraged from pursuing a nursing career, required to defend themselves, identified as different, made to feel like an outsider, etc. The racism felt by BIPOC nurses in healthcare settings was found to negatively affect their emotional and mental wellbeing (feelings of fear, anger, and disappointment) (Iheduru-Anderson & Wahi, 2018). Hassouneh and Lutz (2013) found that the influence of faculty of color in the education of nursing students was vital in promoting the survival and success of students and other FOC (through processes of connecting, guiding and supporting, and challenging racism) and shaping practices in nursing schools and impacting health in communities. In addition, according to Ackerman-Barger and Hummel (2015), acts of inclusion such as being rewarded for endurance, supported by others, mentored by a faculty (especially BIPOC faculty), defended by peers, referred to academic resources, validated for who one is, and encouraged to succeed were also found beneficial for BIPOC nursing students.

## Internalized Racism in Students and Nurses

The author found zero Canada-specific study that discusses internalized racism in nursing schools and healthcare settings among the examined articles. Internalized racism is the acceptance of members of the stigmatized races of negative messages about their own abilities and intrinsic worth; it manifest as an embracing of ‘whiteness,’ self-devaluation,

and resignation, helplessness, and hopelessness (ex. dropping out of school, failing to vote, and engaging in risky health practices) (Jones, 2000). Despite its existence and importance in our present society, David et al. (2019) found gaps in efforts to better understand and address internalized racism. Garvey (2019, p. 7) said that the reason why internalized racism is inadequately studied is that researchers are fearful that their work on this issue will be perceived as 'victim-blaming,' which led to the limited comprehension of this phenomenon and its effect on BIPOC's mental health and wellbeing.

In New Zealand, Huria et al. (2014) found that many Māori (Indigenous peoples of Aotearoa New Zealand) registered nurses exhibited some internalized racism in their study. For instance, for one participant, taking and engaging in the cultural safety training allowed her space to explore her indigenous identity and to gain a greater understanding of how colonization had impacted how she identified herself, including the realization that she was "not at fault (or a bad Māori) for not understanding the Māori language" but the impact of colonization on her identity (Huria et al., 2014, p. 367). Internalized racism causes non-pathological states, such as lowered self-esteem in BIPOC students (Roberson and Pieterse, 2021). In adult members of the BIPOC community, internalized racism causes long term behavioral and psychological effects; whereas, in young adult members of the BIPOC community, the combination of internalized racism and racial identity beliefs was found to influence the development of depressive and anxiety symptoms (Blakesley, 2016; Willis, 2021). In the study of Sosoo et al. (2020), they found a positive association between racial discrimination and subsequent anxiety symptom distress for Black college students with moderate and high levels of internalization of negative stereotypes and hair change. In terms of academic achievement, Alicino (2017) found that the indirect effects of internalized racism on academic achievement were not statistically significant. However, on the contrary, Robertson (2017) and Brown et al. (2016) found that internalized racism in BIPOC students was related to lower valuing of higher education and a barrier to academic achievement.

## Limitations of the Literature Review

There is a limited amount of literature specific to the patterns and levels of racism present in Canada's nursing schools and healthcare settings. Only eight out of twenty-four studies explored the patterns and levels of racism in the Canadian healthcare (Jefferies et al., 2018; Hamzavi, 2021; Turpel-Lafond, 2020; Zanchetta et al., 2021; Premji & Etowa, 2014; Muñoz, 2016; Bewer et al., 2020; Gulliver, 2018). There is limited research concerning the experiences of undergraduate nursing students in different levels of racism such as institutionalized, personally-mediated, and most especially, internalized, in Canada as a whole. Although eight articles were used to discuss internalized racism in students and nurses, the author found zero articles that discuss internalized racism in the Canadian context nor internalized racism specifically studied in the undergraduate nursing student population. Among the three articles included that discusses personally-mediated racism in nurses and nursing students, only one article talks explicitly about personally-mediated racism in the Canadian context and expressly incorporated the response of an undergraduate nursing student participant (Zanchetta et al., 2021). Lastly, among the seven articles included that discuss institutional racism in nursing schools and healthcare settings, five studies explain institutionalized racism in the Canadian context (Jefferies et al., 2018; Hamzavi, 2021; Turpel-Lafond,

2020; Zanchetta et al., 2021; Premji & Etowa, 2014). However, only two articles incorporated undergraduate nursing student participants (Jefferies et al., 2018; Zanchetta et al., 2021). In addition, most articles used relatively small samples or only included one group in their study (does not represent other members of the BIPOC community), making it difficult to suggest generalizability (Munoz; 2016; Willis et al., 2021; Blakesley, 2016; Brown et al., 2016; Sosoo et al., 2020; Lester et al., 2020; Foronda et al., 2017; Jefferies et al., 2018; Turpel-Lafond, 2020; Sjoding et al., 2020; Iheduru-Anderson & Wahi, 2018; Huria, 2014; Bewer et al., 2020; Alicino, 2017; Garvey, 2019). Next, there was a low level of evidence found in the literature review, with fifteen of the studies following a qualitative research design (Munoz; 2016; Blakesley, 2016; Robertson, 2017; Jefferies et al., 2018; Hamzavi, 2021; Turpel-Lafond, 2020; Zanchetta et al., 2021; Ackerman-Barger and Hummel, 2015; Iheduru-Anderson & Wahi, 2018; Hassouneh & Lutz, 2013; Huria, 2014; Roberson & Pieterse, 2021; Garvey, 2019; Gulliver, 2018; Bewer et al., 2020). In the inclusion criteria, the author mentioned only to accept studies in the English language. Therefore, studies that were not written in English were omitted from this review.





# THE STUDY

The Diversity Embrace Project: An Anti-racism Initiative (in short, the DivE project) is the author's way to address the gap found in the literature review. The DivE project is a Canada-wide research project funded by the Canadian Nursing Students' Association (2021-2022). This project aims to understand the patterns and levels of racism that nursing students from registered nursing, psychiatric nursing, and practical nursing programs have experienced or witnessed in nursing schools and their practice partner sites across Canada. In this project, the author handed out Q.R. codes that allows participants to access the survey form online in all nursing schools across Canada that are members of the CNSA to identify the themes of experiences nursing students had in racism. The information gathered in this project is shared to nursing school personnel with the hope of inspiring leaders to fight racism in nursing schools across the country.



# METHODOLOGY

A qualitative, short-narrative inquiry approach was used to interview forty nursing student participants from undergraduate registered nursing, practical nursing, and psychiatric nursing programs across Canada using an online survey. The author partnered with the Canadian Nursing Students' Association to initiate the DivE project's implementation plan. The project's implementation plan was separated into two phases, further discussed in the following paragraphs.

## **Inquiry Phase**

In the inquiry phase of this project, nursing schools were invited to participate using the Quick Response (QR) code to access the online survey, the author's preferred approach as per the Coronavirus Disease (COVID-19) precautionary measures, to inquire about the specific acts of racism that each willing-to-share individual has experienced or witnessed and suggestions in fighting racism, like an online suggestion box. Suggestion boxes are being used to seek patient opinion and involvement in quality improvement initiatives in healthcare settings (Takao et al., 2021; Gremyr et al., 2018). Although patient involvement in quality improvement has been associated with challenges related to resources, tokenism, validity, and competence, it was still found that involving patients in improvement projects can enhance the quality of care and help to identify radically new ways of delivering care (Gremyr et al., 2018). In relation to this research project, the patients will be equivalent to nursing students from registered nursing, psychiatric nursing, and practical nursing programs, whereas healthcare settings are to nursing schools and their partner practice institutions. A smartphone can scan the provided Q.R. codes to access and fill a DivE survey form online. Each chapter school ODs were offered to received \$CAD 10-worth of printing or social media promotion financial support from the Canadian Nursing Students' Association's National Council. The participation was mentioned to be open to nursing student in the aforementioned nursing programs only. The research questions were made available in both English and French language. Also, research participants were asked to answer in both English and French language. The author received zero responses written in French language from the participants.

Survey Monkey was used to collect survey responses. This web survey company is located in the United States of America and, as such, is subject to U.S. laws. In particular, the U.S. Patriot Act allows authorities access to the records of internet service providers. This survey does not ask for personal identifiers. The web survey company servers record incoming Internet Protocol (I.P.) addresses of the computer that participants use to access the survey, but no connection was made between the participants' data and the participants' computers' I.P. address. When the participants chose to participate in the survey, they understood their responses will be stored and accessed in the USA. The security and privacy policy for the web survey company can be found at the following link: <https://www.surveymonkey.com/mp/legal/privacy/>. The participants' information as it is transmitted over the Internet are protected by an enhanced security mechanism. The participants' data were downloaded and deleted from the Survey Monkey password-protected account within four months of survey submission.

## **Recruiting Nursing Schools**

CNSA regional directors and CNSA Official Delegates (ODs) in all sixty-seven partner nursing schools across Canada were contacted by email and asked to forward the project information to their nursing school heads, deans, chairpersons, or nursing faculty representatives and request their collaboration in the DivE project. The project information contained the copy of the formal request letter for nursing school head, deans, chairpersons, or nursing faculty representative, the Quick Response (QR) code and hyperlink to access the DivE project's online information page, the *CNSA Mental Health Resources* document, and the project's advertisement poster.

## **Recruiting Participants**

The author requested the support and participation of nursing school head, deans, chairpersons, or nursing faculty representative in the following points.

