

Re: Turning the gaze: Racialized nurses' insights into their nursing education in Canada.

by

Andréa Monteiro
BSN, University of Victoria, 2007
MN, University of Victoria, 2009

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of the Requirements for the Degree of

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Supervisory Committee

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Dr. Carol McDonald, School of Nursing, University of Victoria
Supervisor

Dr. Marjorie McIntyre, School of Nursing, University of Victoria
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Abstract

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In Canada, nursing education and practice are enacted in the context of a white settler nation-state. As part of their mandates, nursing schools uphold concepts such as multiculturalism, equity, and diversity; however, studies in North America reflect that the reality contradicts these directives and suggest that nursing schools are hegemonic white spaces. This study challenges this white hegemony through the gaze of racialized nurses. Through in-depth interviews, ten self-identified racialized nurses shared narratives looking back at their experiences in nursing school, and their accounts indicate how they faced the complexities of learning within environments where systemic racism is enacted.

Using a women of colour feminist approach, this study asked the following question: *What are the experiences of racialized nurses in nursing education programs in Canada?* Intersectional analysis was used to examine and address the multiplicity of experiences that emerged from the interviews. Racialized nurses' narratives reveal complex experiences with the following prevailing themes: Othering, the white gaze, navigating white spaces, accent as marker, always proving myself, and racism impacting health. Beyond racism, participants' experiences were also affected by the intersection

with other markers of difference while in nursing school, such as gender, religion, class, and age. Participants identified that they were seen through a white gaze while in nursing school and engaged with this study as an opportunity to challenge and resist the systemic structures of racism they encountered. The findings point to the reality that nursing schools are permeated by systemic structures of white privilege and racism, due to a legacy of colonialism and imperialism, and those structures have a severe impact on racialized students. Furthermore, this study indicates the need for critical evaluations of nursing schools, and to challenge the enactment and maintenance of racist practices of exclusion and marginalization of racialized students.

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Page (35): Photograph taken by Adrian Lam, from the Times Colonist.
Photograph legend: Indigenous women and supporters march down Government Street to the legislature grounds last year to honour the hundreds of missing and murdered aboriginal women known as the Stolen Sisters. Retrieved on February 16, 2018 from: <http://www.timescolonist.com/news/national/hundreds-march-in-victoria-vancouver-for-missing-and-murdered-women-1.1763590>

Acknowledgments

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Marielle Franco, Presente!¹

¹ *Marielle Franco não será esquecida e sua voz florescerá!* Marielle Franco will not be forgotten and her voice will flourish!

Dedication

Para minha mãe Francinete e minha filha Vitória: nosso vínculo de amor é eterno.

To my mother Francinete, and my daughter Vitória: our loving tie is eternal.

#SayHerName

To maintain their anonymity, I chose to name each participant in this study with the first name of ten missing and murdered women across Canada, to denounce the settler colonial context in which nursing education is still located to this day. Throughout this dissertation, we will say their names² over and over, to honour and remember these women³.

Angel Carlick, 19, YT, Murdered

Mary Nancy Goodfellow, 67, SK, Missing

Flora Muskego, 22, MB, Murdered

Leona Brule, 19, NT, Missing

Della Ootoova, 46, NU, Murdered

Gloria Moody, 27, BC, Murdered

Sonya Cywink, 32, ON, Murdered

Shannon Alexander, 17, QC, Missing

Rowena Mae Sharpe, 38, NB, Murdered

Freda Goodrunning, 35, AB, Murdered

² #SayHerName is a social movement created by the African American Policy Forum (AAPF) to raise awareness of black women victims of police brutality and seeming anti-black violence in the United States. <http://www.aapf.org/sayhername/>

³ Appendix I brings the story of each woman here honoured and remembered. 306 missing women are reported throughout the country, according to the CBC's special article: Missing & Murdered: The Unsolved Cases of Indigenous Women and Girls. <http://www.cbc.ca/missingandmurdered/>



Re: Turning the gaze

The borderlines of visibility and invisibility are fluid

We are seen and invisible at once

our voices echo resembling silence

screaming in the void

where cry meets indifference

when seen

constructed by the gaze of the other

who looks down on us

a fabricated reality

we're not part of this creation

from the margins

we look within, returning to ourselves

co-creating a story that has long been silenced

and strengthened by our collective narrative, we resist

re: turning the gaze

Chapter One: Introduction

Not only will I stare. I want to look to change reality. bell hooks (1992)

A Glance

To hooks (1992), the gaze has always been political. Much of the contemplation about nursing theory, curricula, and education has been done by scholars, teachers, and policy makers through a white gaze. Puzan (2003) asserts that, “the challenge for nursing, in all of its identities and positions, is to engage in the exposition, critique, and resistance needed to dismantle the structural and functional representations of unbearable whiteness” (p.199). Ten committed racialized nurses from diverse backgrounds took the time from their busy lives and work in the Canadian healthcare frontline, to revisit their experience, critique systemic racism, and resist whiteness in nursing. These nurses’ accounts contradict the notion that in this white settler nation-state, nursing schools are multicultural, equitable, and diverse spaces. Throughout this study, racialized nurses are returning the gaze to look closely at systems of oppression and discrimination that permeated their experience while in nursing school. hooks (1992) insists that even in the worse positions of domination, the ability to direct one’s gaze despite structures of dominance that contain it creates the possibility of agency. These nurses intended more than to stare, but to act to change the reality of nursing education in Canada. Together, they construct a different narrative and provide an oppositional gaze about what it is to be a nursing student in a Canadian school, “not as a second-order mirror held up to reflect what already exists, but as that form of representation which is able to constitute us as new kinds of subjects, and thereby enable us to discover places from which to speak”

(Hall, 1990, p. 237). This is a study regarding turning the gaze⁴ to look deeply at whiteness in Canadian nursing schools. But first, I will locate myself.

Situating Myself

I am a woman with a foot in both worlds; and I refuse the split. I feel the necessity for dialogue. Sometimes I feel it urgently. Cherríe Moraga (1993)

When repeatedly interrogated about where am I from, I usually find myself answering that I am from Brazil, living in Canada for the past 19 years. Moraga's (1983) dialogue between the mixed-identities of the self resonates deeply with my own experience. I am a woman from the south living in the north, thus I navigate through distinct, at times opposing worlds, and enact multiple constructed identities. My identities shift and change over time and across geographic location, depending on where I am located: Brazil or Canada; I hold both countries' citizenships. I sometimes feel that I am in a permanent in-between stage. I grew up in a middle-class family in the northeast, so I am a *Nordestina*⁵. Through a history of colonialism and slavery, my homeland holds the convergence of Indigenous⁶, Black Slaves and European settlers, my ancestors. In Brazil, I was not initiated in a tradition to orally pass on our ancestry; therefore, in search for a better understanding of my hybrid-self, I did a DNA test and these are the results from my matriarchal lineage: 42 % Mediterranean, 29 % Northern

⁴ The title of this dissertation was inspired by Himani Bannerji's (1995) chapter titled *Re:turning the Gaze/ An Act of Dissociation: The Private and the Public Self*.

⁵ *Nordestinos* are those from the northeast of Brazil. This term does not only refer to where I was born but it can be loaded with a pejorative connotation within the Brazilian context. *Nordestinos* are considered the "dregs of society." Many *Nordestinos* have left the dry and miserable life in the northeast to make up most of the population of the *favelas* (shantytowns) in cities like Rio de Janeiro and São Paulo. *Favelas* are usually found in urban areas of big cities; they are places of irregular occupation and often lacking public services such as hydro and sewage.

⁶ Adams et al. (2016) state that language is evolving and changing; language is in flux, as different terms are contested and constantly being redefined by groups seeking justice. Thus, in this paper I will refer to Aboriginals and First Nations as Indigenous peoples in the Americas.

European, 15 % Southwest Asian, 7% Native American, and 6% Sub-Saharan African. As my results exemplify, some Brazilians are of very mixed heritages. I suppose that it became important to inquire about my ancestry because while living in this nation-state, Canada, I am asked where “am I from?” on a daily basis, so much that I found myself questioning: when did I become a Latino⁷, a woman of colour?⁸ Did I always see myself this way? What does it mean to be a Latino woman in Canada? As I try to understand the multiple layers of identity that shape my life (Rojas, 2009), I wonder what other nurses of colour⁹ have to say about their experiences. For example, in my undergraduate nursing classes, I often became the Brazilian representative, the voice who speaks for *all* Brazilians, despite this being a very diverse group, as my DNA results attests to my mixed ancestry. Without asking, some made assumptions about my religion, believing that in Brazil *all* are from the Roman Catholic tradition. As I am constantly being characterized by others, I grapple daily with a sense of dis(location). Thus, confining questions such as “when *did* I become a woman of colour?” influence the way I live and work, and these have led me to wonder what others’ experiences might be.

Sometimes I get the feeling that even though I have lived in Canada for almost two decades, and held Canadian citizenship for 14 years, I will always be asked where I am from. However, many white people¹⁰ who ask me this question have been living in the

⁷ As noted by Adams et al. (2016), in Latin America, we do not describe ourselves as Latino or Hispanic, but by our country of origin or Indigenous group (e.g. Brazilian/Nordestina, Quechua, Guaraní, Uruguayan, Chilean).

⁸ Rojas (2009) argues that this term “of colour” denotes that race is still a mostly unexamined notion and emphasizes the long-lasting invisibility of whiteness. Rojas notes “race-identity markers most clearly tell us how certain communities are *not* white” (p. 11).

⁹ Throughout this document, the terms “racialized” and “of colour” are used interchangeably.

¹⁰ In this dissertation, the terms white people and Caucasian will be used interchangeably.

unceded Coast Salish territory¹¹ for less time than I have, and somehow, it is implicit in their question that I am the one who does not belong in the picture of this white settler nation-state, and through this questioning, they remind me over and over of the past and present legacy of colonialism in Canada, of who is a Canadian, and thus who is not. Young (2009) asserts that when we locate ourselves within the historical process of colonization we question how ideologies of superiority and inferiority play out in our daily experiences.

Living in this nation-state, I am at times gazed at or stereotyped as inferior, out of place, not belonging. This is hard to explain and to put into words, but certain interactions, very insidiously, put me in “my place.” For example, back when I was accepted into the nursing program, a Caucasian acquaintance rushed to say that her daughter (who was also in nursing school in another province) was doing a degree program and I would be doing a diploma program: “once you are working, you will do similar things, with a small difference in pay,” she added. That was not true, as we were both doing a Bachelor degree in nursing, but clearly to her, acknowledging that her daughter and I were in the same program somehow made her daughter’s degree inferior. That evoked some questions for me: would being in nursing school be a similar experience for different students? Who should naturally be in nursing school, thus who should not? It is a tone of voice, an intonation, the way you are looked at that puts one in a “lesser” category. The words are just words, they can even be well-meaning, but implied is the unspoken “how dare you?,” “who do you think you are?”

¹¹ For the past 19 years, I have worked and lived as a visitor on the traditional territory of the WS'ANEC' (Saanich), Lkwungen (Songhees), Wyomilth (Esquimalt) peoples of the Coast Salish Nation. I am from Recife, Pernambuco, Brazil, territory of the Caetés, from the Tupi people.

In Canada, with its colonial ideologies and systemic and institutionalized racism, I experience citizenship as a racialized¹² category differently from White Canadians.

Having said that, in Canada beyond race¹³, I also experience privileges, for example, of being able-bodied, heterosexual, cisgender, a PhD student, and an employable teacher/registered nurse. These social locators interact and intersect with each other, thus, my identity and experiences are multifaceted, and I can be located at both marginal and privileged spaces at the same time. Still, as hooks (1993) argues, living in a white-supremacist capitalist patriarchy, such as Canada, influences all aspects of your life, forms your sense of identity and how others perceive you. The sight of me evokes notions of hybridity, fluidity, and dislocation because the image of a Canadian is of someone who is white. I then became a hyphenated Canadian, depicting the colonizing historical roots of Canada as a white settler society (Dua & Robertson, 1999).

Bhattacharyya (2003) asserts that racism forces us, dark skinned women, to see ourselves through the gaze of those who torment and judge us. Furthermore, Bhattacharyya expounds broadly on the objectification of women of colour, drawing on Said's (2003) notion of Orientalism, history of claims of knowledge, through stories of the non-West by the West. As a racialized woman living in Canada and similar to Fanon (2008/1952), I find myself reflected in the mirror held by whiteness, where I am racialized as the exotic,

¹² To define racialization, sociologist Robert Miles (1989) states: "racialization is a dialectical process of signification. Ascribing a real or alleged biological characteristic with meaning to define the Other necessarily entails defining Self by the same criterion... The African's blackness therefore reflected the European's 'whiteness'" (p.75).

¹³ 'Race', to Castagna and Dei (2000), is a useful analytical and conceptual term, and many agree in its social construction (Montagu, 1962; Hall, 1986; Omi & Winant, 1994; Banton, 1998; Bonilla-Silva, 2006). Following Castagna and Dei (2000), in this study, the use of the concept of 'race' is not about the need to categorize people but create a critical anti-racist practice, "to make sense of and contribute to the elimination of racially constructed power relation" (p.21) in nursing education. We may have debates, amongst scholars, about the 'notion of race,' but there is agreement on the reality of racism in people's lives (Das Gupta, 2009).

the different, the flamboyant, and the sensual (Bhattacharyya, 2003; Hall 2009). As Caribbean feminist Jacqui Alexander (2005) asserts, we are not born a woman of colour, we become one.