- To let nursing instructors hand out the Q.R. codes and hyperlinks to students (via email, during a synchronized online class time, or during an in-person class time). For a more secured data gathering process, nursing instructors, class advisers, or year coordinators were asked to hand out the Q.R. codes and hyperlinks to their respective undergraduate Registered Nursing, Psychiatric Nursing, and Practical Nursing classes. It was mentioned that only one response for each nursing student be collected; however, in the survey questionnaire, it is also mentioned that one nursing student can enumerate multiple examples of racist behaviors and suggestions in fighting racism in nursing schools.
- To provide a list of emotional and mental health resources to nursing student participants. In the list, the author requested to include links to services that are specifically for Black, Indigenous, and People of Color students and International Services in their institution.
- To allow the CNSA chapter school Official Delegate / Associate Delegate to post the project's advertisement posters and videos on school premises or online social media websites. In the advertisement poster, a QR code is attached to allow the general public to access the DivE project's online information page, provided twelve days before the data-gathering period (October 4-18, 2021). The purpose of the online information page was to provide background information about the project, provide accessible mental health resources across Canada, and present the questions which will be asked in the Diversity Embracement Project: An anti-racism initiative official online questionnaire. By providing the questions of this research project before the planned data gathering period, the author hoped to help the student participants provide thorough responses and avoid delays.

## **Supporting the Mental Health of Participants**

The participants were warned of the possibility that answering the survey questions can traumatize them. They were advised not to answer the survey if they think this activity will cause them any emotional and mental distress. To ensure that the participants had adequate mental health supports in place, the author attached a Q.R. code and hyperlink to the advertisement poster, the end part of the informed consent form, and the survey questionnaire, which will allow the participants to access the Diversity Embracement Project's Online Information Page. On the online information page, the participants were able to view the list of mental health resources (online contact information, in-person visiting information, hotlines, etc.) available across the country, all listed by province/territory. In the email that contains the project information, the author also shared the *Mental Health*

Resources document made by the CNSA in January 2021, with school personnel for distribution to students and nursing instructors.

## **Action Phase**

This report is part of this project's action phase. In the action phase, the gathered information about racist acts present in each school and healthcare setting were collected by the author. The collated data from the 40 participants were analyzed and summarized by the author in this report.

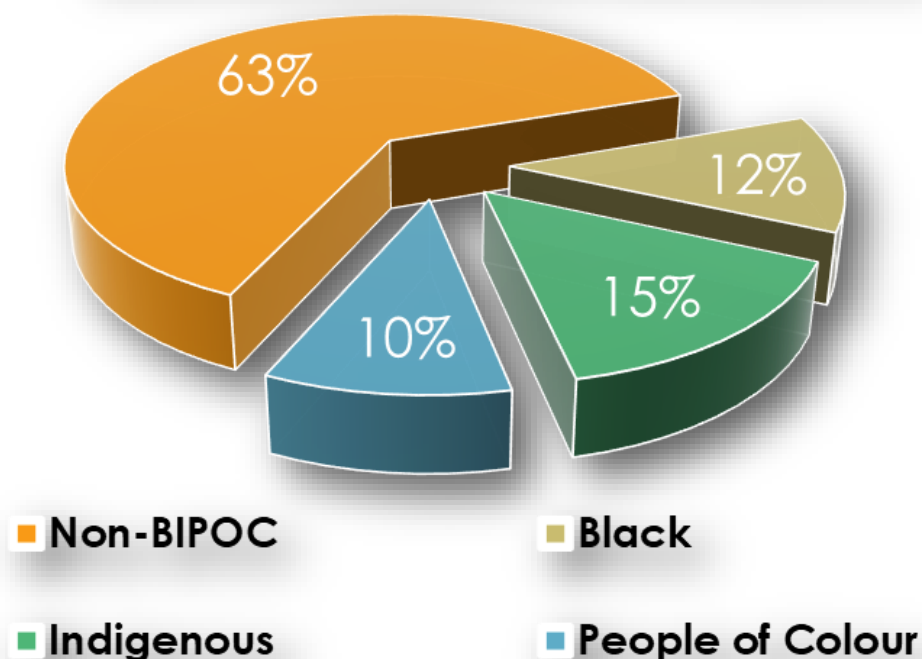


# RESULTS

Due to the design of the research in gathering responses from the student participants, which protects their privacy and confidentiality through anonymity, the author asked the participants to refrain from using real names of persons or institution. As an alternative solution, the author encouraged the participants to use initials in addressing a person or institution (ex. Mr. D). There are sixty one nursing students who accessed the survey form. However, only forty participants have answered the questions in the survey. In this section of the report, the author used numbers based on their entry in the SurveyMonkey survey form to differentiate the participants (ex. Student 4).

## The Participants

### Identity of the 40 Participants



- Sixty-three percent of the participants are Non-BIPOC nursing students.
- Twelve percent are Black nursing students.
- Fifteen percent are Indigenous nursing students.
- Ten percent of the nursing student participants identify themselves as People of Colour.



# 30%

of the participants experienced racism towards themselves in nursing schools, practice partner sites, and even in online platforms, on the streets, events, clients' homes, in malls, and government offices (ex., Police station).

# 25%

of the participants have identified racist behaviors (and thoughts) that they've portrayed towards their colleagues, patients, teachers, etc., in nursing school or during practice.

# 55%

of the participants witnessed racist acts in nursing schools; wherein, most of them happened within the school premises and partner healthcare premises.

The number of student participants (15) saying that they feel supported in voicing out these social injustice acts to nursing school personnel is equal to the number of participants

(15) who do not.

# 26%

of participants said they didn't feel supported in meeting their mental and emotional health needs when they experienced or witnessed racism, whereas 18% said 'Yes. Always', 21% said 'Yes. Sometimes', 8% said 'Yes. Seldom', and 28% said 'Not applicable.'

- 30% of the participants experienced racism towards themselves in nursing schools, practice partner sites, and even in online platforms, on the streets, events, clients' homes, in malls, and government offices (ex., Police station).
- 25% of the participants have identified racist behaviors (and thoughts) that they've portrayed towards their colleagues, patients, teachers, etc., in nursing school or during practice.
- 55% of the participants witnessed racist acts in nursing schools; wherein, most of them happened within the school premises and partner healthcare premises.
- The number of student participants (15) saying that they feel supported in voicing out these social injustice acts to nursing school personnel is equal to the number of participants (15) who do not.
- 26% of participants said they didn't feel supported in meeting their mental and emotional health needs when they experienced or witnessed racism, whereas 18% said 'Yes. Always', 21% said 'Yes. Sometimes', 8% said 'Yes. Seldom', and 28% said 'Not applicable.'

# Theme 1: Nursing Students Experience Different Levels of Racism in Canadian Nursing Schools

## Institutionalized Racism

In this study, it was found that Canadian undergraduate nursing students have been experiencing and witnessing institutionalized racism in Canadian nursing schools and practice partner sites. For instance, student 7, a Person of Color nursing student, wrote the following testimony.

"The situation was as clear as day, teachers (certain ones) were made aware but no actions were taken to stop the other person and be direct with them about stopping ... I wish when someone with authority sees, investigates or hear [s] racism, rather than just say 'guys let's stop this', they would have a punishment for the racist party so they do not do it again. I believe if the situation[s] were reversed, there would be major punishments and consequences for those of colour or different ethnic and religious backgrounds. The outcomes are never the same from those who have authority to do something about it. It is disgusting."

In the following testimonies, two participants explained the lack of BIPOC faculty member in their nursing schools, its correlation with racism, and its possible impact to BIPOC nursing students. In terms of not feeling supported voicing out racist acts to their nursing school personnel, student 38, a nursing student of Color, states that "[It is] not a comfortable environment [...] There are no people of colour at the school. A person of colour can empathize and will take it seriously and understand the extent". Next, student 16, an Indigenous nursing student, stated that "If I look around at the people who successfully made it into the nursing program, the majority of students in my program are white, which leads me to believe the institution itself is inherently racist."

Some nursing student participants called out their nursing school's racist pedagogy, which involves leaders and faculty members ignoring its presence or acknowledging its presence but still portray racist acts, erasure of historical facts related to BIPOC and religious member's contributions in medicine, lack of awareness about cultural norms, lack of courses that educate students about racism and racial bias among faculty. According to student 33, a non-BIPOC nursing student,

"The institutional racism is so deeply embedded that even direct, specific, verbal requests for accountability are not only ignored but utterly unheard ... [nursing schools offer] racist pedagogy around nursing history and erasure of historical Islamic medical contributions ... [there is a] complete lack of awareness around Islamic cultural norms around touch ... [there is a] complete lack of awareness around differing cultural norms around eye contact .. [my] colleagues report their experiences of racial bias amongst faculty."

Student 43, a non-BIPOC nursing student, said the following testimony regarding faculty members' lack of awareness about internal biases and racist acts.

"I feel like the professors and staff do not realize racist acts when it comes from them. I feel as though they teach about not being racist and acknowledge that racism exists in healthcare, but do not realize their own racism. I feel like the professors are not open to these kind of issues that students feel they are facing so they do not even entertain the idea."

Student 48, a Black nursing student, said the following testimony regarding the lack of courses that educate students about the presence of racism or how to fight it in healthcare but rather taught to normalize racism in practice for it is part of their job as future nurses.

"During my nursing education, we've never really had a full on conversation about racist individuals that we as health worker will encounter. In nursing, we are [taught] that we must accept everyone because our job is to care for our patien[ts] while being compassionate."

Student 53, a Black nursing student, stated the following testimony regarding the lack of support from the nursing school leaders in addressing the racist acts that they've experienced.

"I didn't feel supported because when I was going through it, I tried reaching out for support and was denied any help. I tried going to student council to voice my concern and we had a meeting with the teacher whom I felt was being racist toward me, but nothing came about that meeting."

Lastly, a POC and a Black nursing student participants reported that some clinical instructor attribute cultural stereotypes to them in practice setting and that a nursing school dean always supports the lecturers when issues relating to racism is reported.

### **Personally Mediated Racism**

In this study it was found that Canadian undergraduate nursing students have been experiencing and witnessing personally mediated racism in academia and practice. For example, student 1, a non-BIPOC nursing student, explained in the following testimony the racist acts that they witnessed in practice.

"A lot of assumptions and generalizations about people who aren't white, [such as] they must be an immigrant. In the emergency department, [I heard comments from colleagues such as] 'it must be part of their culture to run here for every little thing', 'keep it simple because he probably won't understand you', 'I doubt she lives alone because it's typical for them all to live together'."

Student 16, testified their almost similar experience, but this time involved a physician giving racist assumption towards an Indigenous patient.

"A doctor had refused to provide pain medication to an Indigenous patient based on the racist assumption that he was a "hippie" because of his long hair. I had a good report with this patient, who often refused pain medication. This time he needed it. The (surgeon) did not even go into the room to speak to him. He looked at him from the doorway across from the nursing station and made this assumption."

In addition, student 33, recognized their inherited colonial acts during self-reflection and further sought for ways in how to de-colonize their thinking.

“On a break during a clinical rotation, I used an antiquated and unacceptable expression that was colonial rather than specifically racial in nature. The harm was equivalent. I recognised my error and asked my colleagues to pardon my inheritance of colonial language, and pledged to engage in further self-reflection to remediate. It was not enough. How could it be?”

Some students gave their testimonies that revolve around feelings of being hurt and mortified in telling stories about them being questioned about representing their ‘true identity’ because they don’t ‘look native enough’ (blood quantum), ‘Indigenous benefits’, and only presented/introduced as individuals who mainly have negative health status. For example, student 50, a non-BIPOC nursing student said the following testimony.

“During a presentation by the Indigenous department at school, students were asking about how they could help their boyfriends and themselves obtain Indigenous status cards to exempt themselves from government tax payments. I felt very mortified that this happened.”

Next, student 51, an Indigenous nursing student, explained their awful racist experiences with nursing instructors labelling them as ‘not native enough’, only teaching negative aspects about Indigenous people in nursing schools, and saying stereotypical statements to them as a member of the Indigenous family unit.

“I have been told I was not native enough ... although my mom was born on the [reservation facility] ... also questioning my blood quantum. I did not like how [a] teacher was telling new students some aged 17 only negative aspects about native people like diabetes, drugs, [and] mental. Also, [I don’t like it when the teachers are] asking them if they would like to go to the cultural center by just assuming. If someone did that to my mom, she would tell them to stick it where the sun don’t shine, but then she would be abusive. [I also don’t like it when teachers are] telling them to [wear] a button of a medicine wheel - like no! This is not just for show; there are sacred teachings about that ... and I do not even feel right wearing that and I am native.”

Additionally, according to student 23, a Black nursing student, said that they've witnessed residents at a long-term care (LTC) facility call black staff "nigger" and refused to be touched by black staff.

In the nursing classroom settings, Student 2, an Indigenous nursing student heard racist comments and observed racist acts toward immigrants.

"[My] classmates [are] making fun of the way someone (from another country) speaks during presentations or not wanting to be their partner during class because they are 'different'."

Some students reported incidences where they personally experienced racist acts in nursing schools and practice partner sites. Student 7 pointed out a situation where they were bullied by other students and unfairly treated by nursing school security personnel due to their ethnic and religious background.

"I was picked on by a couple of students. [I've been] called a cheater and liar. I was contacted by school security to let me know another person complained about me. Even though the security personnel knew and said they did believe me, they did not approach the other student to let them know they need to stop and their story is not believed. I feel all this happened because of my ethnicity and religious background."

In class, Student 27, a non-BIPOC nursing student explained in their testimony that a nursing instructor treats Caucasian students more favorably than BIPOC nursing students.

"In lab class, a student of colour would try to speak during class and although yes she was interrupting the teacher, the way the teacher went about it was rude and disrespectful. When students of Caucasian race would interrupt her, she would play it off as a joke and did not seem to mind as much."

## **Internalized Racism**

One example of internalized racism was identified. Student 2, an Indigenous nursing student, explained in the following testimony the internalized racism they experienced while attending their nursing school.

“They (Indigenous patients) have diabetes because they are Indigenous and because of the lifestyle that they have on the reserve (major assumptions here).”

## **Theme 2: Nursing Students Spot Educational Development Concerns**

### **Reports of Unfair Treatment Towards BIPOC Nursing Students**

Student 43 explained in the following testimony the experience of their nursing students of color friends being “graded harsher” by nursing instructors than white nursing students.

“I have had a few friends, who identify as persons of colour, and in the BScN program they felt directly targeted on being graded harsher than white students. I have peers in the program that stated they felt directly attacked as if the professors were purposefully trying to wean them out of the program.”

Student 57, a Black nursing student, testified almost the same unfair treatment towards black nursing students, which they experienced both in nursing classroom and practice.

“During clinicals, most times out of 10 students, there maybe only one [B]lack. The instructor is more friendly with others. When asking questions about skills, the instructor will first ask the black many questions before asking the rest of the team. The instructor will often tell the black student that the student has an accent and may even fail the student because of accent. The instructor most times fail the black students in their clinical. Secondly, during research paper assignments, the black students often get lower scores than other students.”

## **Faustian Plot: Silencing Whistleblowers to Make Practice Partner Site Personnel Happy**

In this study, the author found that students are being silenced by nursing school personnel in reporting and addressing racism in practice. This can be a safety concern because silencing the nursing students can prevent the racism in healthcare to be addressed successfully and will continue to negatively affect the health and well-being of both the patients and healthcare workers. For instance, in the following testimony, student 1 explained their situation in practice when they spotted or experienced racist acts.

“We are told to keep our practice partners happy because we need them for placements. Therefore, I feel that they don't want to make waves.”

## **Theme 3: Nursing Students are Eager to Fight Racism in Canadian Nursing Schools**

### **Student's Emotions toward Racism**

In this study, the author found that Canadian undergraduate nursing students felt shocked, and upset with their racist educational system. Also, the author found that nursing student have useful and attainable ideas to fight racism in Canadian nursing schools and practice sites. In the following testimony, student 16, expressed their emotions as when some of their colleagues unintentionally showed ignorance regarding racism, which reflects their racist nursing curriculum.

“An Indigenous speaker came to our class to talk about Truth and Reconciliation. The conversation and questions that were asked were based around ignorance and as I reflect, are a result of our racist educational system. One person asked about electives students can take to learn about Indigenous history and culture. The rest of the questions were if people can help their boyfriends get status cards. Hearing the term 'native', 'benefits', 'benefits of native people', 'status card' thrown around so freely was shocking and very upsetting.”



## **Students' Anti-racist Ideas and Suggestions**

Some students expressed their eagerness in fighting racism in their nursing curriculums and suggested multiple ways on how to make anti-racist nursing curriculums based on their personal experiences and societal knowledge about the said subject. Student 1 discussed in the following testimony their ideas in teaching students how to address racism in practice in simulation classes.

“We learn about how to be culturally competent, but it would be helpful to discuss and learn about effective ways to address racist behaviour and comments in the moment. Maybe a workshop or [simulation] lab may be helpful.”

Student 2 encourages students in the following testimony to speak up as advocates who won't tolerate racism in your nursing schools and participate in multicultural events to actively fight racism in academia and practice.

“Speak up! Let people know that racism won't be tolerated by you. Fightback against racist stereotypes. Participate in multicultural events as a means to challenge your thoughts and perceptions of cultures other than your own.”

Student 3 recommended in the following testimony that nursing students should receive anti-racist education from people who have experience racism in the past and nursing school personnel to provide opportunities for students to develop cross-cultural friendships between international and domestic students.

Student 4 suggested to keep the momentum of anti-racist initiatives going because the more anti-racism initiatives are in everyone's face, the more accepted it will become.

Student 10 said that the more inclusive we are with people of all ethnicities and cultures, the more educated we will be, leading to the reduction of racist acts happening in nursing schools and practice partner sites.

Student 17 verbalized in the following testimony the important role or transparency and mandatory yearly cultural sensitivity trainings will play in fighting racism in nursing schools and healthcare settings.

“Being transparent about the training, or lack there of, for staff and faculty have regarding cultural sensitivity [trainings]. This should also be mandatory for new students and yearly update. This should be a safe space for people from diverse backgrounds and genders and cultures.”

Student 33 encouraged the students to implement a much more aggressive approach in fighting racism in nursing schools which involves themes such as “immediately stopping oppressors”, “protecting oppressed colleagues”, “refusing slow change”, etc.