It is common for faculty and students of colour to share their experiences of racialization (Anzaldúa, 1983a; hooks, 1994; Monture, 2009). I have answered questions from white peers about my experiences of racism in academia, only to hear back an astonished: “really? I had no idea.” Women from the margins are usually not surprised by my experience, for it is a shared experience. Different, yet similar. When racialized women meet there is an immediate understanding of what it is like to *be* racialized as inferior, and how difficult it is to contest hegemonic whiteness. To use Fanon’s (2008/1952) words: whichever way you live you are tormented; there is no way of escaping the gaze that has formed you, that has taught you how to see yourself. However, seated in the researcher’s chair, in this study I see myself in a liminal space between worlds; while it is impossible to blend into the white spaces in nursing, it is too painful, although inevitable, to be in the Other’s location; I am in the borderland¹⁴. Confronting questions about (dis)location and racism has become the impetus for this study and has led me to inquire about the experiences of others; I somehow place myself as a bridge¹⁵ between distinct, at times opposing, worlds.

¹⁴ For Anzaldúa (2012), “borders are set up to define the places that are safe and unsafe, to distinguish us from them. A border is a dividing line, a narrow strip along a steep edge. A borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition” (p. 25).

¹⁵ Inspired by Gloria Anzaldúa and the notion of being a bridge Entre Mundos/Among Worlds.

Purpose and Question

The purpose of this study is to develop a deeper understanding of racialized nurses' experiences of their nursing education in Canada. Here, nursing education and practice are enacted in the context of a white settler nation-state. Nursing education is immersed in the historical waters of imperialism and carries a legacy of colonization, despite Canadian nursing schools' mission statements being infused with multicultural, equality, and diversity mandates (Schroeder & DiAngelo, 2010). I argue that such claims of diversity do not represent actual everyday practices, and this is a problem. In this study, racialized nurses' narratives dismantle the notions that nursing schools are equitable and diverse spaces. In addition, through their experiences, they provide a critical look into whiteness and white spaces in nursing institutions. My intention is to challenge whiteness in education and to better understand racism as a significant systemic issue facing Canadian schools of nursing. To this end, my research question is: *What are the experiences of racialized nurses in nursing education programs in Canada?*

Currently, research on the experiences of racialized nurses in nursing academia in Canada is limited and underrepresented. Knowledge development in this area is essential to challenge the taken-for-granted assumptions that nursing academia are inclusive and multicultural spaces. However, it is vital that this knowledge emerge from the lens of racialized nurses themselves, who, despite being a very heterogeneous group, experience in their personal lives and as nursing students the detriments of discursive and material forces of racism. In addition, this study holds a crucial position to inform nurse educators about the challenges faced by racialized nursing students, especially when so many nursing educators are white. Only by witnessing and accounting for the varied

experiences of racialized nurses, can we begin to develop truly inclusive and diverse environments of higher learning. Next, I will set the study context by exploring the literature focusing on whiteness, nurse educators, and racialized students in nursing academia in North America.

Chapter Two: Study Context

We are all immersed in the waters of history, and those waters are pretty murky.

Ruth Frankenberg (2001)

Visible minorities¹⁶ represent more than one-fifth (22.3%) of Canada's population (Statistics Canada, 2017a). Surprisingly, Indigenous people are not part of this group and they constitute five per cent of Canada's population. Taken together, more than one quarter of Canada's population is non-white (27.3%). Despite growing diversity in Canada, Canadian nursing education remains homogenously white and exclusionary because the history of nursing in Canada is rooted in colonialism and white nation formation. These are murky waters, as Frankenberg (2001) puts it. Lee (2014) sees Canada's state education as a colonizing system with the intention to uphold the colonizer's natural superiority and dominance. Lee maintains that through the Canadian state education, cultural knowledge regarded important to the white nation is promoted; "it is intended to produce citizen-subjects who willingly consent to and fully participate in the ongoing project of nation-state formation" (p. 13). Through the Indian Act and immigration laws, Canada was constructed as a white nation and Aboriginal Peoples and people of colour placed as outsiders (Das Gupta, 2009). Das Gupta synthesizes this perverse and cruel history:

Thus, a racial hierarchy was established in the ways in which the land was dispossessed from its original inhabitants, given to white settlers, largely withheld

¹⁶ "Visible minority refers to whether a person belongs to a visible minority group as defined by the *Employment Equity Act* and, if so, the visible minority group to which the person belongs. The *Employment Equity Act* defines visible minorities as 'persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.' Categories in the visible minority variable include South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese (Statistics Canada, 2017b, p.1).

from Asians and Black settlers, other than the worse lands in the case of Black loyalists in Nova Scotia, or confiscated, in the case of Japanese Canadians when they were classified as “enemy aliens” during World War II. While Aboriginal Peoples were segregated from and excluded from the national building process, Black and Asian workers were included but routinely subjected to racism in terms of the types of labour they could perform, the terms of their entry in Canada, their disenfranchisement from being full members of the nation and their tenuous status in it. (p. 25)

The development of whiteness in nursing today is intrinsically connected to the history of nation formation in Canada. The structures, policies, and practices of health care, particularly in nursing, continue to contribute to the perpetuation of whiteness hegemony by keeping women of colour in marginal spaces. McPherson (1996) who discussed the classed, gendered, and raced nature of nursing in Canada through 1900-1990, states,

The virtual absence of women of colour in nursing’s professional ranks was enforced both by federal immigration restrictions and by the racial discrimination practiced by hospital nursing schools. Whether Black women in Nova Scotia, Japanese Canadians in British Columbia, or Native women anywhere, women of colour rarely were accepted in training programs on the grounds that White patients could not be entrusted to the care of non-White nurses. (p. 118)

As I will explore in the discussion section, this picture has not changed, as whiteness and its colonial legacy remain. Furthermore, it will continue this way without

open and honest conversations about this colonial past and its impact on the multiple voices that have been kept silent for so long.

Whiteness in Nursing

One of the significant challenges of addressing systemic racism in Canadian nursing education is the influence of white privilege, meaning the blind spot that obstructs the view of the discipline's inherent hegemonic whiteness. In the literature, nurse scholars in North America¹⁷ have begun to problematize whiteness within nursing (Allen, 2006; Gustafson, 2007; Hall & Fields, 2013; Puzan, 2003; Schoeder & DiAngelo, 2010) and to discuss the use of anti-racist pedagogies (Cortis & Law, 2005; Hassouneh, 2006).

Taking Gramsci's (1971) notion of hegemony, whiteness was and continues to be the worldview or just "common sense" within nursing. Garry (2011) notes that, "many white people do not consciously see themselves or their conceptual frameworks as raced" (p. 827). We could use the analogy that whiteness is the sea in which we swim or the woven fabric of nursing education. To put it in very practical terms, whiteness is represented by the flesh-coloured Band-Aids and bandages nurses use in dressing patients' wounds, that begs the question: whose flesh do these bandages represent?

Whiteness studies (Frankenberg, 2009; Henry & Tator, 2009; McIntosh, 1990; McLaren & Torres, 1999) question the invisibility of white as a race and the privileges associated with this invisibility. It is easy for those who do not experience the effects of racism to deny its reality, what is known as white privilege (McIntosh, 1990). White

¹⁷ The scope of this study delineates and narrows my discussion on this topic within North America, not to disregard the literature from other places as unimportant, especially literature from the marginalized southern hemisphere.

privilege conceptualizes racial inequities focusing on the unearned privilege of white people, similar to the often unspoken privileges of men in society. For example, McIntosh (1990) argues that in the United States, meritocracy and democracy are myths that sustain white and male advantages. Interestingly, for some time now feminist discourses within nursing have questioned the male advantage in society and the reality of women's lives within a patriarchal system (Chinn & Wheeler, 1985). However, as with the history of feminism underpinning social movements, in nursing, the question of which women this feminism speaks for has not been addressed. Within the discipline of nursing, I have not come across the term "white feminism." I suggest this is because the disciplinary knowledge is so steeped in whiteness that it has been unable to see how the needs of women of colour have not been included within feminism in nursing.

According to McLaren and Torres (1999), whiteness "is a socio-historical form of consciousness... [and] a form of social amnesia" (p.56) originating from capitalism, colonial rule, and the relationships between so-called dominant and subordinate groups. Furthermore, the authors maintain that whiteness represents social practices, knowledge, thoughts, and feelings that are identified with or credited to white people, alongside the refusal to recognize how white people are implicated in undeniable advantageous social relations. Smith (2004) claims that traditionally, white people do not see themselves as raced, thus they live in an inherently a-racial world. Ignoring or purposefully omitting the issue of race helps to perpetuate the unearned benefits of privilege that white people enjoy (McIntosh, 1990). Hence, it is imperative that whiteness in nursing be investigated and exposed alongside the notions of racism and racialization. Gustafson (2007), a Canadian scholar speaking from her white position, reflected on her undergraduate

nursing education:

Throughout my formal education I learned that race was a scientifically valid system of classifying individuals and groups based on presumed phenotypical, biologic, or genetic characteristics. My learning was reinforced and reproduced during my years as a bedside nurse and clinical educator when I assessed and documented race differences that were regarded as deviations from the established norm, and race differences that were presumed to put some groups at risk for health problems, such as Black people for hypertension and Aboriginal people for diabetes. (p.154)

Gustafson maintains that through her doctoral education she started to question taken-for-granted assumptions and practices, to consider her location as a white subject, and began to question and challenge whiteness' dominant position in relation to racialized others. She asserts that to explore racism in nursing education is perceived by many as a perplexing or unnecessary endeavor in a predominantly white space; it is to contrast a negative concept (racism) with the positive image of a caring (white) profession. I concur with Gustafson that the premise that nursing is a caring profession precludes the association of making racism central to our educational practices. After all, Florence Nightingale is still our iconic model of care, purity, spirituality, and whiteness. This study aims to dismantle taken-for-granted assumptions of innocence, naiveté, and benevolence and to hold Canadian nursing schools accountable to their colonial past and present.

In Canada, few researchers have sought to deconstruct the privilege of whiteness that is rooted in nursing education, even though several have noted the overt and subtle

forms of racism that occur from legitimizing ideologies and practices of a Euro-White predominant society (Paterson, Osborne & Gregory, 2004). Nursing education is profoundly impacted by whiteness as the “centrality of racial beliefs as an organizing principle of modern world” (Puzan, 2003, p. 193); thus, as we situate nursing within Canadian colonial history, nursing education is viewed through a “lens of whiteness” (Scammell & Olumide, 2012). Puzan (2003), in the United States (US) context, argues that the supposed neutral stance of whiteness has been institutionalized so that its influence defines knowledge, membership, and language in nursing. She critiques the absence of whiteness discussion in nursing and proposes it as an alternative to the scrutiny of the racialized other. For Puzan, the descriptors “white” and “non-white” cannot be taken as categories of only skin colour, but also categories of domination and control, by which skin colour generally plays a major part in the attainment and maintenance of a disproportionate distribution of power.

Challenging white dominance within nursing, and turning rhetoric into action, the University of Washington has piloted a project envisioned to improve the sociopolitical environment at the school of nursing by openly changing the way unacknowledged white norms, beliefs, and behaviours inhibit their efforts to be inclusive of “difference” (Schroeder & DiAngelo, 2010). Instead of labeling their program as racist, they recognize that being racist is the institutional default. The authors insist that people judge the institutional environment as supportive in order to maintain the white “normal” advantage. Schroeder and DiAngelo (2010) note that this is precisely what is so inhospitable for people of colour: the reproduction of racism through white “normalcy.” Furthermore, they maintain that this “normalcy” is why it is difficult to support and

sustain people of colour in those institutions. Schroeder and DiAngelo point to the fallibility of a declaration of “safe space” for racialized students by white people in positions of authority. The question becomes, who decides when a space is safe and for whom is it safe or supportive? (Lee, 2014). Lee (2014) argues that safety in the classroom is not a right, adding that safety is a construct. Speaking from a racialized teacher’s position, Lee maintains that she cannot promise safety to each and every student when topics that are considered socially taboo are discussed in the classroom; “safe spaces have to be made every day in every relationship by each participant in the classroom” (p. 20).

Within nursing education, the idea that we can create safety in the classroom reinforces the idea that “we treat everyone the same, caring nurses do not oppress” (Schroeder & DiAngelo, 2010, p. 247). While many would like to believe this behaviour represents nurses both in clinical practice and in the classroom setting, we know that this is not the case. Instead, the notion that nurses, and by extension nurse educators, are caring and kind is a myth that stems from historic associations of nursing’s Christian roots (Violette, 2005) and inaccurate media portrayals of nurses (Hoeve, Jansen & Roodbol, 2014). Indeed, the approach of “treating everyone the same” resounds with what is known as colour-blind racism (Bonilla-Silva, 2006; Goldberg, 2002), the widespread idea of “I don’t see colour.” Hill Collins (2000) refutes the post-racial ideal on the basis of the “pristine correlation between race, wealth of nations, and the legacy of the colonial past” (p.175), and Canadian nursing schools are intrinsically related to this past. Rather than supporting nurses and educators in exploring difference in the classroom, color-blind racism and the naive association with nursing as caring and kind

act as barriers to real understanding of racialized students' and nurses' experiences. How then do teachers engage with concepts like race and racism within (white) nursing classrooms?

Nurse Educators

In the US context, we know that white faculty in Bachelor of Science in Nursing (BSN) programs who participated in a research study lacked the intent and foundational knowledge to successfully teach about race, racism, and anti-racism (Holland, 2011). In her doctoral work, Holland (2011) asks the following question: "Are nursing faculty, of whom 93% are white, prepared to teach students about race and racism?" Through phenomenological and case study methods, Holland explore what ten white nursing faculty participants think, believe, and teach about race, racism, and anti-racism.