“... When a colleague experiences a racial attack, or is subjected to racialized language, actions, or abuse, stop it. If you are white, leverage that whiteness into protection for your colleagues. If you are a member of the same or another targeted community, see if it is safer to oppose it together. Refuse to accept slow change. Refuse the premise that ‘better than it was’ is good enough. As a white person, listen to your colleagues and when they disclose racial incidents, listen to them. Ask appropriate questions about how to support. Follow up with concrete, specific actions. Keep your word. I can not speak to how to oppose racism from within targeted communities. We do not need another meaningless survey about race. We need to stop racism. Enough.”

Student 38 urged the nursing leaders in the following testimony to hire more BIPOC faculty and staff members.

“HIRE MORE PEOPLE OF COLOUR STAFF! REPRESENTATION MATTERS! people will voice their opinions to someone alike them rather than getting dismissed”

Student 55 recommended nursing leaders to set zero racism (any level) tolerance policies and standards in Canadian nursing schools and healthcare settings.



# DISCUSSION & RECOMMENDATIONS

# Implications for Practice

Racism is present and negatively affects the health and wellbeing of BIPOC nursing students and nurses in the healthcare settings and multicultural society of Canada (Zanchetta et al., 2021; Iheduru-Anderson et al., 2020; Munoz, 2016; Raphael et al., 2020). Despite its existence and known negative effects, it is still under-investigated in Canadian nursing schools and nursing practice settings (Iheduru et al., 2020). Increased visibility and influence of BIPOC faculty in nursing curriculums and leadership are found to be beneficial in addressing the needs of nursing students of color and fighting racism in nursing schools and healthcare settings; however, the problem is that there is a lack of diversity among nurse leaders, faculty members, nursing researchers and clinicians in practice that shapes the nursing profession, which is also related to racism (Phillips and Malone, 2014; Jefferies et al., 2018; Hamzavi, 2021; Turpel-Lafond, 2020). Addressing invisibility, underrepresentation, and racism and including BIPOC's values in Canadian nursing curriculums must be the main themes to be included in formulating strategies that aim to promote recruitment and retention of BIPOC nursing students and nurses in nursing schools and the healthcare workforce (Jefferies et al. 2019; Bewer et al., 2020).

## Recommendations

### RECOMMENDATION

# 1

**That the nursing school leaders and practice partner site leaders initiate a yearly mandatory anti-racism training, cultural safety training, and anti-racism examination for faculty members/applicants, healthcare professionals, and administrative personnel in nursing schools and practice partner sites.**

By September 2023, nursing school leaders will be able to:

Work with the Canadian Association of Schools of Nursing, Indigenous leaders, and local and national health agencies to formulate or use existing anti-racism-specific training, cultural safety training, and anti-racism examination for nursing faculty members/applicants and administrative personnel of nursing schools. The anti-racism training, cultural safety training, and anti-racism examination will be taken by the aforementioned personnel every year. The training and examination materials must be renewed every year to incorporate current racism issues in Canada. The training and examination must incorporate the following topics.

- Misinformation and disinformation about blood quantum, genetics, race and identity.
- Misleading acknowledgement of racism, racial biases in nursing and medical technology, and racist stereotypes in Canadian nursing education and practice.
- Self-reflection around own practice in relation to providing anti-racist care and ability to respond to racism.

By September 2023, practice partner site leaders will be able to:

Work with local health agencies, Health Canada, Canadian Nurses' Association, Canadian Nursing Student's Association, and Indigenous leaders to formulate anti-racism-specific training, cultural safety training, and anti-racism examinations for nursing staff members/applicants, administrative personnel, the allied healthcare professionals of practice partner sites. The anti-racism training, cultural safety training, and anti-racism examination will be taken by the aforementioned personnel every year. The training and examination materials must be renewed every year to incorporate current racism issues in Canada. The training and examination must incorporate the following topics.

- Misinformation and disinformation about blood quantum, genetics, race and identity.
- Providing culturally congruent care to patients.
- Misleading acknowledgement of racism, racial biases in nursing and medical technology, and racist stereotypes in Canadian nursing education and practice.
- Self-reflection around own practice in relation to providing anti-racist care and ability to respond to racism.

**That the nursing school leaders and practice partner site leaders incorporate anti-racism training/workshops in the nursing curriculums, including simulation classes about facing racism in the practice setting.**

## RECOMMENDATION

# 2

Key Details

By September 2023, nursing school leaders will be able to:

- Identify anti-racist learning outcomes.
- Work with local nursing school deans, local program heads, and CASN to formulate or obtain suggestions around the use of existing anti-racism training/workshops and anti-racism simulation classes, which will be added to their nursing curriculums.
- Provide suggestion boxes for faculty members and nursing students that will allow them to provide input on what topics need to be added to the next anti-racism training in their institutions.
- Highlight and support the formation of guides, research, and educational materials that specifically tackles levels and patterns of racism in nursing schools and healthcare settings.
- Provide manuals that preceptors can use to support a student facing racism in practice.

By September 2023, practice partner site leaders will be able to:

- Ensure that only staff who have already received the anti-racism trainings and cultural safety trainings will be assigned to mentor a nursing student in practice.
- Provide suggestion boxes for staff and nursing students for them to provide their inputs on what topics need to be added to the next anti-racism training in their institutions.

- Highlight and support the formation of guides, research, and educational material that specifically tackles levels and patterns of racism in nursing schools and healthcare settings.

## RECOMMENDATION

# 3

**That the nursing school leaders and practice partner site leaders implement strategies that aim to promote the recruitment and retention of BIPOC faculty members and nursing students and incorporate BIPOC's perspective in nursing pedagogy.**

By September 2023, nursing school leaders will be able to:

- Work with historians and researchers to address BIPOC invisibility by exploring and highlighting BIPOC nurses' contributions to nursing research and practice.
- Support the formation of an anti-racism task force in their institution led by faculty members, programs heads, nursing students, and Indigenous leaders that will address racism acts that nursing students witness or experience in nursing schools and explore approaches that incorporate the BIPOC's perspectives in nursing pedagogy.
- Incorporate activities that would promote international friendships among nursing students and celebrate international holidays to respect cultural diversity. In line with this, nursing instructors should be more accepting and considerate about the cultural practices that go along with these international holidays, including excusing the student in class activities during cultural celebrations and formulating alternative ways to evaluate the student's performance after celebrating their holidays.
- Designate and develop neutral and safe facilities for nursing students to perform cultural and spiritual activities within the school premises or student accommodations.
- Provide suggestion boxes for students and faculty members that will allow them to provide inputs on how to develop an anti-racist nursing pedagogy.
- Provide specific bursaries, scholarships, and other related academic and financial support to BIPOC nursing students.
- Work with primary and secondary school heads/principals in promoting nursing as a career by providing financial incentives and bursaries for BIPOC high school students who would choose to enter nursing schools.

By September 2023, practice partner site leaders will be able to:

- Work with local healthcare agencies, Health Canada, and CNA to explore options to help Internationally Educated Nurses (IENs), who can be mentors for BIPOC nursing students, easily take bridging programs and practice as fully registered nurses, licensed practical nurses, and psychiatric nurses in Canada. The help could include the following.
  1. Financial support to pay the processing fees, accommodation fees, and travel fees that goes with the bridging process.

2. Designate a group of professionals in the healthcare settings and nursing schools that specifically address the barriers that IENs face in processing their bridging requirements to practice as BIPOC nursing staff or faculty members in Canada.

**That the nursing school leaders and practice partner site leaders further explore racial biases present in current healthcare practice.**

RECOMMENDATION

4

Key Details

By September 2023, nursing school leaders will be able to:

Support the formation of an anti-racism task force, which includes faculty members, Indigenous leaders, and students to explore racial biases in nursing education and practice. The anti-racism task force must explore the following points.

- Racist stereotype statements in nursing textbooks and other educational materials.
- Use of racially-biased educational equipment and medical technology.
- Actions and execute them to correct or omit racist stereotypes in nursing textbooks, tools/forms, and other educational materials.
- Actions and execute them to correct or omit racial biases in educational equipment, tools/forms, and medical technology.

By September 2023, practice partner site leaders will be able to:

Support the formation of an anti-racism task force in the healthcare setting, which includes a nurse manager, Indigenous leader, BIPOC nursing representatives, a BIPOC patient representative, administrative committee member, and workers' union representative. The task force must explore the following points.

- Culture of racism that may be present in the healthcare setting, including the ones which may negatively affect the health and well-being of nursing students, nurses, other healthcare workers, and patients.
- Use of racially-biased equipment, tools/forms, and medical technology.
- Actions and execute them to fight racial bias practices in healthcare settings.
- Actions and execute them to correct or omit racially-biased equipment, tools/forms, and medical technology.

RECOMMENDATION

5

**That the nursing school leaders and practice partner site leaders implement an anti-racism policy and procedures based on restorative justice approach in nursing schools and healthcare settings.**

By September 2023, nursing school leaders will be able to:

- Develop and operate a restorative justice program accordingly adapted from and following the guidelines provided by the Canadian Intergovernmental Conference secretariat outlined in the *Principle and Guidelines for Restorative Justice in Criminal Matters (2018)* document. <https://scics.ca/en/product-produit/principles-and-guidelines-for-restorative-justice-practice-in-criminal-matters-2018/#fn4>).