All the participants in this study teach, and have taught for three semesters a course containing significant cultural content in an undergraduate nursing program. Holland's (2011) inquiry suggests that the whiteness of the participants conceals the way they understand and teach about race, racism, and anti-racism. Participants grew up in white communities, attended white educational institutions, and socialized with white friends. To these participants, the racial inequities in the US were obscured by whiteness, therefore, to teach about race, racism, and anti-racism was not significant, and although some were committed, these concepts comprised a small place in the participants' culture course. In addition, faculty members valued and reinforced, through their lives and work the prevalent values of meritocracy and individualism. Consequently, the white faculty lacked the intent and preparation to substantively teach about race, racism, and anti-racism. Later, Holland (2015) advocates for nursing curricula to incorporate clear

terminology about race and racism, and to make the teachings about power, privilege, and systemic manifestations of racism explicit. Furthermore, she suggests that all faculty members should take part in departmental discussions about race issues and wrestle with the internal manifestations of whiteness. Only then, she maintains, a welcoming and equitable learning environment may be created for all students.

To generate departmental discussions is an important step, but alongside, I argue that we also need to have actions to change the representation of teachers. I would emphatically question this disproportional 93% white professorial milieu. Until students and faculty of colour see themselves represented in the diversity of teachers and students, not much will change; we will remain immersed in white spaces. Furthermore, when discussions of racism in nursing education do not involve the voices of women of colour, “only the most narrow parameters of change are possible and allowable” (Lorde, 2007, p.111); the aim of this study is to hear those voices. In her seminal paper entitled *The Masters Tools Will Never Dismantle the Master’s House*, Lorde (2007) questions the underrepresentation of Black, Third World, poor and lesbian voices at a feminist conference. In the same way as Lorde, I question the underrepresentation of voices from nurses of colour within white Canadian nursing schools. Like Lorde, I argue that it is essential to hear this very diverse group, in order to generate a fuller understanding of racism and whiteness in our schools. In addition, this group’s contributions to nursing should not be limited to these themes, but should reach beyond, into nursing theory, philosophy, and practice. To be sure, I am not advocating for a “token” position for nurses of colour in academia, but for a full inclusion, for “difference must be not merely tolerated, but seen as a fund of necessary polarities between which our creativity can

spark like a dialectic” (Lorde, 2007, p.111).

Holland’s findings mean that it is not a surprise that teachers encounter many challenges in the classroom (Nairn, Hardly, & Williams, 2004). Teachers who choose to engage with concepts such as racism and racialization are called to hold space to powerful, sometimes negative, emotions and even conflicts in the classroom (Jacobs, 2006). In addition, teaching in hegemonic white classrooms takes a toll on the wellbeing of racialized teachers (Lee, 2014). hooks (1994) explores the difficulties of working within systems of privilege in her book *Teaching to Transgress*. hooks passionately states that working within a system that privileges mainstream power calls for an ethics of struggle that guides our relationships with those who “have not had access to the ways of knowing shared in places of privilege” (p. 54). To engage with an anti-racist pedagogy is a difficult path to follow, but it is essential to resist and dismantle the white spaces in nursing.

Here in Canada, Varcoe and McCormick (2007), drawing on hooks, reflect on the difficulties of exploring notions of race, racism, and racialization in the nursing classroom. The authors expound on the struggles for teachers to create learning spaces focusing on racism due to the fine line between exposing racism and reinforcing stereotypes. Moreover, Varcoe and McCormick defend that the notions of race, racialization, and racism cannot be add-ons to our nursing curriculum, tossed here and there into classes. Furthermore, they recommend that educators need to unlearn racism and foster social justice, though they agree that teaching from anti-racist pedagogy is elusive and challenging work. In addition to these recommendations, from my experience in the (white) nursing academia in Canada, and similarly to Holland’s (2011)

study in the US context, I advocate for a more diverse and representative body of faculty and students of colour in Canadian schools of nursing. In undergraduate nursing programs in Canada, minority students, like myself looking back, are usually aware of their (in)visibility, even though they may not have the language to name it. In part, the challenge to engage in examining notions of race and racism in the classroom has to do with the complexities of language: “*truths* about race are changing, contingent, and contested products of cultural construction” (Phillips & Drevdahl, 2003, p. 17).

Regrettably, within Canadian nursing schools, we not only lack the language and capacity to sustain an awareness of racism and racist practices, we enact these concepts in classrooms, as the literature on racialized students reveal, which I will next discuss.

Racialized Students

It is known that more diversity is needed in nursing education (Giddens, 2008; Hassouneh-Phillips & Beckett, 2003; Loftin et al., 2013; Schroeder & DiAngelo, 2010), and the nursing workforce (Noone, 2008). Consequently, in nursing schools across North America, there is a growing need to increase the recruitment and retention of undergraduate minority students (Beacham, Askew & Williams, 2009; Condon et al., 2013; Etowa et al., 2005; Wilson, Andrews & Leners, 2006; Wong et al., 2008), including aboriginal students (Gregory et al., 2008; Vukic et al., 2012), as well as students at the graduate level (Kim et al., 2009). Although the need for recruitment and retention of minorities is being articulated, we have not thoroughly questioned why those needs are not being met.

Paterson, Osborne, and Gregory’s (2004) three-year study in two Canadian universities reveals cultural diversity as a problem in nursing education. According to

their study, nursing students believe that nurses and clinical teachers, agreeing with Canadian ideals of multiculturalism, support cultural diversity in principle but not in practice. According to Allen (2006), nursing education and clinical establishments are not culturally empty places where people from diverse cultural experiences engage. I would add that these institutions are also not a-historical. Instead, controlling white perspectives penetrate these spaces. To Paterson, Osborne and Gregory (2004), faculty members hold hegemony as an ideal conveyed to students; that is, students are pressured to conform to the “right” way to maintain the dominant Euro-white version of how to be a student nurse. Therefore, the authors maintain that non-Euro-white students should adopt the values and beliefs of the dominant culture. Consequently, to be successful in the nursing education system, minority nursing students have to navigate through multiple barriers (Amaro et al., 2006; Gardner, 2005; Tabi et al., 2013).

As an example of the barriers, in the US context, Gardner’s (2005) research explores racial and ethnic minority student nurses’ view of their experiences in nursing programs comprised of primarily white students. This study interviews 15 minority nursing students at three different university campuses in California. The barriers common to most participants regarding faculty, peers and their nursing schools were loneliness and isolation, differentness, absence of acknowledgement of individuality from teachers, peers’ lack of understanding and knowledge about cultural differences, desiring support from teachers, coping with insensitivity and discrimination, determination to build a better future, and overcoming obstacles.

In Canada, minority-nursing students also describe multiple barriers to their clinical experience, due to discrimination at the institutional level (Sedgwick,

Oosterbroek & Ponomar, 2014). According to Sedgwick, Oosterbroek and Ponomar (2014), minority students feel they are disliked compared to their Caucasian counterparts. Furthermore, these students feel unwelcomed in their clinical placements. Some students describe themselves in clinical settings as outsiders, excluded, and invisible. One participant states that because of her accent, some instructors treat her differently, as if she is ignorant. The authors recommend that nursing schools address the challenges within nursing programs that alienate and influence the sense of belonging of minority nursing students.

With similar recommendations to nursing schools, using a narrative inquiry approach, Ackerman-Barger's (2012) dissertation explores the educational narratives of nurses of colour in the US. Her study depicts the experience of seven nurses of colour who successfully navigate nursing school systems in the midst of numerous obstacles. In one particular example, Pearl, an African American participant shares: "you know nothing about my ability, my way of living, my language, my learning by looking at my beautiful brown skin. That is all you have learned: 'she has beautiful brown skin'" (Ackerman-Barger, 2012, p. 81). Pearl goes on to describe many incidents of negative treatments she received in the classroom, such as a teacher calling white students by name and referring to her by "you." Pearl, who is a doctoral prepared nurse, describes her experiences in the classroom as "mind-raping," which stresses the depth of violation that happens in apparently benign classroom settings. To be sure, this term describes the implicit trust students place in those who should support and guide them, and in turn, they receive betrayal and are silenced by the power differential between them and teachers; powers oppress instead of teach (Ackerman-Barger, 2012). In other words,

students learn to be silent. Additionally, another participant in this study, Rosie, hears from a classmate: “Gee Rosie, I don’t even think of you as being Mexican!” This comment came after the classmate made many derogatory remarks about Mexicans. We could also classify such comments as microaggressions, which are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue et al., 2007, p.271).

As these examples demonstrate, participants in Ackerman-Barger’s (2012) study experience diverse degrees of discrimination during their nursing education. For some, discrimination impeded their academic process, as they shared accounts of multi-layered racism. All participants presented a high level of determination, which helped them to overcome the overwhelming barriers. Despite the uniqueness of each student’s experience, Ackerman-Barger summarizes the following common themes from her study: institutional barriers, experiences of exclusion (frequently leading to silencing), experiences of inclusion, and ability to transcend. This significant study provides nurse educators with insights on how to better support students of colour and how to foster diverse and inclusive learning environments. The author’s findings also suggest, and I ardently agree, that students of colour greatly benefit from role modeling and mentorship that represent them.

Undergraduate nursing students are not the only ones experiencing racism in academia; faculty of colour (Hassouneh, 2006; Lee, 2014; Mkandawire-Valhmu, Kako & Stevens, 2010) and doctoral students (Hassouneh, 2006; Hassouneh-Phillips & Beckett, 2003; Kim et al., 2009) also report their struggles. In a study with nine women of colour

in three doctorate nursing programs in the Western US, Hassouneh-Phillips and Beckett (2003) conclude that although racism is a harmful and insidious influence on participants, it is largely invisible to Euro-American faculty and students. In addition, the authors suggest that the complexity of racist encounters require constant attention and scrutiny from participants, and that to decipher the meaning of these encounters requires an enormous amount of energy, a burden that students of colour should not have to bear. As a result, these women of colour are left feeling angry and alienated. Furthermore, Hassouneh-Phillips and Beckett argue that the institutions promote the discourse of diversity, while maintaining the *status quo* of Euro-American governance. Thus, according to the authors, Euro-American faculty and students wear masks of liberal egalitarianism while perpetuating racist oppression.

In sum, the (white) landscape of nursing academia in North America was explored as the context in this study. US studies were included due to the insufficient research done in this area in Canada. As the literature suggests, nursing in North America is practiced not only by taking whiteness for granted, but by perpetuating its practices. It is also evident that nursing educators, who are mostly white, are ill prepared to address race and racism in their classrooms, and here in Canada, through a scan in my own institution, a similar landscape is revealed. It has also become clear that students and teachers of colour alike experience the harmful consequences of racism in the white nursing academia milieu, underpinning the need for more recruitment and retention of a diverse representation across all sectors of nursing education. I conclude that knowledge from the studies from the voices of racialized nurses in Canadian nursing schools is fragmented and insufficient. Following Lorde (2007), the absence of any consideration

of nurses of colour's consciousness leaves a serious gap within nursing education programs in Canada. This study aims to fill this gap: to question whiteness, to shed light on systemic racism, and to dismantle colonial legacies that marginalize and exclude racialized nursing students. This study will be guided by a women of colour feminist approach, which I will next discuss.

Chapter Three: Approach to Research

Women of Colour Feminism

And when we speak we are afraid our words will not be heard nor welcomed

but when we are silent we are still afraid

So, it is better to speak remembering we were never meant to survive.

Audre Lorde (1978)

Lorde's (1978) *A Litany for Survival* has become a powerful mantra to guide and sustain this work. Intersectional, Afro-Indigenous, anti-racist, Chicana, transnational, Latinx, cross-border, and black feminists, be they scholars, theorists, poets or activists of colour who, even though they were afraid, spoke. At many levels, I connect to them all. Living in this white settler nation-state, any of these feminisms or transient signifiers could act like an anchor within the sea of whiteness, pulling me down. However, to me, these descriptions act more as my compass, sailing me home. Still, this way home is messy and complex and so is my feminism. In this study, I choose women of colour feminism because, in one way or another, it embraces the contributions of all other feminisms mentioned above.

This study draws on the work of theorists hooks, Hill Collins, Anzaldúa, Lorde, Monture, and Mohanty. Amongst other topics, through a race, class and gender lens, hooks addresses sexuality, mass media, education and women of colour feminism. Hill Collins theorizes intersectionality, black, and women of colour feminisms. Anzaldúa's scholarship involves lesbian, Chicana, border-cross, and women of colour feminisms. Lorde theorizes cancer experience, lesbian, black, and women of colour feminisms. Monture integrates law, Indigenous, and women of colour scholarship. Mohanty's

theories involve transnational, third world, and women of colour feminisms. Women of colour is a common *intersection* within the body of work of these scholars. In fact, “intersectionality, the practice of recognizing the intersection of differences, has become the shorthand for methodological practice of women of colour” (The Santa Cruz Feminist of Colour Collective, 2014, p. 32).

As with my research participants, women of colour feminism represents diverse experiences and struggles. To come together as having a shared identity, despite differences, is tough work because we are ingesting ideas on a daily basis of what normal should be (Rojas, 2009). However, women of colour feminists have argued that collective identities are political constructions based on a common struggle for justice defined in alliance with others across differences (Desai, 2010). Women of colour feminism is about disrupting hegemonic research approaches and making marginalized voices central to knowledge creation. In this study, this approach is used to expose systems of oppression that have perpetuated racism and exclusion within Canadian nursing schools. This study aims to make inequities visible, so action can be made to repair historical debt to racialized individuals.

Scholars of colour, through their complex scholarship and lives, have shown that it is worthy to claim their identity while denouncing the visible and invisible structures of power imbalance. “Women of colour feminisms shows us the way to think and act with a larger vision of the world that exceeds the territorial, political, emotional, economic and spiritual limits of the nation-state and fixed categories of identity” (The Santa Cruz Feminist of Colour Collective, 2014, p. 32). I am deliberate in not choosing, for instance, transnational, Chicana, or black feminisms as my approach to research because I am

searching for that larger vision, which is included and acknowledged by the intersectional nature of women of colour feminism, as I challenge hegemonic whiteness within nursing schools.

Lorde (2007) argues that black and third world people are expected to teach white folks about our humanity. Women are expected to instruct men. Lesbians and gay men are expected to inform heterosexual people. This is an exhausting cycle, especially for marginalized groups, and thus Lorde maintains that the oppressors keep their location and avoid taking responsibility for their actions. She makes the case that there is an endless drain of energy dispelled that might be better utilized in redefining ourselves and inventing realistic scenarios for changing the present and creating the future. To this end, Lorde proposes a move towards a coalition and real action in the midst of our differences, similar to *El Mundo Zurdo* proposed by Anzaldúa. To Anzaldúa (2002), *El Mundo Zurdo* (The Left-handed World) represents an alliance between people from distinct social locations, as she puts it: “the people that don’t belong anywhere, not in the dominant world, nor completely in our own respective cultures” (p.209). hooks (2000/1984) adds that women do not need to abdicate difference to build solidarity, neither do we need a common oppression to fight for the end of all oppressions. hooks also recommends a continual dialogue to build alliances, but we do not need to bond over a common oppression to come together, neither do we need to bond over a model of victimization. Back to Anzaldúa’s (1983b) vision of a new relationship, the focus becomes what we include as opposed to what we exclude. *El Mundo Zurdo*, to Anzaldúa, means that differences are not oppositional but relational, and they lead to coalitions. The author believes that by changing ourselves we transform the world: “*El Mundo*

Zurdo path is the path of a two-way movement - a going deep into the self and expanding out into the world, a simultaneous recreation of the self and society” (Anzaldúa, 2002, p. 208). In approaching the study this way, I anticipate that an immersion in experiences of racism from within the unbearable whiteness in nursing (Pusan, 2003) could result in a new, more just creation.

As hooks and Lorde argue, it is important to acknowledge that the process of racialization does not function in isolation from other forms of subjugation and oppression, and to understand social processes as historically and contemporary constructed. It is also essential to acknowledge the diversity and the power of race discourses within the feminist movement and that not all women experience patriarchy in the same way (Hill Collins, 1993; Hill Collins, 2000; hook 1994; Lorde, 2007). Hill Collins (1993) cautions us from an additive analysis, from dichotomous thinking, and from ranking differences. Instead, Hill Collins (1993) proposes,

I am not denying that specific groups experience oppression more harshly than others - lynching is certainly objectively worse than being held up as a sex object. But we must be careful not to confuse this issue of the saliency of one type of oppression in people's lives with a theoretical stance positing the interlocking nature of oppression. Race, class and gender may all structure a situation but may not be equally visible and/or important in people's self-definition. (p. 136)

Although this study is privileging race, other axes of differentiation (Brah & Phoenix, 2004), such as gender, class, age and religion also emerged, as they are intertwined. As I have stated, nurses of colour are a very diverse group and many different axes of identity are at play in their lives. In addition to race, these different

identity markers are also socially constructed and co-constituted, variable in time and space, and constantly changing and shifting. They are present in everyday social, discursive, and material realities.

What we are looking at here is a glimpse of a historically and geographically defined location, that is, the insights ten racialized nurses share about their experience in Canadian nursing schools, at a particular time, as if looking through a kaleidoscope.¹⁸ To Hill Collins (1993), intersectionality as an analytic framework moves away from a single focus on oppression and leads researchers towards a relationality perspective that assesses both privilege and oppression and hence the importance of examining both whiteness and racism in this study. Windsong (2018) describes intersectionality “as an area of research and theory developed from scholarship by women of color who critiqued mainstream feminism and race/ethnic scholarship” (p.136). Intersectionality builds on a vast literature from feminists of colour, and it applies to oppressed and privileged groups alike (Garry, 2011); it is for everyone. Furthermore, Lykke (2010) defines intersectionality as

a theoretical and methodological tool to analyze how historically specific kinds of power differentials and/or constraining normativities, based on discursively, institutionally and/or structurally constructed socio-cultural categorizations such as gender, ethnicity, race, class, sexuality, age/generation, dis/ability, nationality, mother tongue and so on, interact, and in so doing produce different kinds of societal inequalities and unjust social relations. (p.50)

¹⁸ Looking through a kaleidoscope we can see the reflections produced by changing patterns of coloured glass or paper. To make a parallel, here we are looking at it without rotating the kaleidoscope tube. We know that when we rotate (e.g., time passing, different geographical location), the different colours (axes) will intersect at different angles and create a distinct pattern.

The term intersectionality is sometimes thought of as coined by Kimberlé Crenshaw (1991), as she noted that a study of a single axis of race or gender could fail to address the experiences of black women. As an example, white women can be privileged in the study of gender, and black men privileged in the study of race. Crenshaw asserts that the vulnerability for black women, then, is at the places of intersection. However, Hill Collins and Bilge (2016) remind us that intersectionality as a concept was not born when it was named by Crenshaw. To this end, the authors assert Sojourner Truth's "Ain't I a Woman" speech as "a benchmark for intersectional sensibilities" (p. 67). Furthermore, they highlight the importance of the Combahee River Collective (1977), as a key writing of intersectionality. Intersectionality as a conceptual framework was first articulated in grassroots movements such as the Combahee River Collective (1977), through the following general statement:

We are actively committed to struggling against racial, sexual, heterosexual, and class oppression, and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives. (p. 210)

Hill Collins and Bilge (2016) maintain that it is tempting to grant the ownership over the apparent discovery of the then nameless intersectionality to African-American women because of the historical discrimination suffered by women of African descent. However, the authors argue that in the United States, African-American women participated in heterogeneous coalitions with Chicanas and Latinas, Native American women, and Asian-American women. The authors add that although the experiences and

the social movements this diverse group of women engendered took different forms, “these groups were also at the forefront of raising claims about the interconnectedness of race, class, gender, and sexuality in their everyday life experiences” (p. 71). The authors add,

Black women, Chicana and Latina women, Indigenous/Aboriginal/Native women, and Asian-American women have distinct histories, yet their activist and intellectual work has also been shaped by collaboration (for example, *This Bridge* anthology). These distinctive social movements by women of color developed systemic understandings of oppression and also focused on personal life experiences that privileged an individual and collective identity politics. (p. 74)

In addition to relying on intersectionality as an analytical instrument to dismantle hegemonic practices and to explore relations of marginality and privilege in nursing education, the views of post-colonial theorists such as Franz Fanon and Edward Said have also contributed to the analysis of issues of Othering and the white gaze, themes developed later in the discussion chapter. As we will see in the accounts from the participants, colonial ideals continue to infiltrate institutions such as schools of nursing, and those ideals, even unconsciously, shape the ways in which Others are expected to appear, to act, and to be. These expectations become colonizing behaviors through which Others must comply to a standard informed by normative whiteness. Paradoxically, while demanding compliance towards whiteness, the colonizing ideal reinforces the inferiority of the Other, as the colonial ideal can never be fully realized.

Insider/outsider Researcher: The Emotional-Intellectual Scholarship

Paradoxically, Indigenous scholars and scholars of colour have stressed the importance of research being conducted through the eyes of the colonized (Smith, 2012; Fanon, 2008/1952; hooks, 1993). Therefore, this research comes explicitly and without apology from a particular perspective, an epistemology and ontology which embodied the colonized point of view, from the margins (Cannella & Manuelito, 2008; hooks, 1984/2000; Kovach, 2005). Consequently, it is essential to locate myself (Absolon & Willett, 2005) as a researcher of colour, an insider on this topic.

Woman of colour feminists have described their traumatic experiences and their loneliness as the high expense of being marginalized (Anzaldúa, 1983a; hooks, 1994; Kobayashi, 2009; Lee, 2014; Lorde, 2007; Monture, 2009; Moraga and Anzaldúa, 1983). It is also difficult for researchers of colour to adapt to the dominant Eurocentric research approach because of its historical legacy of colonialism and imperialism (Smith, 2012) and commoditization of knowledge (Battiste & Henderson, 2000), that is, property rights of researched groups' intellectual and cultural practices by Eurocentric research methods and ethics. To researchers of colour, the research process brings about an emotional-intellectual consciousness (Cannella & Manuelito, 2008). Alongside the difficulties of teaching from an anti-racist pedagogy in nursing, it is important to acknowledge the complexities of doing nursing research within an anti-racist framework (Varcoe, 2006).

Hassouneh (2006) extensively discusses her difficulties as a faculty of colour both on a personal level as well as in her attempts to include anti-racist pedagogy in the nursing curriculum at her workplace. She maintains that in nursing, we usually avoid including anti-racist content, preferring instead to focus more safely on culture. I agree

that this is insufficient and problematic, and further, this avoidance of anti-racist content is enabling systemic racism to remain unquestioned within our institutions. Furthermore, Hassouneh contests the idea that we can create a safe space around debates of racism. She argues that, in the name of safety, students avoid questioning their place of privilege. Like women of colour in other disciplines, Hassouneh discloses her personal and professional challenges in engaging with anti-racist work in a predominantly white nursing school. Her scholarship has not shielded her from experiencing first-hand the effects of systemic racism in nursing.

Like Hassouneh, other scholars of colour (Ackerman-Barger, 2012; Anzaldúa, 1983a; hooks, 1994; Lee, 2014; Lorde, 2007; Monture, 2009) share their distressing experiences of the high cost of being marginalized in the context of white academia. The professional and emotional costs of confronting racism in academia, or making racism the focus of their scholarship, are high; as a result, some racialized scholars live in silence or are ignored, or they live in denial because they might “pass” as mainstream. Anzaldúa poetically speaks of being culturally marginalized in understanding herself as a *Chicana*,¹⁹ as different than the normal, “white-right” (p.169). Bhattacharyya (2003) argues that, as women of colour, if the stories we believe define our range of possibilities, we need to change the story through critical consciousness, reflection and action (Freire, 2011).

Monture (2009) and hooks (1994) exemplify the struggle and pain by insisting that being who they are is central to their experiences in academia: as an Indigenous woman and a woman of colour. hooks (1994) contextualizes her painful experience of

¹⁹ The term *Chicana* is used to refer to Mexicans or Mexican descendants who grew up in the United States. Gloria Anzaldúa was a scholar of *Chicana* cultural theory, feminist, and queer theories.

being a woman of colour in academia. Her account goes beyond her professional life to the very core of the social reality of what it is to be a black woman in academia. Similar to hooks, as an Indigenous scholar working across different disciplines, including law and Native Studies, Monture (2009) describes the inequitable distribution of power in academia. She speaks of her experience of marginalization, exclusion and isolation, as she navigates institutional racism. She jokes about being a “reverse anthropologist, studying the culture of the university and the habits of the White professorial tribe” (p. 87). Monture proposes that the hierarchies in academia impact professors and students, individually and collectively. In the academic world, beyond being a hostile environment to scholars of colour, systemic racism is enacted through discriminatory hiring practices (Henry & Tator, 2009) despite universities’ apparent commitment to diversity through their mission statements.

Monture’s distressing experience may not be unique to her particular discipline as the same can be applied to nursing education in North America (Hassouneh, 2006), where racialized students and professors also live through unquestioned systemic racism in academia. Racialized, Indigenous, and immigrant nurses (Hagey et al., 2001), black nurses in Canada (Calliste, 2000; Das Gupta, 2009) and patients (Kirkham, 2000; Pauly, MacKinnon, Varcoe, 2009) also experience the negative health effects of racism.

To conclude, a women of colour feminist approach guided this research, as we, participants and myself, stand beside one another in diversity, moving together in tension and through translation (The Santa Cruz Feminist of Colour Collective, 2014). This approach also guided the reflective process regarding power dynamics between the participants and myself as the researcher. To this end, I constantly examined the role I

play as a nurse, teacher, and researcher while conducting this study, as I am also part of the structural racism within nursing academia. The fact that I conducted this research did not shield me from being at the places of privilege I am trying to dismantle. I am an insider and outsider at the same time. Thus, through a women of colour feminist lens, I held the awareness of participants unique and varied locations, and continuously interrogated my own privileged location. Next, I will explore the methods and the step-by-step process of this study.

Methods

Lorde (2007) asserts that “there is no such a thing as a single-issue struggle because we do not live single-issue lives” (p. 138). Lorde’s claim reminds us of the intersectional nature of women of colour feminism that guides this study. Resembling Lorde, Johnson-Bailey and Ray (2008) emphasize that perspectives informed by experiences with race, gender, and class oppression have been developed and used by women and qualitative researchers of color. In addition, this study has taken Harding’s (1987) definition of methodology and methods, the first being a theory of analyses on how research should be, and the second, the techniques or way to collect data. Thus, methods are procedures or techniques we use to gather and analyze information connected to a research question (Crotty, 1998) or the praxis that realizes the approach to research (Carter & Little, 2007). Van den Hoonaard (2008) argues that researchers have typically used qualitative research to reach the points of view and, more recently, the voices of groups who have been ignored by those who have the power to create the status quo. Furthermore, “feminists of color, particularly Chandra Mohanty and bell hooks, critiqued the shortcomings of early feminist research to explore the important

interconnections among categories of difference in terms of gender, ethnicity, nationality, and class” (Hesse-Biber, 2008, p. 337). With multiple markers of difference in mind, in this chapter, I will describe the process of conducting this study, recruitment, confidentiality, in-depth interview, and the women who participated.

Recruitment

Following ethics approval, an invitation letter and a poster (Appendixes II and III) were sent to people who had graduated from undergraduate degree programs in the past ten years. Ten participants who fulfilled the eligibility criteria of being a racialized nurse who graduated in the previous ten years consented to participate in the study. Participants chose the day, time, and location that best suited them for the interview. Some were interviewed via telephone due to the geographical distance from the researcher. The sample size of ten participants is aligned with the directives of qualitative research, looking for in-depth meaning the participants make of their experiences in a Canadian school of nursing, as opposed to larger numbers needed in quantitative research to make generalizations about the knowledge produced (Hesse-Biber, 2014).