### The Policy

The anti-racism policy must adapt and follow the restorative justice's purpose, philosophy, principles, legal safeguards, and guidelines outlined in the Canadian Intergovernmental Conference secretariat website titled *Principle and Guidelines for Restorative Justice in Criminal Matters (2018)*. <https://scics.ca/en/product-produit/principles-and-guidelines-for-restorative-justice-practice-in-criminal-matters-2018/#fn4>

### The Procedure

Nursing school heads, deans, or chairpersons will:

- Hire or train and involve a restorative justice facilitator/practitioner in their anti-racism task force. A restorative justice facilitator's/practitioner's hiring or training process must be adapted from and follows the guidelines provided in the *Guidelines for selecting and training RJ facilitators* section of the *Principle and Guidelines for Restorative Justice in Criminal Matters (2018)* document. <https://scics.ca/en/product-produit/principles-and-guidelines-for-restorative-justice-practice-in-criminal-matters-2018/#fn4>).
- Work with the anti-racism task force (including school administrative personnel, restorative justice facilitator/practitioner, a faculty union representative, a students' union representative, BIPOC student representatives, and the school's Indigenous leader) in developing an acceptable racism-related complaint process (for institutionalized/systemic and personally-mediated racism).

The anti-racism policy and procedure must incorporate robust educational anti-racism opportunities to allow the offender/s to learn and reflect on their racist actions and promote/incorporate these learnings in their personal and professional well-being.

- Suppose the racism complaint was proven to be institutionalized/systemic. In that case, the aforementioned personnel who are members of the anti-racism task force should make the general public become aware of its existence (ex. through a monthly newsletter, email announcements, showing it on television screens installed inside or outside the facility, etc., if appropriate) and work collaboratively to come up with culturally-congruent and professional ways on how to address it.
- Suppose the aforementioned task force personnel investigated a complaint/incident and proved it as a personally-mediated racist act. In that case, the following measures must be implemented based on a restorative justice approach.

Note: The task force personnel investigating the complaint/incident must sign a privacy and confidentiality agreement to protect the offender and the victim.

1. The offender will receive coaching sessions from the organization's head (school heads, deans, or chairpersons) or designated counseling personnel and additional



anti-racism training from an appointed nursing instructor with great knowledge and expertise on anti-racism movements/ideologies (including a mandatory reflective journal/narrative, which will be reviewed by the nursing instructor and RJ facilitator/practitioner and stored in a safe storage site decided by the anti-racism task force). The coaching session and anti-racism training must be finished within a month after announcing the task force's confirmation on the nature of the complaint (whether it's a racist act or not).

2. The offender and the victim will be provided with invitation letters from the restorative justice facilitator/practitioner to meet in a circle face-to-face (or any way necessary that both parties agreed to do). The letters can be sent to both parties after one month. Participation must be voluntary. In the circle, both parties will be allowed to bring their supporter (whoever they wish) and have a conversation in front of one or two restorative justice facilitators/practitioners. Before attending the circle, both parties must develop a list of their needs and expectations and set SMART goals (Specific, Measurable, Attainable, Realistic, and Timely/Time-bound).

- Both parties, the restorative justice facilitators/practitioners and the anti-racism task force will work collaboratively with community organizations to meet the desired needs of the two parties.

By September 2023, practice partner site leaders will be able to:

Develop and operate a restorative justice program accordingly adapted from and following the guidelines provided by the Canadian Intergovernmental Conference secretariat outlined in the *Principle and Guidelines for Restorative Justice in Criminal Matters (2018)* document. <https://scics.ca/en/product-produit/principles-and-guidelines-for-restorative-justice-practice-in-criminal-matters-2018/#fn4>.

#### *The Policy*

The anti-racism policy must adapt and follow the restorative justice's purpose, philosophy, principles, legal safeguards, and guidelines outlined in the Canadian Intergovernmental Conference secretariat website titled *Principle and Guidelines for Restorative Justice in Criminal Matters (2018)*. <https://scics.ca/en/product-produit/principles-and-guidelines-for-restorative-justice-practice-in-criminal-matters-2018/#fn4>

#### *The Procedure*

Nursing managers and practice partner site leaders will:

- Hire or train and involve a restorative justice facilitator/practitioner in their anti-racism task force. A restorative justice facilitator/practitioner's hiring or training process must be adapted from and follows the guidelines provided in the *Guidelines for selecting and training RJ facilitators* section of the *Principle and Guidelines for Restorative Justice in Criminal Matters (2018)* document. <https://scics.ca/en/product-produit/principles-and-guidelines-for-restorative-justice-practice-in-criminal-matters-2018/#fn4>.

- Work with the anti-racism task force (including administrative personnel, workers' union representative, BIPOC nursing representatives, a BIPOC patient representative, and the community's Indigenous leader) in developing an acceptable racism-related complaint process (for institutionalized/systemic and personally-mediated racism).
- The anti-racism policy and procedure must incorporate robust educational anti-racism opportunities to allow the offender/s to learn and reflect on their racist actions and promote/incorporate these learnings in their personal and professional well-being.
- Suppose the racism complaint was proven to be institutionalized/systemic. In that case, the aforementioned personnel who are members of the anti-racism task force should make the general public become aware of its existence (ex. through a monthly newsletter, email announcements, showing it on television screens installed inside or outside the facility, etc., if appropriate) and work collaboratively to come up with culturally-congruent and professional ways on how to address it.
- Suppose the aforementioned task force personnel investigated a complaint/incident and proved it as a personally-mediated racist act. In that case, the following measures must be implemented based on a restorative justice approach.

Note: The task force personnel investigating the complaint/incident must sign a privacy and confidentiality agreement to protect the offender and the victim.

1. The offender will receive coaching sessions from the organization's head (president or nursing manager) or designated counseling personnel and additional anti-racism training from an appointed nurse educator with great knowledge and expertise on anti-racism movements/ideologies (including a mandatory reflective journal/narrative, which will be reviewed by the nursing instructor and RJ facilitator/practitioner and stored in a safe storage site decided by the anti-racism task force). The coaching session and anti-racism training must be finished within a month after announcing the task force's confirmation on the nature of the complaint (whether it's a racist act or not).
  2. The offender and the victim will be provided with invitation letters from the restorative justice facilitator/practitioner to meet in a circle face-to-face (or any way necessary that both parties agreed to do). The letters can be sent to both parties after one month. Participation must be voluntary. In the circle, both parties will be allowed to bring their supporter (whoever they wish) and have a conversation in front of one or two restorative justice facilitators/practitioners. Before attending the circle, both parties must develop a list of their needs and expectations and set SMART goals (Specific, Measurable, Attainable, Realistic, and Timely/Time-bound).
- Both parties, the restorative justice facilitators/practitioners and the anti-racism task force will work collaboratively with community organizations to meet the desired needs of the two parties.



# LIMITATIONS OF THE STUDY

The author found multiple limitations in this study. First, small study size. Due to changes in leadership, long ethics application processes in some universities, lack of faculty support due to unknown reason, and miscommunication, not all students from all 67 university partners of CNSA were able to participate in this study. Second, the anonymity design prevented analysis of which schools participated, thus it is unclear if the examples are representative of schools across Canada. Third, its qualitative study design. The data gathered are personal and subjective. Lastly, the author failed to fully explore intersectionality that goes along with racism that BIPOC nursing students face in nursing schools.