Confidentiality

Participants’ anonymity was protected by the storage of all the data gathered from the interviews in a locked filing cabinet and in a password protected file on the researcher’s computer. When transcribed, pseudonyms were used instead of participants’ real names. These pseudonyms will also be used in the dissemination of results. In this dissertation or future publishing from the data collected, participants’ identifiable information has been changed or removed in order to protect their privacy. Their consent

to participate in this study provides consent for the use of the data for the dissertation and for other scholarly purposes, such as the dissemination of knowledge by publishing papers.

In-depth interview

After I received written consent from the participants,²⁰ the interviews were audio-taped and transcribed. From the transcribed interviews, I conducted an intersectional analysis of the data, highlighting the most relevant themes that emerged. Additionally, before and after the individual interviews, I kept field notes and a reflective journal to document observations and insights that emerged. Based on Ellingson's (2013) suggestions, I asked myself some of these questions: How does my ethnicity, gender, age, and abilities shape how I understand my participants? What have my participants taught me about their worlds? About mine? What cases, events, stories, or details come to mind when I think about my data?

In-depth interviews allow participants to share their subjective understanding (Hesse-Biber, 2014) of their educational experiences. In addition, interviews were unstructured, and I made use of an interview guide only when needed to clarify/expand the participant's narratives (Appendix IV). As Hesse-Biber (2014) puts it, there are two levels of meaning-making through an in-depth interview. First is the meaning made by participants as they share their stories, and the second is the meaning that myself, as the researcher, will make of the data during the intersectional analysis. As I have mentioned, I am explicit that I am an insider on this topic, thus I do not have an objective or unbiased view on the subject. However, I am committed to the practice of reflectivity, keeping

²⁰ The participants who were being interviewed by telephone scanned and sent their consent forms via email to the researcher.

social justice as the heart of this study. To Adams et al. (2016), social justice practice confronts historical legacies, ideological frameworks, and institutional practices, which unequally structure social relations, where some groups are advantaged at the expense of marginalized groups.

The women who participated

An intentional choice was made to interview nurses as opposed to nursing students to minimize the power differential between myself as the researcher and the participants. However, I was explicit and reflective about my privileged position and the benefits from earning my PhD. Although I utilized a women of colour feminist approach, which tends to highlight women of colour experiences, my focus on this research was on race and racism, with its various intersections, including, but not exclusively that of gender. Therefore, participants who were male, transgender, and non-binary were welcome to participate in the study. However, only female identified participants volunteered to participate. Participants' heritages²¹ were Indigenous of Canada, West African, Latin American, Mixed-Race, East Asian, Southeast Asian, and Middle Eastern.²² Despite the reader's curiosity about the specific nationality of each participant, I contend that this is not the focus of the study. I maintain that the main issue being explored is their experiences of racism and intersecting markers, as opposed to their nationality.

²¹ I intentionally do not give detailed information about individual participants' heritages to protect their anonymity and to maintain confidentiality. In white environments, such as schools of nursing or healthcare, I for example, become easily recognized as the Brazilian teacher/nurse, so much so that colleagues would refer other Brazilians they encounter to me. The same could be said about some of the nurses who participated in this study, and the mere possibility of a participant being recognized prevents me from identifying them by their country of origin. In addition, minor recognizable characteristics were also changed with the intention to maintain anonymity.

²² See Appendix VI for a brief overview of participants' demographics.

The participants' ages span from early twenties to early sixties. Amongst the participants, some were single parents, some married with children, while others were in a relationship or were single without children. The majority graduated in the last two years, which makes this study very current.

As I mentioned before, to maintain the participants' anonymity, I named each participant with the name of a missing and murdered woman across Canada, to denounce a colonial legacy that lingers to this day, the genocide of the peoples and cultures in this land, and to build on the social movement #Sayhername, from the US. One participant in this study is an Indigenous woman: a bold, engaged, intelligent, beautiful nurse, whose generous and profound narrative teaches us about what it is to be an Indigenous woman in nursing school today. In contrast, these missing and murdered women were silenced by having their lives taken. I weep as I write. I want each part of this dissertation to be a voice of advocacy and to honour and remember the silenced, neglected, dehumanized individuals in this nation-state. If you are reading this dissertation, I ask that you say the names of these women aloud, so they will not be forgotten:

Angel

Mary

Flora

Leona

Della

Gloria

Sonya

Shannon

Rowena

Freda



Chapter Four: Creating Understandings of Racialized Nurses'

Experiences

We are “written” all over, or should I say, carved and tattooed with the sharp needles of experience. Gloria Anzaldúa (1990)

To Anzaldúa, women of colour are particularly inscribed by social structures and read in different ways according to where we are situated. When analyzing the findings of the ten in-depth interviews, it became apparent that the participants' experiences were complex and diverse, but there were also commonalities, manifested by markers of racism, a product of colonization and racialization. James (2007) explains racism as

A cultural and historical fact that structures the norms and values of societies, and it is evident in the policies and practices of institutions [...] Insofar as racism is supported by a system of inequality and oppression constructed within a society, it is more than individual: it is structural and institutional. A key component of racism is power – structural and institutional power. This power is more than the “ordinary” influence an individual might have over another; it is the support of that influence by economic, political and ideological conditions. Often this power is an “invisible”, regular and continuous part of everyday human existence, sustained by established laws, regulations and/or polices or by accepted conventions and customs. (p. 357)

Das Gupta (2009) suggests that the everyday experiences of racism exposed by participants in this study must be viewed in the context of systemic racism. Elsewhere, Das Gupta (1996) defines systemic racism as resulting “from conscious or unconscious policies, procedures and practices which adversely affect people of colour” (p. 12), and in

this study, systemic racism negatively affects nursing students. Das Gupta gives clear examples such as exclusion, marginalization, and infantilization. The author also affirms that systemic racism is sustained by institutional power through, for instance, the allocation of resources or the categorization of “standard” policies and procedures” (p.12). Furthermore, Das Gupta maintains that the perpetuation of systemic racism occurs over time. In this chapter, I propose that participants’ experiences are symptoms of systemic racism at play. With this proposition in mind, the following themes were generated from the participants’ narratives: Othering, the white gaze, navigating white spaces, accent as marker, always proving myself, and racism impacting health. The participants described how their experiences in nursing school positioned them at the margins of what they defined as white spaces. By choosing to participate in this study, the participants are engaging in acts of resistance against systemic oppression, and they have taken the writing into their own hands; they narrate their own stories, and as teachers, researchers, police, and curricula makers we have much to learn from their accounts.

Othering

Canales (2000) defines othering as how we engage with those who are perceived as different from us. Canales identifies herself as Chicana, but she passes as European/American due to her fair skin. But who is designated Other? By whom? How? Under what conditions? And with what consequences? The author uses these questions to better understand how we are perceived or not as Other. These are questions that all participants in the study faced in one way or another.

Post-Colonial theorist Edward Said’s (2003) notion of Orientalism provides yet

another helpful framework of how we construct difference, the notion of “Other” and the way people of colour themselves internalize how these differences are perceived.

According to Said, Europeans constructed a stereotypical view of the Middle East, naming it the “Orient” and exerting symbolic power through the production of knowledge to exercise control of the Orient. Orientalism refers to a manner of thought and representation that portrays a great difference between the so-called West and the East,²³ depicting Manichaeism’s light/dark, good/evil. Said explains this is the way the West sees Arab people as different, exotic, dangerous, barbaric, and thus inferior. By portraying a group of people as inferior, the West, on the other hand, can be seen as superior, humane, and rational. The Orientalist lens distorts and labels people from complex, diverse, and rich cultural backgrounds. Simply put, Orientalism exposes a history of knowledge claims through stories of the non-West by the West. Not only did the participants learn about Othering as a theoretical notion, but they also learned about Othering through their own lives and experiences of being nursing students.

I’m the one who stands out

The issue of visibility was readily expressed by a number of the participants. Not only that they were visible due to their skin colour, but this visibility came with meanings or interpretations that located them at the margins, much like Said’s Orientalism. For Rowena, the one major thing that led her to respond to this study was how visible she felt in nursing school. She related that when she entered the nursing program, she filled out

²³ For Edward Said, West and East describes Europeans and Non-Europeans. To Said, the West refers to the way in which Europe, mainly Britain and France, dominated the Orient from the beginning of the 19th century until World War II (WWII) and the United States after WWII. According to Said, the East refers to the Orient or the Middle East. Said calls *Orientalism* a way of coming to terms with the Orient that is based on the Orient’s special place in European Western experience: Europe’s best, richest and oldest colonies.

forms asking if she was from a visible minority, but that she did not actually understand what that meant or how that would impact her. Rowena describes her visibility within a cohort of students in a white space as follows:

I found that going on practicums, because [of my colour], I stand out, I just felt so visible, I didn't have this protection. I will use the word protection of anonymity, like my friends. My colleagues, you'd see them all together, but if I am there I'm the one who stands out, so if I did something right or if I did something wrong, I stand out. Being that visible, I found out, that put me under a lot of pressure, I felt that I had to perform every time, if I did well I had to make sure that [I] kept performing at that level. I felt it didn't give me room to fail, or to show my vulnerabilities, because I was there and everybody could see me.²⁴

Rowena's narrative highlights her visibility, and at the same time, ways in which her experience was invisible to others. This juxtaposition of being both highly identifiable and yet unseen is particularly telling. It is as if she is recognized only by and for her skin colour. The visibility prevented Rowena from opening up to instructors and acted as a barrier, preventing her from asking for help if needed. She felt unable to express her vulnerability, even to let others know of her experience. This was a very helpless and unprotected place to be as a student. Being seen as different, the Other within her group of classmates, positioned Rowena in an unsafe learning environment.

²⁴ According to Corden (2007), the inclusion of verbatim quotations from research participants has become an effective standard practice in much qualitative social research. "It is common for people not to speak in sentences which would be grammatically correct under rules for written language" (Corden, 2007, p. 20). While I use direct quotations from participants, minor editing has been done for grammatical correctness. As the author suggests, participants in this study also used a range of words or phrases to ease communication, for example the use of "you know," and those were subtracted to create better flow and understanding. In addition, square brackets were used around words, for example, to replace a name with a more general descriptor to maintain anonymity or words were inserted when otherwise meaning would not have been clear.

Furthermore, this account highlights how her experience as a student was marginalized, erased, unseen, denoting a symptom of systemic racism at play. Similarly, another participant, Gloria, shared that only recently did she understand that most of her challenges were based on her skin colour or accent:

I did not know that race is a problem outside [my country] ...I lived in a very multicultural city... [here in Canada] it was difficult for them [patients] to trust me as a nurse, even though I had experience and qualification before coming here...we are in a society where the white skin colour is perceived as supreme, then you as a person of colour... you are considered disadvantaged...you are [perceived/read] as poor, [as if] you can't speak good English, [as if] you have no education, even though you have the big badge on your chest that says you are a [university] student. They still question how you can be a student in such an institution... it doesn't matter if your skin colour changed tomorrow, as long as you have an accent, automatically you are of low quality.

Gloria and Rowena spoke of a visibility that places them in a lower category than white students. In Canada, the prominence of their skin colour was perceived not only as different, but as inferior, not deserving the designation of nursing student. Another participant, Mary, also experienced a similar issue:

I think that during my practicums, a lot, like staff would see me on the floor, I don't like wearing my nametag, and they ask me if I'm a care aid, they wouldn't ask me if I'm a nurse, and you know, I haven't been able to catch it a lot of times when a friend of mine, new on the floor, and they would ask them, "are you a nurse?" but they would be white...

McGibbon and Mbugua (2019) describe similar circumstances when a minority registered nurse (RN) entered a patient's room to do an assessment, family members would automatically assume that the person of color entering the room would be coming to get the dietary tray and could not be the RN. A study conducted by Vukic, et al. (2012) also reveals that aboriginal nurses in Atlantic Canada on many occasions encountered patients that preferred white nurses because they assumed that those nurses had more training. The literature confirms the participant's accounts in which ideologies of colonialism and slavery still play a role in the experiences of Indigenous and people of colour in nursing, as racialized nurses/students are perceived as less qualified and less capable and constantly have their abilities doubted.

Gloria's account "I did not know that race is a problem outside [my country]" also shows fluidity in her experience and resembles Fanon's (2008/1952) experience of colonization and subjugation, being a black man from the Caribbean living in France. According to these participants, they were seen as less than white students, as not qualified to be nursing students, and as always having to prove that they were worthy of being in nursing school, a burden that most white teachers would not have been able to recognize that these students were bearing. Gloria's experience shows that despite her "academic credentials and experience, [her] racial identity always serves as a mitigating factor for determining [her] authority and legitimacy" (Ladson-Billings & Donnor 2008, p. 372). Furthermore, according to Gloria, even if her skin tone "changed tomorrow" her accent would also locate her in an inferior position. Othering goes beyond differentiation by skin tone to include other markers, such as having an accent. Later, I will explore participants' experiences related to their accent in further depth. For now, let us continue

to uncover the meaning participants made of being the Other within their educational experiences.

I still feel sad about it

Sonya's experience was one of complete invisibility, as she shared how in the context of her practicum her instructor would not respond to her and another student of colour's needs:

The first time I was at school, during my second year, when you go on practicums...it was a time to practice all the skills from nursing lab, so I had this instructor, and we were there for ten weeks, so we would go every week to the hospital, [and] we would be on our own caring for patients, and we would call the instructor to come with us to perform the skills... I remember calling this instructor to come... and I would text and call her and she would not come and do the skills with me. The other classmates, I would ask them: "have you done this?" and they had all, except to another [racialized] classmate would have done the skills, simple things, like dressing changes...the instructor would say that we would do it next week... [she always had excuses] and then time passed and I only got to do the dressing change [and other skills] in the very last week. I still feel sad about it, because I wanted to cry about it.

Sonya went on to say how she felt overlooked and undermined during this practicum experience. She added that it was clear that she and the other racialized peer in the group were practically ignored by the instructor throughout the practicum, despite multiple attempts to reach out. At the time this experience happened, Sonya struggled to name this as a racist exchange, and felt that looking back, this was a clear experience of

racism. In addition, Sonya described experiences of reaching out to other teachers and not having her concerns followed up; they were in fact being ignored. Not having her needs met or responded to by instructors made her question herself, if her needs were not as important to instructors as the needs of other students, and she uttered “I feel different.” Not being taken seriously touched her deeply and affected her abilities. Sonya said that her heritage was not as valued as students from a European background. She maintained that nursing programs portrayed themselves as multicultural spaces, but only some cultures were valued; to be sure, her nursing school upheld Eurocentric knowledge, values, and ways of being as important. She had an innate curiosity about others’ cultures, and was eager to share her own, but did not find that there was an interest from white students or teachers.

That is othering, I guess

While Rowena, Sonya, and Gloria are immigrants to Canada, Shannon on the other hand was born here, but she had similar experiences of being defined by her skin colour:

I always grew up here, to a degree I understand the Western culture, and it is very much part of me, but then, my family’s culture is different as well, they are all first [generation] immigrants, and then, the colour of my skin, makes a difference. No matter how Western or how many typically white [characteristics] are part of me, it is always the colour that will define me, which is interesting. And it is not a bad thing; I’m trying to say that is not a bad thing, because it is not. *That is othering, I guess.*

Shannon's account goes from the experiences in the place and society where she was born into and is part of, to the core of her nursing educational experience:

Some of the things you are feeling, like if you are feeling uncomfortable or if you're feeling stressed out, but you can't name it, maybe, I think later on I looked back and I realize that some things that made me uncomfortable, and I thought that maybe nursing just wasn't for me, or maybe I was in the wrong program, but it might be other things. Because everyone is dealing with being in a new school environment, new students, teachers, everything. But you are also dealing with being the Other, and you don't know it yet... [I remember] feeling uncomfortable in class. And then we had in one of our classes in third year, [exploring terms] like sensitivity and othering, it did not always feel like a safe environment for that, and have all my instructors being white, it didn't necessarily foster safe environment for people of colour, and I mean, there weren't even that many students of colour in my classes. So, if anything ever happen, it was difficult to find the right people to talk to. [About support at the school]: maybe there were things at school but I personally don't think of [anything] that was [helpful] ...there should be supports that are more readily available, like supports that are in the classroom so you feel supported as you learn so you shouldn't have to take time afterwards to find support.

What calls my attention to Shannon's description is the way she was exposed to Othering as more than a theory; she had the experience of being Othered in the very classroom where the theory was being discussed. Furthermore, this episode illustrates the systemic nature of racism that prevents Shannon from having the unquestioned benefit

that white students simply enjoy: safety in the classroom. I suggest that this is about the simple yet important things, such as the lack of support for racialized students, the absence of spaces where the students can see themselves represented, where they can “breathe” and process their experiences in safety. One example would be the creation of “brown spaces” within nursing schools, such as “positive spaces” that have been created, which are inclusive places for people of all gender and sexualities. Shannon also describes the confusion of naming her discomfort in nursing school, “everyone is dealing with a new environment...but you are also dealing with being the Other, and you don’t know it yet.” Canales (2000) argues how intricately intertwined the nature of Othering can be, which made it difficult for Shannon (and Gloria) to identify themselves as Other in a highly demanding environment such as nursing school. Being the Other can have very different connotations and markers. You can be defined as the Other by difference in class, gender, race, or abilities. However, in the context of nursing school, it seems that these participants felt they were insiders (nursing students) and outsiders (Othered by their skin colour) simultaneously.

In the context of a practicum while being paired with a white student, Rowena said that “when people come to talk to us, even though I was talking, they would face her, [the white student] and ask [her] all the questions, and I kind of...I thought huh... .” Again, Rowena’s account reflects that despite (or because of) her visibility, she is unseen when she is talking, and others are looking at her white peer. This goes alongside Gloria’s experience of people’s uncertainty about who has innate credibility in a systemic racist environment, and thus who is the Other *assisting* the *real* student nurse (Das Gupta, 2009). Like Rowena, other racialized students belong and did not fit in at the same time;

they were (in)visible. However, some particularly “well-meaning” questions would always place them as outsiders.

A wave of questions

Prevalent among the participants was the fact that they were often hit with a wave of questions. Leona lists some of these “well-intended” questions: “Where did you get your nursing?” “Are you the care aid?” “Where are you from?” Leona also says that sometimes patients would tell her how to do things or quiz her more, and she doesn’t think they would do the same to white nursing students. Leona affirms that in different ways, all the questions have the same undertone: you do not belong here. She says that sometimes she answers the name of the city she lives, when asked the innocent “where are you from,” only to hear, “no, that’s not what I mean, where are you originally from?” And she adds, “it is about my colour, my first and my last name.”

Similarly, Rowena spoke of experiencing racism that she describes as overt. In practicums, she would hear questions such as: “Did you get your training here?” or again the well-known to people of colour “Where are you from?” She also pointed out that white students were never asked these questions; “They were justified to be at nursing school, no further explanations needed.” In addition, she would be questioned, “Why do you cover your hair?” where white students again, did not deal with this intrusion. “Yeah, I feel like I’ve had those questions so much now...and how long have you been here?” Rowena said that she wishes she had a mentor: “What I would really like to have now is to have a nurse who is a minority like me, that I can talk to about, or [ask] “what were your experiences?” And she adds a piece of advocacy for new nursing students:

I think having a mentor like that, having support at home and having a mentor, someone who is a nurse, to guide them or to let them know that this are the things that might come across and even to prepare them about how they will *get a wave of questions* every time, even if they were born and raised here, they are going to get that every time, because like for some people that might be off putting...

Yeah, because my friend, my Muslim friend, she was born here, and people were like: “where are you from?” and I was really like, wow!

Echoing Rowena, Gloria adds, “nursing school did not prepare us for discrimination.” Furthermore, Shannon, who was born in Canada, wants to raise instructors’ consciousness of the need to support students when they are in clinical practice, where there is racism or the potential for racist experiences, reinforcing how difficult it can be for people of colour to navigate these spaces.

If you’re dealing with a patient who is vulnerable but being racist, actively racist towards you as a nurse, that is not something they teach us in school how to navigate... they can be very small things, like just the comment ‘I can’t believe you speak English so well’ or ‘you can’t be from here’ so it is not necessarily aggressive racism, but the little comments that other students would never have to deal with. I had one teacher of colour with whom I was able to share some instances of racism, which helped. Just being able to talk about it with someone who understands was most helpful, but other times I would just talk to my friends about it and we just laughed about it, like ‘that’s funny someone just said that you can’t be from Canada’ [when you were born here]. We talked in our praxis, debriefing group. They don’t teach us this in school. It is not something that can

be taught, but is also not something that can be brushed aside, because you wonder why would new grads leave too, because of those experiences.

Several participants who had immigrated to Canada spoke of being seen as Other for the first time here in this country, but it is intriguing to hear both from Shannon, who was born here and is from a mixed heritage, and Flora, who is Indigenous from Canada, that they are viewed as Other. Their experiences of being Othered exemplify the historical and perverse roots of colonization that are intrinsically part of the fabric of this white settler nation-state, and its legacy remains inscribed in nursing schools today. Shannon's question about new graduates who leave the profession because of systemic racist work environments is an important one to be considered. If we know that more recruitment and retention is needed of minority nursing students (Etowa et al., 2005; Condon et al., 2013), how are schools of nursing supporting these students to transition into practice? Instead, it seems that nurse educators are part of the problem, enacting Othering and re-instating negative stereotypes.

It would always be the stereotypes

Flora gives further detail about Othering experiences in the classroom. She comes from a family that has been on this land for countless generations, thus they live the historical realities of colonization, genocide, and residential schools. Flora generously shares what it is to be an Indigenous nursing student in Canada today:

During class if we were talking about Indigenous issues or topics, sometimes they were positive, but most of the time they were negative. *It would always be the stereotypes*, or assumptions, all the things you see in the news about Indigenous people, like the poverty, or there is no running water in communities. I felt that

we, myself, and other Indigenous students, we always get approached, the teacher would look at us, briefly, and you would feel that you needed to speak up, or you need to speak up to clarify and kind of say no, that is not how it is. That is not the way we live and that is not how all Indigenous people are. In those times when I did speak up, sometimes I felt “oh, should I do this or should I not,” like, I don’t want to make a scene. Because people always say, “oh, you need to let that stuff go.” You’ll see numerous comments, or people constantly saying, “oh you need to let that history go” or “you need to let the past go,” and it is like, but we haven’t been able to deal with it, at all. Any trauma that myself or my family or my grandparents have faced, hasn’t been something that any of us have ever been able to deal with at all, so we can’t let this stuff go, when you haven’t been able to address it yourself, and to ask a whole group of people to let it go, it’s really hard and difficult to see how its presented out in the world, and in class.

Flora is talking about the trauma from the systemic genocide (Duran & Duran, 2000), which continues for generations of Indigenous individuals whose lives were forever changed by their confinement in Canadian residential schools. Furthermore, Smith (2012) reminds us that “there are numerous oral stories which tell of what it means, what it feels like, to be present while your history is erased before your eyes, dismissed as irrelevant, ignored or rendered as the lunatic ravings of drunken old people” (p. 31). Indigenous knowledge is essential if we are working towards social justice (Semali & Kincheloe, 1999), and Flora did her best to educate others in her classroom about being an Indigenous nursing student. This burden was particularly heavy for Flora, when faced with silencing comments. Flora continues,

It's been really difficult, I think. Because there is a part of me that is really trying to change the way people think about Indigenous people and kind of crush those stereotypes, but then, for myself, a lot of my family members do fall under that and we do have a lot of social issues on my reserve, we do. My family is extremely poor, and you know, a lot of my family members are lost in addiction and I've lost family members to suicide and on one hand I have all of that from dealing with myself, but I'm trying to change it, so I feel a huge weight on my shoulders, I'm trying to make a change, and still also dealing with my own struggles within myself and within my community and family. So, it's difficult. I feel like I'm walking on two roads right now; you want to make change and you're still trying to deal with all of your pain and hurt.

Flora's experience suggests that she lives a very complex life, and that gender, class, and race markers directly affect her everyday experience as a nursing student. hooks (1994) asserts that class issues go beyond a question of money, "that it shaped values, attitudes, social relations, and the biases that informed the way knowledge would be given and received" (p. 178). The intersection of classism and racism cannot be taken lightly. Flora maintained that she would always hear the comments of how, as an Indigenous student, she would get everything for free, how everything was handed to her and other Indigenous students, and how Indigenous people do not pay taxes. These were comments made by white students who would say, "oh you don't have to pay for your school, its free, right?" Flora stated that she could not even count how many times other students have asked her that question. She says that she would never ask others about their personal income and reveals how uncomfortable those interactions were. Again,

those are not benign questions from naïve white students; they are silencing and demeaning remarks, only permitted because of systemic structures of unquestioned racism in nursing schools and society.

Similar to Flora, in which class, gender, and race were interlocking factors framing her experience, Freda, another participant, added ageism and the politics of appearance as signifiers of her experience. Freda said: “I was the oldest, the shortest, the fattest, the only immigrant...and I was not fully integrated with the group, the group left me to the end.” What spoke to me about Freda’s narrative was how she did not feel that her experience was appreciated or validated. She had considerable experience from her Indigenous roots in Latin America, but her experience was neither integrated nor valued. As I have questioned earlier, who should be in nursing school, and thus who should not? The visibility, questions, stereotypes, and issues of classism and racism that are experienced by nurses of colour in nursing schools relegate them to the margins of these educational institutions. Sometimes it is just the way you are *looked at* that places one in an “inferior” category.

The White Gaze

hooks (1992) asserts that “there is power in looking” (p.115). Where is this power located? For the participants who are deemed Other, one place that power resides is in the white gaze. Hall (2009) raises the idea of the “Other” as constructed in the gaze of the other, which he calls the “inscription of identity” (p. 202). He refers to the moment Martinican psychiatrist and post-colonial theorist Frantz Fanon realized he was black, by encountering a mother and child and the latter saying to his mom: “Look, Mama, a black man! I’m scared!” Fanon’s (2008/1952) theoretical underpinning denotes a relationship

of domination and subordination through colonialism, and the production of racialized meanings about the colonizer and colonized. From his experience, he gave further details about the (white) gaze that objectified him and placed him in a category until then unknown to him, of a black, thus inferior, man. In his seminal work, *Black Skin, White Masks*, Fanon provides a conceptualization of social inequities of black/white colonial relationships. From a psychoanalytic perspective, Fanon explores the lives of black people in a white, colonial, and dehumanizing world. He maintains that being seen through a white gaze brings about tormenting feelings of inadequacy and inferiority. Despite not directly addressing issues of gender, assuming a male perspective, Fanon's racial theory focuses on colonial relations, and similar to Said's *Orientalism*, deals with the opposing binaries such as self/other, white/black and master/slave. "When they like me, they tell me my colour has nothing to do with it. When they hate me, they add that it's not because of my colour. Either way, I am a prisoner of the vicious circle" (Fanon, 2008/1952, p. 96). Many of the participants, alongside Othering, felt that their identities were inscribed and subjugated through the white gaze. It is not by coincidence that this dissertation is titled *Re: Turning the gaze*.

She had real piercing eyes

In alignment with Fanon's description of the white gaze, Rowena spoke at length about a practicum with a white instructor in the second year of her nursing degree. This gendered and raced interaction has left a profound mark on her. It affected her then as a nursing student, to the point that her ability to perform at her practicum was decreased, and so was her confidence in herself.