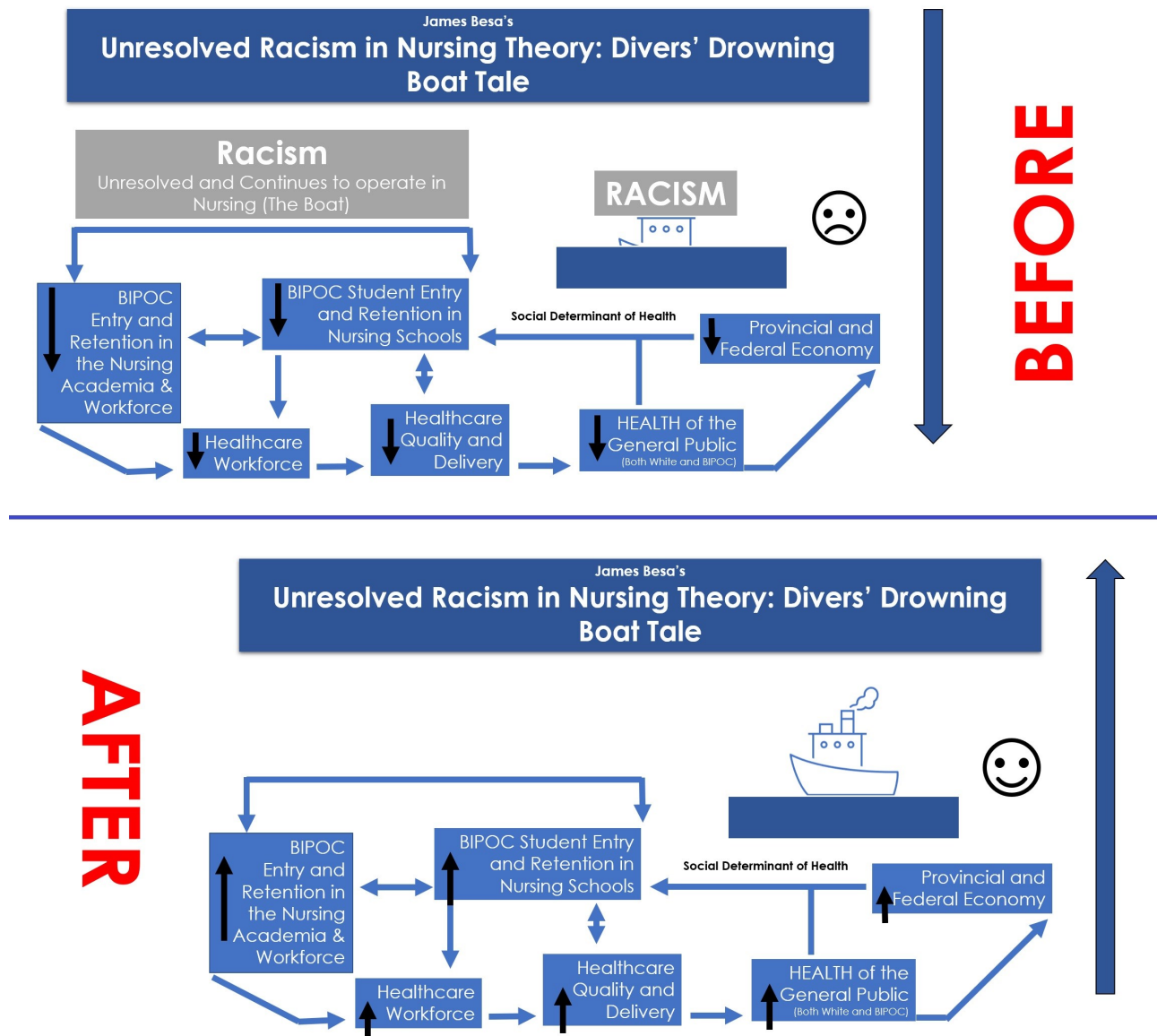
# CONCLUSION

Racism affects the health and wellbeing of BIPOC nursing students and nurses in Canada. The exploration and analysis of racism in nursing schools and healthcare settings are critical in addressing the underrepresentation, recruitment, and retention of BIPOC nursing students and nurses in academia and workforce (Jefferies et al., 2019; Premji & Etowa, 2014; Phillips & Malone, 2014; Jefferies et al., 2018; Hamzavi, 2021). In the literature review, the author found a minimal number of literature specific to the experiences of Canadian undergraduate nursing students in different levels of racism such as institutionalized, personally mediated, and most especially, internalized. Hence the need to explore the levels and patterns of racism experienced or witnessed by undergraduate nursing students across Canada. Participant responses demonstrated that Canadian undergraduate nursing students experience different levels of racism in Canadian nursing schools, spot safety and educational development concerns, and are eager to fight racism in Canadian nursing schools. Anti-racist recommendations were provided in this report to inspire nursing student leaders, faculty members, nursing school heads, administrative personnel, and practice partner site leaders to fight racism that is negatively impacting the health and well-being of nursing students in nursing schools and practice partner sites across Canada.



# UNRESOLVED RACISM IN NURSING THEORY:

DIVERS' DROWNING BOAT TALE



In this theory, imagine that we are all divers in a drowning boat. In this boat, racism and its interrelated effects add a lot of weight to the boat, which causes it to drown. The downward arrows signify the downward motion of the boat and our decreasing chances of surviving and evolving. With unresolved racism in nursing, there will be a decrease in the BIPOC's entry and retention in the nursing academia & workforce and a decrease in BIPOC student entry and retention in nursing schools. This will lead to a decrease in BIPOC healthcare workers, globally affecting the workforce. The issue on the healthcare workforce then lead to a decrease in healthcare quality and delivery, which will compromise/ decrease the health of the general public (both White and BIPOC individuals in Canada). The decrease in the health of the general public leads to a decline/decrease in both provincial and federal economy, which then affects the entry and retention of nursing students of Color in nursing schools due to the social determinants of health correlated with low income and poor economy, repeating the destructive cycle.

Now, if we remove racism and resolve or address the issue related to it, the boat will rise up, which increases our chances of surviving and evolving.





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# APPENDICES

# Appendix A

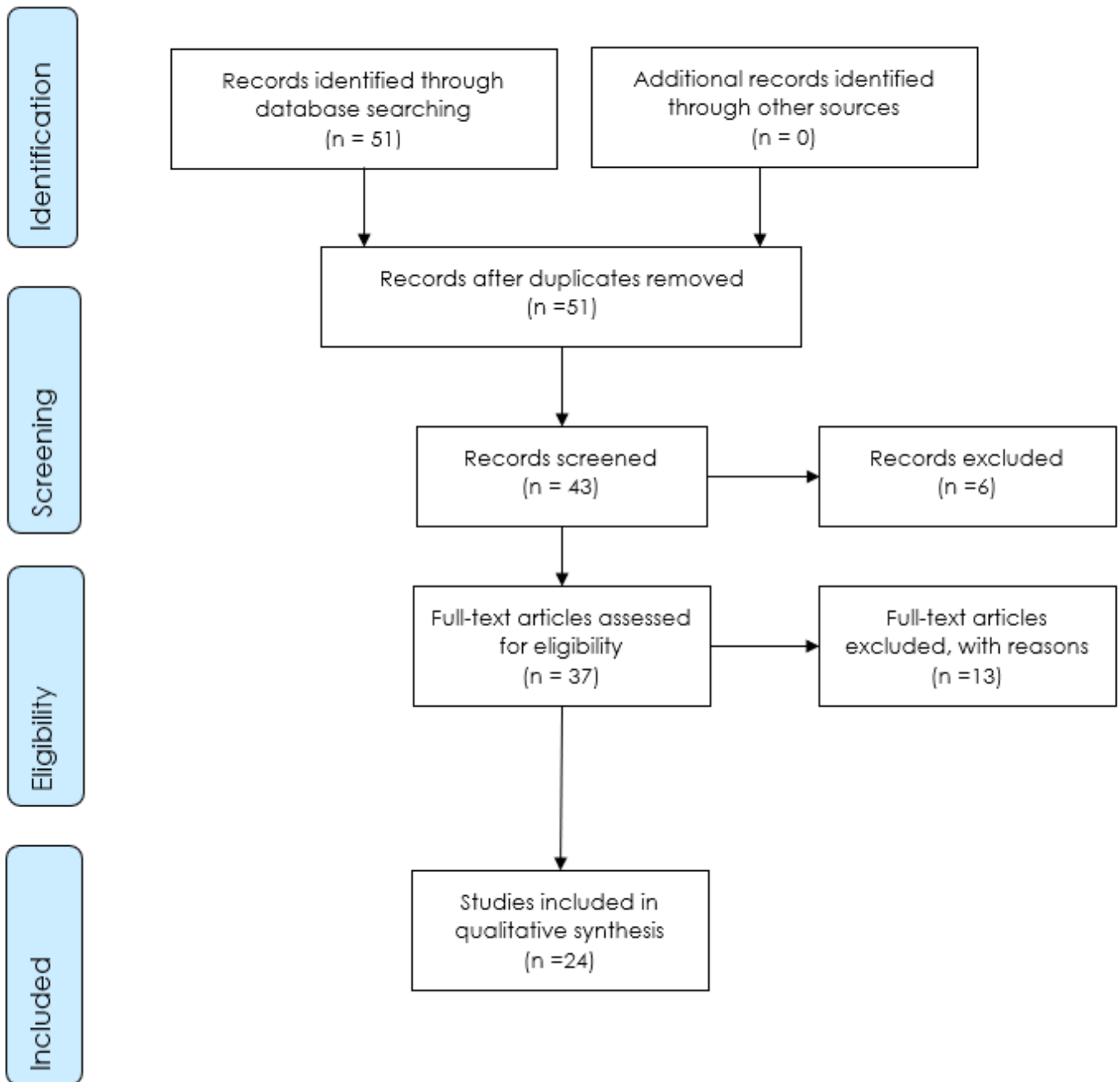
## Criteria of Inclusion/Exclusion

<b>Criteria of Inclusion</b>	<b>Criteria of Exclusion</b>
<ul style="list-style-type: none"><li>• Published articles since 2011</li><li>• Published in the English language</li><li>• Databases: CINAHL &amp; MEDLINE &amp; PubMed &amp; Google Scholar</li><li>• Systematic reviews, meta-analysis, narrative reviews</li><li>• All age groups, Nursing students, Nurses, Black, Indigenous, People of Colour, Healthcare Providers, Nursing Managers, Nursing Leaders, Health Care Settings (acute, long-term care &amp; community).</li><li>• Search strategy: 'racism in Canada' and or 'racism in the Canadian society' and or 'racism in Canadian nursing schools and healthcare settings' and or 'effects of racism in the health of nursing students' and or 'nursing school' and or 'institutionalized racism' and or 'personally-mediated racism' and or 'internalized racism' and or "nursing leadership in Canada" and or "BIPOC nursing leadership".</li></ul>	<ul style="list-style-type: none"><li>• Sources before 2011</li><li>• Grey literature, conference proceeding.</li><li>• Not peer reviewed</li><li>• Studies not reporting any outcomes.</li><li>• Government documents (bills, regulations, Acts/Statutes, Statistical data, and guides).</li></ul>