I found this teacher to be very white, like physically. So, I feel that when I'm around people like that, especially women, they are very confident, very strong about their opinion. She was a very confident person. I just felt intimidated being around her. So, I tried, even though she was my instructor, I kind of tried not to interact with her as much as I should, and I think at that time also, maybe emotionally, I wasn't doing very well. So, I wasn't coping as well as I wanted with my practicum. I had gone from a short stay practicum at the acute-care for six weeks, and then back to extended care, then I had a maternity practicum, and then I was back in acute care. I should have the acute-care skills that I needed, I wasn't very confident in that. And the way she was pushing us, or was pushing me, I wasn't keeping up to that. I felt if she wants me to be at A, and I was like okay and when I get to A, I realized that oh, she wants me to be at C. So, I felt that I couldn't keep up to her standards.

Rowena went on to say that in the last few days of this practicum they had a session with an Indigenous social worker at the hospital. At this in-service, there was discussion about the issues of colonization of the Indigenous peoples in Canada that struck a deep connection to the process of colonization in her own home country:

I kind of think that I was afraid of her whiteness, because of all my instructors, she was very white, compared to my other instructors. And perhaps I had that fear in me that made me feel very low in my confidence when I was around her. And that affected my learning. And I was involved in a [medication] error, and after that incident, we sat down together, and we had a talk and that opened up a lot of issues between her [and I], and I guess she didn't realize how she was

coming on and I was able to tell her how I felt around her. So, the last two days of our practicum were perhaps the best because I had been under so much pressure to live up to what I felt was her expectations, of my skills at that time and I wasn't being open, I didn't feel safe enough to open up to her, to tell her how I was doing personally, or why I wasn't meeting her standards. That was a day or two before we finished, but we had six weeks before.

Rowena spoke of the white gaze and the fear it brought her. This is not about the teacher being white, as an uncritical observer of this interaction could suggest. The white gaze is about more than the (white) skin colour of a particular person. The white gaze is rooted in historical facts and legacies of colonialism that exert power in the lives of people of colour. For Rowena, the interaction with the Indigenous social worker precipitated a series of questions about her own background and how colonialism operated in her homeland. And Rowena added,

I know that growing up, in my country, whatever the white person does is better, if I bring something ... or a local ... they will go for the one that the white man made, because the white man has maybe the technology, knows better, it is like in the subconscious. So, she had blue eyes, and she was also in the position of authority, so that made, for me, I don't know, I didn't know I had those fears, but it made me not perform as well as I should.

Rowena's experience in her homecountry seems to echo Castagna and Dei (2000), who argue that white Western values are constantly reinforced while experiences and knowledges of racialized people are usually diminished, ridiculed, or rejected. Rowena goes on to express what it felt like to be under the white gaze:

She had real piercing eyes. I don't know if it was the color of her eyes, because I am not used to, I'm used to brown or dark eyes, so when she looks at me it is like piercing, so I cannot feel like, she can see through me, she knows what I'm thinking, yeah. I just feel afraid and for me, because the way I grew up, even if the woman is, even if she is the breadwinner, even if she is educated, we are kind of taught not to show it. But it is different here, so when I see a woman really showing those like masculine, it kind of, I don't know how to behave around them... it took me a while to know why I was feeling what I was feeling, but once I was able to understand why, it is helping me with other relationships.

Rowena's description is multilayered, and beyond race, she also unpacks what it means to be a woman both in her home country and in Canada. Race, gender, class and the student/teacher power differential are all at play in her narrative. Back to Fanon, the white gaze makes one feel inferior, and thus the instructor who is already in a position of power is perceived as superior. As hooks (1992) reminds us, there is power in looking, and in this instance, the power lays with the white teacher's gaze. To resist this gaze is difficult, Rowena's experience complements hooks' description of the white gaze,

It is hard. Because when she's looking at me I feel all this, I feel unsure of myself, and I wonder what am I supposed to do, what I should be, is there something I should be thinking of, what is she going to ask me? Yeah...

It sort of makes the hair on the back of your neck stand up

Also attempting to describe the white gaze, Mary's powerful detailed narrative unfolded this way:

I think [racism] is like the overt, the outward expression of disdain towards someone's culture and it is not...I can't tell you what this person is thinking, their thoughts...you can almost tell in just the way they're *looking at [you]*. You know, there is the obvious verbalization... but there is these little things that you can almost, just, *it sort of makes the hair on the back of your neck stand up*, almost, like the way they turn their body away from you, or sort of their side glance, or *look they'll give you*... it is this outward expression of, you can almost see them processing their thoughts, and going through their head something about your culture just doesn't sit right with them. But I guess, to feel inferior because of how you look or because of how you speak. I feel like it is coming back to *the look*. When, when you walk into a patient's room or you go up to another nurse or you go up to a doctor. They look at you and they are wondering, they're thinking, you know, they're wondering what's going to come out of your mouth, they're wondering what you want, because you don't look white, so they can't assume that you're probably a LPN or a nurse, and is not until whatever comes out of your mouth, then they sort of almost...relax...it's very weird, it's very weird, for sure. But, I think it is getting a lot better, I think I notice it a lot more in the older generations, where they sort of hesitate, and look at you, until, you know, you've spoke your mind, but, whether or not they think I'm inferior to them, or I think I'm inferior to them: I don't think that! I don't think that! I think it's very (long pause) (aha moment) (puzzled laugh), now that I say that, I feel that I have to take it back (and she says emphatically the following). It is almost like sometimes I have to justify that I'm not inferior to them, because of that *look* they give me,

because, I've done the same education, I've proved that I'm a nurse! But yeah, you almost have to justify yourself, and that's a little disappointing now that I have to think about that. I guess that has always been buried under there and you've just pulled that right out for me (sad laugh).

Throughout our interview, the way Mary processed her experience was profound to witness. Unlike Rowena, who knew the white gaze very well, Mary had brushed aside and naturalized *the look*, the white gaze, and it became clearer to her as she spoke: a painful insight unfolding. Of all the participants, Mary was particularly proud to successfully blend in within the white space of nursing school. The more she spoke, the more she became aware of how much she had to change herself to conform to the white structures around her. Throughout the interviews and from their unique positions, all the participants are looking back at whiteness, in one way or another; they are *re: turning the gaze*.

I try to look back now

Unlike Mary, who unveiled her experience of the white gaze through our conversation, Shannon was very aware of it and deliberately chose to resist the gaze, despite the great energy it took:

[The white gaze] just takes more energy, I think, like every day. And when you know that people look at you, when you're just sitting and someone just stares at you. I try to look back now, like 'hi, or what are you looking?' I think that it takes a lot of energy because it feels like you're representing more than just yourself, I can't just come to class and be Shannon, it always has to be Shannon with these issues... I don't remember the specific situation, I just remember that if

I spoke up in class, that I was representing all people [of colour]. And if I talked more than so many times, people were just goanna think that I had a problem, ‘like stop, the conversation is over’ ‘we understand, you don’t have to always say something... [this came from everyone, students and teachers].

Shannon’s story tells us that if you dare to speak, you will be silenced. hooks (1994) argues that students who are unwilling to receive without questioning the privileged class values and assumptions are usually silenced and regarded as troublemakers. Resisting the gaze takes energy, especially if you are doing it alone in the classroom. As we can see from the participants’ experiences, schools of nursing can be white spaces that diminish, objectify, and silence students of colour.

Navigating White Spaces

It is well established that whiteness in nursing is a problem (Hall & Fields, 2013; Puzan, 2003; Schoeder & DiAngelo, 2010). Puzan’s (2003) evocative article, *The Unbearable Whiteness of Being (in Nursing)*, has the purpose to “uncover the ways in which nursing participates in, reproduces and resists the detrimental practices associated with white cultural privilege and to share instances of personal and social costs” (p. 193). As a researcher, I share Puzan’s commitment. The data from this research also seems to agree with Schoeder and DiAngelo’s (2010) probing: “. . .the question is not ‘did racism take place?’ but rather, ‘In which ways did racism manifest in this specific context?’” (p. 244). Some participants had insightful views into white spaces, and from the margins, they suggest that those spaces are indeed unbearable to racialized students.

Yes, it caters to that population

To Flora, nursing school catered to white nursing students, and did not reflect her traditional ways of knowing:

Yes, [nursing school] it caters to that population [white]. Even the teaching style and method is catered in that way. [For me] growing up I have always been taught, you know, we'll sit and listen to family members, and my grandmother, and we never would write down any history, we don't write down any stories or teachings, or learning. That's not something that we've ever done. I've never seeing my grandmother write down stuff she's learnt, anything. So, to go from that type of dynamic, being really close, to going to a classroom where you're expected to write everything down and to be able to do a test, its different, I find. We have to adapt to that learning style, which is different to what I have been brought up to learning, and how I was brought up being taught. So, I find that's hard.

Flora's experience brings to the surface that nursing students today are forced to conform to Eurocentric worldviews and ways of being in the classroom, this includes using the English language, and use of American Psychological Association (APA) format to write papers. Furthermore, we reproduce how nurses should dress, how they should be, and how they should practice. What Flora's experience is pointing to is that she is not able to be who she is at home, and thus she is not able to bring and to share her full self in nursing school. She must conform to this Eurocentric, white environment that may even re-traumatize Indigenous students because it could resemble their family's experiences with the Canadian residential schools. In this scenario, it becomes difficult

for Indigenous and other racialized students to see that their knowledge and the ways of being experienced at home are valued. Smith (2012) discusses the impact that imperialism has had on Indigenous knowledge and on how European colonizers and their descendants, including social science researchers, delegitimized and subjugated Indigenous knowledge. Smith argues for a decolonization of theories and history writing in order to reflect understanding of Indigenous peoples, as opposed to the understandings of the powerful. Smith also challenges notions of truth about the history of research in the colonial period, arguing that instead of justice, history is mostly about power, to be sure, power in favor of colonizers. Thus, Indigenous people are still marginalized and working very hard to turn history into justice. Flora gives this advice to instructors:

Sometimes I think it's hard to teach people who are already set in their ways. It is hard to let everything go that they know and open up their minds and hearts to learn about Indigenous people and their experiences because they may not see how they came off or they may not see how hurtful things can be during class, and in clinical, and I hope that they can learn what it is to be an instructor to an Indigenous student and teaching this content in class, because it is not easy. And it is very traumatic, if you're talking about colonization and residential school and all the stuff that has happened to Indigenous people in a class with Indigenous students it is hard... they need to be reminded that this is still going on... and they need to be part of the change and not the problem...it is frustrating how stuck people seem to be.

I don't think they will get it

Rowena spoke about how she and another Muslim student were called aside by an instructor to satisfy the instructor's "curiosity." The teacher wanted to know if they had any objections to the use of alcohol hand sanitizer. Rowena said,

I don't know if she wanted to clarify something for herself with us about alcohol hand sanitizer, because she had read somewhere in the newspaper, that some Muslim were against the use of alcohol hand sanitizers... because of Islam... So, my friend and myself were like: "so, we just clean our hands, right?" We have no issues with that.

Rather than single out this particular instructor, we can try to understand the educational environment that enables this interaction to take place. Being a visible minority already places Rowena in a vulnerable location, and being a student, a woman and Muslim further marginalizes her in white environments. Questioning a student based on assumptions about the instructor's understanding of the student's religious beliefs, in some ways, essentializes Islamic beliefs, as in this example given by Rowena. Because Rowena is a Muslim, the instructor felt entitled to satisfy a curiosity about Muslims and their faith. Muslims, like Christians, are from various denominations and Islam is practiced in different countries. Lazreg (2006) cautions us to avoid homogenizing women from a vast geographic region into a singular group. Furthermore, Lazreg questions grotesque generalizations, for example referring to "Islamic women" or women of the Third World as if we would study women in contemporary North America and Europe as all being Christian women. The author describes these generalizations as

Eurocentric²⁵ attitudes towards groups that are very diverse in cultures, religions, classes, and nations. I agree with the author and assert that what enabled the instructor to ask such questions to the students, “which reinforces the notion of difference as objectified otherness” (p. 323), is the Eurocentric views in which the institution is embedded.

Rowena went on to say,

I feel that sometimes, people don't get why your views are the way they are. Because for me, in my country, there are Christians, Muslims, and there are traditionalists. I grew up in a polygamist home; but here if you talk about polygamy, it means something totally different, or people don't get the things you're talking about, or they look at you thinking, “huh?” So, some things I just say to [myself] because I don't think they will get it. So, being in between cultures, when it comes to celebrations, like here, it's white, it is Christian, so you get all the Christian vacations and everything, but when it comes to my celebration [Ramadan], I have to be vigilant, and make sure I either take time off work for those days in advance, otherwise I have to go to work or go to school on those days. So, so I found that the being around Ramadan and doing 12-hour shifts in practicum is really hard.

While she did not feel understood in a white environment, according to Rowena, among the non-white students there was an understanding “without saying”:

...and then I found that usually, like, the other classmates of other non-Caucasian background, tend to like, stick together, because we kind of understood, sort of without saying, we understood each other. So, we felt free to say the things that

²⁵ Eurocentrism: putting Europe in the center of Knowledge. In this study, can be exchangeable for white space.

were bothering us, perhaps we felt that the other colleagues would not understand because they didn't have our experiences. Yeah. So, I found that myself and a few other minorities in the class, we tend to... we get together often and that helped.

... Maybe perhaps we didn't feel as safe at discussing those [things that were going on in the class, or experiences in practicum], perhaps like other classmates were having the same experiences, but maybe we didn't feel as safe in talking. I think that [the classroom] is supposed to be safe for the students to say whatever they're feeling or whatever is going on I think I was careful about the things I shared in class, there were things that I would share with my minority group, that probably [I] wouldn't share, because I felt they would understand the context better than my other classmates.