# Appendix B

## Prisma Flow Diagram



# Appendix C

## Literature Review Outline

Author/ Year	Sample	Purpose	Methods	Results	Limitations
Robertson (2017)	22 participants. 11 to 14 years old; racial affiliations were Black/African American (10), White (6), two or more races (4), and Hispanic/Latino (2).	To determine if internalized racism is a barrier to academic achievement perceived by middle school students in a community school program.	The researcher interviewed the 22 participants in this phenomenological qualitative study.	Racial environment, teacher-student relationships, and racial affiliation affect academic achievement, and internalized racism was a barrier to academic achievement.	<ul style="list-style-type: none"> <li>• The results were self-report and could have included exaggeration, selective memory bias, or dishonesty.</li> <li>• Randomly selected participants and represented only one middle school program.</li> <li>• Potential for researcher bias due to the qualitative nature of the study.</li> <li>• Data lack generalizability due to the qualitative nature of the study.</li> <li>• Construction of the study questions focused on race and may have drawn a biased sample.</li> </ul>
Lester et al. (2020)	Forty-six articles met inclusion criteria; of those, 36 articles included clinical photos of COVID-19-related skin lesions for a total of 130 images. The researchers obtained permission to use 116 of those images in their publication.	To examine skin color representation in publications of COVID-19 skin manifestation.	Researchers completed a systematic literature review. A board-certified dermatologist with expertise in diagnosing and treating patients with skin of color evaluated each of the images and categorized them based on Fitzpatrick type I–VI.	There are no published photos of the cutaneous manifestations in dark skin (Fitzpatrick type V or VI).	<ul style="list-style-type: none"> <li>• Subjective assessment of skin type from a photograph.</li> <li>• Lighting conditions may have made dark skin look lighter, which may have led to some misclassification across one or two skin types. However, the authors said that it is unlikely that lighting issues alone would result in skin types V or VI appearing as skin type I–III.</li> </ul>
Foronda et al. (2017)	The authors examined 2,035 body parts and 395 full-sized manikins within simulation catalogs/brochures distributed at an international simulation conference	To formally examine the presence of racial diversity in simulation product advertisements.	The authors employed quantitative, descriptive design research. In 2016 international, multi-disciplinary simulation conference held in the United States, the authors systematically obtained simulation brochures/catalogs from every booth offering them. Then, they used standardized grids to record the data from the brochures.	94% of the body parts displayed were White, and 6% were Black. Of the manikins, 94% were White, and 6% were Black, a disproportionate representation of the population.	There was no actual framework used to categorize different colors of skin (such as the Fitzpatrick type I–VI) except that the manikins were categorized as Black (included tan, brown, or black skin) and White (included fair or light skin). Subjective assessment of skin.

Author/Year	Sample	Purpose	Methods	Results	Limitations
Jefferies et al. (2018)	A review of the literature on Black nurses as leaders in health care.	To explore the invisibility and underrepresentation of Black nurses in formal and informal leadership roles using a Black feminist post-structuralist framework.	The review of literature involved a search of electronic databases including CINAHL, NovaNet, PubMed, and Google Scholar	Experiences of discrimination and oppression was common throughout nursing education and in practice among Black nurses, resulting in feelings of marginalization and isolation	<ul style="list-style-type: none"> <li>Although the researchers did not mention any limitations in their study and reference list is, I see the use/examination of old (but not too old) research works as examples in this literature as a limitation.</li> <li>Only limited to Black nurses.</li> </ul>
Hamzavi (2021)	8 BIPOC nurses who were either current graduate students or had graduated from a graduate program in the past five years from a Canadian nursing school	The researcher examined the experiences of BIPOC graduate nursing students as they navigated white academic spaces	The researcher interviewed 8 BIPOC nurses in this study using narrative inquiry, epistemologically guided by critical constructivism and theoretically underpinned by Critical Race Theory.	<ol style="list-style-type: none"> <li>Participants demonstrated their desire to diversify nursing leadership in the academy and clinical spaces to better represent and respond to the healthcare needs of BIPOC.</li> <li>The author recommended the need for Schools of Nursing to acknowledge their colonial and racist underpinnings; the need to diversify nursing faculty and the graduate nursing student population; and the need to conduct audits of nursing curricula and syllabi to ensure they reflect the multitude of ways of knowing beyond Eurocentric and Western knowledge</li> </ol>	<ul style="list-style-type: none"> <li>The author's experiences as a BIPOC graduate student may have influenced how the author interpreted white academic spaces during data analysis.</li> <li>The potential discomfort that participants may have felt in discussing their experiences which may have prevented them from sharing their experiences in an in-depth way</li> <li>The interviews were conducted virtually due to COVID-19, which presented as a limitation as it took away from the understanding of body language that is possible with in-person interviews.</li> </ul>

Author/Year	Sample	Purpose	Methods	Results	Limitations
Turpel - Lafond (2020)	Nearly 9,000 voices helped shape the Review findings	To investigate the "Price is Right" allegation and to examine Indigenous-specific racism – and in particular, systemic racism – in the BC health care system	The research data were collected through surveys, email and toll-free phone submissions, and stakeholder interviews. Indigenous and non-Indigenous methodologies were used, including a multitude of quantitative and qualitative data sources, and followed established Indigenous data governance principles and processes.	<ul style="list-style-type: none"> <li>Widespread Indigenous-specific stereotyping, racism, and discrimination exist in the BC health care system.</li> <li>Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in BC.</li> <li>Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.</li> <li>Current public health emergencies magnify racism and vulnerabilities and disproportionately impact Indigenous peoples.</li> <li>Indigenous health care workers face significant racism and discrimination in their work and study environments.</li> <li>Current education and training programs are inadequate to address Indigenous-specific racism in health care.</li> <li>Complaints processes in the health care system do not work for Indigenous peoples.</li> <li>Indigenous health practices and knowledge are not integrated into the health care system in a meaningful and consistent way.</li> <li>There is insufficient integration or "hard-wiring" of Indigenous cultural safety throughout the health care system.</li> <li>Indigenous structures and roles in health decision-making need to be strengthened.</li> <li>There is no accountability for eliminating Indigenous-specific racism in the BC health care system, including system-wide data and monitoring of progress.</li> <li>The author recommended the inclusion of healthcare educational institutions in the development of anti-racism initiatives.</li> </ul>	The review only incorporates and explores Indigenous-specific racism in British Columbia and does not involve other members of the BIPOC population.

Author/Year	Sample	Purpose	Methods	Results	Limitations
Gulliver (2018)	The author reviewed four guides	To examine denials of racism in Canadian citizenship guides produced for new immigrants to Canada.	The author used critical discourse Analysis method in this study to identify how the guides position Canada and Canadians in terms of historical or contemporary racism and how the representations in the guides reproduce or challenge racist discourses.	Citizenship guides routinely distance Canada from racism both past and present while implying that some newcomers may lack Canadians' multicultural perspective and commitment to gender equality	Even though the author didn't mention any limitation in this article, I see the use/examination of old guides as a limitation since there is already a new version of <i>Discover Canada: The rights and responsibilities of citizenship</i> document.
Zanchetta et al. (2021)	Eight individuals. Seven authors from the nursing profession with diverse professional identities and 1 French-born sociologist.	To present the outcomes of a reflective process on racism in nursing education and practice in Toronto and Paris.	The authors used the reflective method of research in this study. The reflections are organized as a systematic description of facts, noted feelings, appraisal of issues, analysis of learned lessons, and lead to recommendations for nursing education and practice.	According to the author, the increased awareness of racial negligence within a clinical setting can instigate change and allow nursing professionals to advocate for more culturally sensitive care for a multicultural clientele.	Even though the author didn't mention any limitations in this article, I see the potential researcher bias due to the qualitative nature of the study (data are from the real-life personal accounts of the researchers) as a limitation.
Premji & Etowa (2014)	Data from Statistics Canada's 2006 Census were analyzed.	To develop a diverse profile of the nursing workforce in Canada and its major cities	The authors cross-tabulated aggregate data from Statistics Canada's 2006 Census. They examined the distribution of visible and linguistic minorities, including visible minority subgroups, among health managers, head nurses, registered nurses, licensed nurses and nurse aides for Canada and major cities as well as by gender.	<ul style="list-style-type: none"> <li>• In Canada and its major cities, visible and linguistic minorities, women, in particular, were under-represented in managerial positions and over-represented in lower-ranking positions.</li> <li>• Blacks and Filipinos were generally well represented across nursing professions; however, other visible minority subgroups lacked representation.</li> </ul>	<ul style="list-style-type: none"> <li>• The use of visible minority categories such as 'Black' has inherent limitations in that these categories may group very different populations.</li> <li>• The authors don't have disaggregated data on linguistic minorities.</li> <li>• The authors weren't able to distinguish between part-time and full-time nurses, and between nurses who work in different types of establishments.</li> <li>• The authors mentioned that care must be taken when interpreting results in the context of patient-provider ethnic or linguistic matching as their analyses compared the composition of the nursing workforce with that of the labour market, defined as individuals aged 15 years and older, and not to that of the population as a whole.</li> </ul>

Author/ Year	Sample	Purpose	Methods	Results	Limitations
Sjoding et al. (2020)	The authors analyzed 10,789 pairs of measures of oxygen saturation by pulse oximetry and arterial oxygen saturation in arterial blood gas obtained from 1333 White patients and 276 Black patients in the University of Michigan cohort and 37,308 pairs obtained from 7342 White patients and 1050 Black patients in the multi-center cohort	To explore the unknown clinical significance of potential racial bias in pulse oximetry measurement.	The authors tested for occult hypoxemia (i.e., an arterial oxygen saturation of <88% despite an oxygen saturation of 92 to 96% on pulse oximetry) among patients who identified their race as Black or White.	According to the authors, Black patients had nearly three times the frequency of occult hypoxemia that was not detected by pulse oximetry as White patients.	Even though the author didn't mention any limitation in this article, other known reasons (skin thickness? temperature? use of nail polish? etc.) for getting inaccurate pulse oximetry reading can be part of the limitations other than the provided criteria the authors have set for a low level of peripheral perfusion, which can affect the accuracy of oxygen saturation values.
Ackerman-Barger & Hummel (2015)	Seven nursing professionals were interviewed.	To explore the educational experiences of nurses during their life journeys.	Through narrative inquiry, the authors interviewed nursing students of color to capture their educational experiences. The approach is based on the basic storytelling element of Critical Race Theory (CRT) and Critical Race Theory In Education (CRTE).	Two themes emerged from the data: Experiences of Exclusion and Benefits of Inclusion	Even though the authors didn't mention any limitations in this article, I see the research design, which is qualitative in nature (personal and subjective data), as a limitation.
Iheduru-Anderson & Wahi (2018)	Six Nigerian Internationally Educated Nurses were interviewed.	To characterize the facilitators and barriers to the transition of Nigerian IENs (NIENs) to the United States health care setting	The researchers used a descriptive phenomenology approach to interview the 6 NIENs about their transitional experiences in the United States.	Three major themes emerged from the participants' stories: <ul style="list-style-type: none"> <li>• Fear/anger and disappointment (racism, bullying, and inequality)</li> <li>• Road/journey to success/overcoming challenges (resilience)</li> <li>• Moving forward (Personal growth)</li> </ul>	The study took place in the US, which means that things might be different in the Canadian context.
Hassouneh & Lutz (2013)	23 Faculty of Color (FOC) in predominately Euro-American schools of nursing	The authors aim to address the gap regarding the influence of FOC on school cultures.	The researchers interviewed the participant, and grounded theory analysis was used.	<ul style="list-style-type: none"> <li>• FOC having influence is a key process that explicates the influence FOC wield, exposing their work, which is often taken for granted, hidden, and unacknowledged.</li> <li>• In addition, FOC having influence is related to the (1) survival and success of students and FOC and (2) shaping practices in schools of nursing and impacting health in communities.</li> </ul>	The intersectionality between individual factors such as race, ethnicity, gender, class, disability, sexual orientation, or others were not specifically explored by the researchers, so they were unable to explain how such factors may have affected FOC influences.

Author/ Year	Sample	Purpose	Methods	Results	Limitations
David et al. (2019)	123 articles were included in this systematic literature review.	To better understand what is currently known in psychological works that focus on internalized racial oppression, what the recent surge in scholarship has contributed, and where the research and service gaps are in order to identify areas for future growth.	The researchers conducted a systematic literature review of psychological work on internalized racial oppression.	Psychological attention on internalized racism seems to be increasing, and there have been some exciting conceptual and empirical developments.	Even though the authors didn't mention any limitations in this article, I see the use of old research articles as a limitation since these findings may not be relevant in the present situations.
Huria et al. (2014)	15 narratives of Māori registered nurses were analyzed in this study.	To explore the experience and impact of racism on Māori registered nurses within the New Zealand health system	The narratives of 15 Māori registered nurses from a larger research project investigating the experiences of indigenous health workers in New Zealand and Canada were analyzed to identify the effects of racism.	Māori, the indigenous people of Aotearoa New Zealand, registered nurses experienced racism on institutional, interpersonal, and internalized levels, leading to marginalization and being overworked yet undervalued.	<ul style="list-style-type: none"> <li>• Study sample was limited to one particular group of Indigenous nurses; findings cannot be generalized to other groups and contexts.</li> <li>• The research design, which is qualitative in nature (personal and subjective data about racism), is a limitation.</li> </ul>
Roberson & Pieterse (2021)	140 graduate and undergraduate students of Color participants were included in the study.	To examine the relation between internalized racism and self-esteem in a sample of students of color while controlling for depressive symptoms	The researchers recruited the students to complete an online survey through use of flyers and announcements in classrooms of a large Northeastern university, and emails to professional and graduate school listservs across the US.	The researchers found that internalized racism was inversely related to self-esteem when controlling for depressive symptoms, with the devaluation of one's racial group being the largest contributor to this relation.	<ul style="list-style-type: none"> <li>• According to the researchers, the student sample may have received coursework examining societal issues and reflected on their own experiences with racism, resulting in lower endorsements of internalized racist beliefs.</li> <li>• The participants are from the US, which means that things might differ in the Canadian context.</li> </ul>
Sosoo et al. (2020)	157 Black college students attending a predominantly White institution	To examine whether internalized racism moderated the association between racial discrimination and anxiety symptom distress	Participants completed an online and paper questionnaire, including the measures in this study during individual and group survey administrations lasting approximately 1 hour.	There is a positive association between racial discrimination and subsequent anxiety symptom distress for individuals with moderate and high levels of internalization of negative stereotypes and hair change.	According to the researchers, the study did not have a large enough sample to examine within-group ethnic or gender differences, such as other members of the BIPOC population.
Brown et al. (2016)	156 African Americans that were currently attending college.	To investigate the relationship between internalized racial oppression, higher education values, academic locus of control, and gender among a sample of African Americans.	Participants were recruited and asked to answer a questionnaire from a larger sample of 315 African Americans participating in a separate study on career aspirations.	Greater internalized racial oppression correlated with a lower valuing of higher education and a more external academic locus of control.	The study sample was limited to African Americans in the US only, which means that things might be different in the Canadian context.

Author/Year	Sample	Purpose	Methods	Results	Limitations
Blakesley (2016)	13 self-identified Black/African-American women were interviewed regarding their experiences.	To address the research question, how do African American/Black Women unlearn internalized racism and understand the relationship between internalized racism and racial identity development	Participants were interviewed in this qualitative study.	Internalized racism causes long term behavioral and psychological effects for the Black women in this study, and partially supported existing literature on racial identity development models	The study sample was limited to Black/African-American women in the US only, which means things might be different in the Canadian context.
Willis et al. (2021)	171 African American young adults participated in this study.	To examine the longitudinal impact of internalized racism on psychological distress (depressive and anxiety symptoms) and the moderating role of racial identity beliefs among the participants	Using the Internalized Racial Oppression Scale (IROS), a 28 - item self-report measure, the participants were asked to rate their agreement with several statements using a 5-point Likert-type rating scale from 1 (strongly disagree) to 5 (strongly agree).	Over time, internalized racism and racial identity beliefs can combine to influence the psychological well-being of African American young adults.	<ul style="list-style-type: none"> <li>• Some of the subscales in the internalized racism measure had low-reliability scores.</li> <li>• Study sample was limited to Black/African-American young adults only and did not represent other members of the BIPOC population.</li> </ul>
Garvey (2019)	A review of literature that examines the concept of internalized racism	To examine the concept of internalized racism and its influence on Black college students' mental health and academic achievements	The author reviewed existing literature that concerns internalized racism.	The author was able to detail the extensive psychological and emotional effects of internalized racism on Black students at the college level	The author only explored the influence of internalized racism in Black (mostly Americans) college students and did not represent other members of the BIPOC population.
Muñoz, (2016)	30 Mexicans who had resided at least two years in Toronto, Canada	To show the discourse around the Canadian experience and its influences on labor integration from the point of view of the subjectivity of qualified Mexican migrants.	The researcher interviewed the participants in this qualitative study.	The 'Canadian experience' reveals practices of marginalization in access to Toronto's labor market that is produced and reproduced as part of a discourse that insists that "there's no racism in Canada."	<ul style="list-style-type: none"> <li>• The study participants are all Mexicans in Toronto, Canada, and do not represent other members of the BIPOC population.</li> <li>• The study design is qualitative in nature (subjective data from participants).</li> </ul>
Bewer et al. (2020)	A review and summary of the literature.	To explore the relevance of Indigenous perspective within the nursing profession and the importance of weaving these perspectives into nursing education.	The researcher reviewed and summarized existing documents, studies, and approaches related to Indigenous perspectives within the nursing profession and the importance of weaving these perspectives into nursing education.	The authors suggested that Indigenous perspectives can support the nursing's (profession/ education) core ethical values of relationality and holism and may hold representational and transformational possibilities for students and educators alike. Also, the authors provided examples of Canadian schools of nursing that have already begun the process of decolonizing their programs and concluded that describing some of the challenges and considerations that may arise when Indigenous perspectives and approaches are considered for inclusion into nursing education programs.	<ul style="list-style-type: none"> <li>• The study design is qualitative in nature</li> <li>The focus is only given to</li> <li>• Indigenous peoples in Canada and does not represent other members of the BIPOC population.</li> </ul>

Author/Year	Sample	Purpose	Methods	Results	Limitations
Alicino (2017)	There are 100 participants in this study.	To explore the relationships among internalized racism, sense of belongingness, and academic achievement among Black college students.	The participants were asked to answer a combination of researcher-developed demographic survey and four Likert scales were to measure the variables in the study and were compiled to form one survey on Qualtrics, a commercial internet survey tool.	The author said that the indirect effects of internalized racism on academic achievement via self-efficacy were not statistically significant.	The participants are all Black American college students and do not represent other members of the BIPOC population.



## Author's Poetic Thought

This poem portrays the authors' professional and personal growth after making this report.

### *The Great Migration*

*Education is writing,  
Writing is education.*

*Writing is both revolutionary and evolutionary  
A piece can change the perspective and destiny of a nation, a  
continent, a kind.*

*Our voice in writing has changed ...  
And it will continue to change.*

*Start writing to start your change, your move.  
Your move may be the start of a movement.*



Undergraduate  
**Nursing Student**



CNSA  
AEIC

Selkirk  
College



University  
of Victoria