Rowena went on to explain the way she witnessed white students talking about another racialized student, and the way they disregarded the racialized student's experience, "so that made me more careful about the stories I shared in class with everybody else, and the kind of things I would share with that group," she added. She would have in-depth conversations about what matters to her racialized friends, "but like with my white friends I just talk about mundane, day to day, I don't really talk about deep personal issues." Having other minority students in the classroom was essential to some of these participants. Flora echoed that it was easier to relate to other students of colour as they shared many of the same issues of discrimination as she did. She maintained that having other Indigenous students in her class was very helpful because she was able to lean on them for support and have others she could talk to who were experiencing similar

issues. But that also posed challenges because other places and classes did not provide the same safety net of having each other, and she found that she needed to be educating others about Indigenous peoples and rights while facing racist comments over and over. And this was very difficult.

Yet another participant, Sonya, also commented on how her friends in nursing school were all racialized. She said that the white students were nice, but not friendly. She felt excluded from the white peers' group. She expressed with great sadness, "Why would I share [about myself with them], if it's not reciprocated?" Like Rowena, Sonya said she did not trust to share deep thoughts with (white) nursing classmates. Sonya ended saying: "They didn't get to know me... they had no interest in my culture." Sonya spoke of her desire to share her cultural background, but this was not recognized, nor was it appreciated; she felt marginalized both by white teachers and white students.

It's almost like a disdain

Mary, who blended in with the white students, endorses the experiences of Sonya and Rowena.

I think it's a matter of perception from the white students, because I was able to speak their language without an accent, without a problem, I was able to write papers, better papers than they can, because of [my Western] education, that they viewed me as part of the group. Because when we'll be in group conversations on Facebook, and we'd be trying to talk to students that may be struggled with English, more because of their background it was very obvious sort of, I can't find a better word, *it's almost like a disdain*, when they look at students who aren't able to, maybe have grammatically correct sentences, or convey the meaning that

they want to, because they're not fluent in English or because they have an accent. It's quite obvious whether you're typing or you're speaking in person, but I think, this is definitely almost like a pull between students who could speak English, versus students that, maybe had an accent, or were not native English speakers. There was definitely that separation there, that you could find, that they would sort of gravitate away from each other and that's just how it worked [in] school, in nursing school at least. [The non-white students] were on the outskirts.

Puzan (2003) states that for students, faculty, and clinical nurses, whiteness, including “acting white,” is necessary for full assimilation into the nursing institution. To Puzan, through “acting white,” nursing students would “adhere to the behaviors, values, beliefs, and practices of the dominant white culture” (p. 195). According to Mary, she acted “her whiteness” well, and those who were not able to *assimilate*, severely suffered the consequences by being cast aside.

A lot of my friends say I'm very whitewashed

Still on the topic of assimilation and conformity Mary continues:

My friends will, they will preface anything that has to do with my culture by saying: “I'm not trying to be racist, I'm just ignorant, tell me about XYZ.” And I don't want to say I don't mind it, but it is just gone to the point where it's so normalized, that I don't even think about it. But yeah, there is a lot of that (tokenism) happening within my group, because within that group of ten or fifteen, you know, closer, closer friends, I'm the only non-white person, out of all us and I'm always going to be the Asian friend that they have. Because most of them don't have Asian friends, and on the flip side, for me, I'm their friend but I'm

also their Asian friend. And throughout nursing school, I wrote better papers than most of them, and most of them would come to me for me to edit their papers, and I don't know how to put it, it's almost a little bitter that you know you grew up in Canada, but you can't write your paper as well as I can. But I think to get back to the whole tokenism, I don't think it's that, I don't think it's in a negative way for me because I blend in quite well, and I don't have a lot of very Asian characteristics in my personality, I'd say, a lot of my [white] friends say *I'm very whitewashed*, I don't think that's a very good thing.

When asked if being called whitewashed was a compliment from her white friends, Mary added:

They mean that in a good way, as in I have more white person's characteristics than Asian, but I think it is because they don't see when I'm Asian, because I'm Asian at home. I'm Asian with Asian people. There is a very big difference in the way that, you know, I would express myself... when I'm talking to my white friends, my white professors, so, I don't think even it's a very mild that tokenism you're talking about. I think it would be more obvious if someone was more Asian, I don't know how else to put it, yeah.

Mary's experience has multiple layers: being the token of her group, denying her cultural identity when she is with white peers and teachers, and conforming to white spaces. She is Asian at home. Like Flora, who is Indigenous, Mary also must conform, and does not see her cultural background acknowledged and valued in nursing schools. Furthermore, Mary's experience is an exemplar of what nursing schools demand, and the academy rewards: she succeeds in conforming. I wonder where is the multicultural and

diverse mandates in schools if students have to conform to the “white-right?” “The term “multiculturalism” often implies that a bunch of “other” peoples need to be taken into the mainstream. For example, the approach of many “diversity” recommendations is primarily one of “add colour and stir” (Allen, 2006, p. 66). Allen’s unnerving critique reflects deeply about the meaning of inclusion in schools, most importantly whether or not students of colour experience inclusion. According to Mary, in order to be included one must be “less Asian” and “more white.” Sonya and Rowena, for instance, could not conform to that extent.

You have to forget where you are coming from

Although Mary, Rowena, and Sonya came from different heritages, the racist fabric of nursing school emerged throughout theirs and other participants’ interviews. While Mary was able to not only adopt a new culture, but to navigate well between two cultures (home and school), another participant, Gloria, was not successful at that, but expounded on what it is to live in this white settler nation-state, in particular, what it is to be in nursing school in Canada:

In Canada all nursing theorists are white, we do not get to see people of colour who may have contributed to nursing at one point in time... it is the Western way of supremacy and they want to keep it at that... people of colour or other minority groups, they do not have the opportunity to break into the system... As people who are minority immigrants to this part of the world it is better for us if we want to survive [and] be part of society, you have to forget where you are coming from, and adopt their way of life culture...

Gloria continues:

We do not feel included [in nursing school] because it doesn't matter what you say, it is not taken seriously, your contributions are not acknowledged ... but when the same contribution is made by a Caucasian... then it becomes acceptable.

Gloria goes on to say that even talking about it makes her upset. She feels very discouraged, and she believes that the demands of being a nurse/nursing student and having other responsibilities (like family, housing, and so on) prevents nurses from continuously addressing those issues and “everybody sucks it up and keeps on going.” As another participant would say, “tomorrow you go back and you pretend nothing happened.” Gloria and I discussed how multiple responsibilities in private and professional life prevent nurses of colour from challenging a racist system, and it becomes too much of a burden when people are already stretched to the maximum.

Accent as a Marker

Many participants who had a foreign accent spoke about how they were treated differently because of their accent. To Canales (2010), beyond the issue of visibility, exclusionary Othering includes personal features such as skin color, accent, language, and physical abilities. Accent, in addition to class, race, gender, and religion, was yet another intersectional marker that negatively affected participants in nursing school. Having said that, this is a topic that has not been well explored, hence the relevance of the participants' accounts. What surprised me is that accent was an issue even to participants who spoke English in their native country, but here in Canada, they presented with a foreign accent. I would be very curious to know if this would be true too, for example, someone with a Scottish accent. My guess is that this would not be an issue, as it is for us, where having an accent is interlocked with being racialized. To illustrate that,

I shared a story with some participants about when I and an African Canadian friend were attending a social gathering, and a “well-intentioned” white woman asked my friend, who was born in Canada, where was she from. Not satisfied with my friend’s reply that she was from Canada, the woman insisted, “but I hear an accent!” My friend serenely said, “you don’t hear an accent, you see one!”

If you're not able to be flexible in your culture, then they ran into a lot more problems

To Mary, in addition to blending into white spaces, she had a positive interaction with instructors due to her ability to be “flexible in your culture”:

I think, my personal interactions with instructors were very positive, and once again I think that's because I can speak English, like another Westerner, but I did hear of the, you know non-native English speakers, that had trouble with instructors because, maybe they can't convey their meetings properly or, there were a lot of papers throughout nursing school and they just weren't able to get their papers to where the instructor wanted them, but for me, I felt like everything was positive with instructors. I guess that when I spoke to those students [non-white], they would tell me in essence they're frustrated about their language skills. Both [the instructors and the students themselves were frustrated]. There were both input and output barriers, in that sense, right? And, I think there is a very, I feel *if you're not able to be flexible in your culture, then they ran into a lot more problems.*

From Mary’s experience, if you are “flexible” in your culture, and are able to comply with the normative Western English, you will have an easier experience in

nursing school. This is in contrast with my African-Canadian friend's encounter I mentioned above. It was her colour, not her non-existent accent that impeded her to be seen as Canadian. The seemingly benign, "I hear an accent," became a naïve way of saying she did not belong. To be sure, this is about who fits in, and excludes those who do not fit in this white picture of what it means to be Canadian. This carries the histories of subjugation, slavery, and the colonizing project in a very subtle way. Racialized people are not seen for the diversity of representativeness, or for what they may contribute. Furthermore, as Mary has attested to, there is a sense that we have, as people of colour, to accommodate, to make our presence more "palatable" to white people, and that is exhausting. It seems that the one perceived as Other always has to accommodate to the colonizing demands of the Anglophone/Caucasian world. Conversely, these intersecting markers of accent and race may be experienced very differently. As another participant stated, "it doesn't matter if your skin colour changed tomorrow, as long as you have an accent, automatically you are of low quality." Clearly, people experience accent interlocking with racialization differently. Some may enjoy privileges associated with "being flexible" while others will not be seen/heard beyond the colour of their skin.

Oh my God, you are so stupid!

Angel concurs with Mary's narrative, that having an accent is perceived as a problem by some instructors, and that it placed her in a vulnerable and marginal position in nursing school. The need for conformity that is imposed in white spaces cannot be attained by many racialized students, as some of these stories uncovered. Furthermore, not only values and attitudes preclude students of colour from "blending in"; many participants have their accents act as a major barrier within a white environment. As

mentioned, Gloria stated: “it doesn’t matter if your skin colour changed tomorrow, as long as you have an accent, automatically you are of low quality.” Angel emphatically states,

We are in the weaker situation and they [instructors] have the power. They can be contradictory, and their opinion is subjective, at the same time you have a teacher saying you are doing fine, and another saying that your communication is a big problem. With language, I can say, even now after 20 years I still have an accent, and my daughter even corrects me now.

This is a woman who practices nursing in English and French, in addition to her primary language. When will the fact that someone speaks three languages be considered an asset as opposed to a reason for demeaning someone? I told Angel that in the beginning of teaching or presenting at conferences I no longer apologize for my accent, as I used to do as a novice teacher. Like Angel, I have been in Canada for 19 years and will never lose my accent. Nursing students should not be ashamed of being bilingual or polyglots. The idea that a person’s intellectual ability is judged based on having an accent seems absurd. But several participants in this study reaffirmed that this is in fact what happens. People look at them and their contributions differently. Sedgwick, Oosterbroek and Ponomar (2014) confirm that accent is but one of the multiple barriers to nursing students feeling of inclusion in the clinical setting. Thus, accent is another significant marker of inequality, where racialized students are doubted, undermined, and seen as inferior. As Angel said, “Some [teachers] think, *oh my God, you are so stupid!* They treat you differently, it is visible that they treat you differently... sometimes our grades were even higher, but you are still treated differently, because of your accent.”

Angel's account highlights how pervasive systemic racism is in the lives of people of colour. On the other hand, due to the fact that she did not have an accent, Mary, in juxtaposition to Angel, was able to fit in. It has become clear that we still have a long distance to go to move through preconceived ideas about people's intellectual abilities based on whether or not they have an accent.

Maybe they don't know what they're doing

Mary stated that she lived between her family culture and the white school culture, adding that those are different spaces to navigate. She had to conform to the second one, and she had no trouble doing it. Quite the opposite: she acknowledged that blending in with the white culture afforded her privileges otherwise denied to students who did not conform to whiteness.

I had a practicum where a peer, another student, she was of Korean descent and she had an accent, her speech was a lot slower than mine, she had admitted a patient and wasn't able to complete a lot of paperwork because this patient for whatever reason wouldn't divulge his information to her. I went in, I sat down with this patient and I asked him "hey let's go through all this paper work, I heard what's going on, why weren't you able to give us all this information, you need this for your health" and he simply told me that he didn't feel comfortable with her. And I didn't know why he didn't feel comfortable with her, but I asked him, "are you ok speaking with me?" and he said yes. And, you know, the only difference I can tell you is, I don't know how she approached his patient, there's a lot of personality differences that patients would gravitate to, and its either that, the way she speaks, but other than that, we dress the same, we look the same, you

know, but if you don't have that forwardness with white patients, you get a lot of “*maybe they don't know what they're doing*” because for Asians, it's very common to beat around the bush, if you know, if you throw straight balls, it's not going to work out if you're trying to talk to an Asian patient. Soften a lot of the edges, go around the corners and everything, but between her and I, I think the main difference is one is language, and one is personality, I think this is how it works.

According to Mary, you need to conform and to be assertive to be deemed as a competent nursing student. That is how nurses are expected to behave within a systemic racist environment. If you do not conform, even if you do have the qualities and qualifications, you are seen as not capable, not qualified, and inferior. It has become difficult to imagine reasons for Mary not to conform to this structure if she is rewarded by being included and accepted.

There was sort of a distance gap between your relationships

Despite identifying as a racialized nurse, Mary was in a way an insider in the white bubble of nursing school:

People of Caucasian presentation, they would gravitate towards me, you know, one out of curiosity, but two I didn't have an accent and I felt that worked to my advantage. When I started socializing with my nursing class, you know you're here in the same group of 40 to 50 students and I did notice that out of the few non-Caucasian students that were in my group, I was the only one that was able to have these relationships with, I feel that there is no good way to [say it], like Caucasian people. Essentially, I don't know how else to put it. So, I noticed people who aren't white if they had an accent, it was harder for them to form

relationships with Caucasian students. You know they would be acquaintances, if they were doing group work, it would be part of it, they, the whites and the non-whites, I think that this is just...I'm sorry! It's making it sound worse and worse. But that's sort of what it is... they were able to get the work done but they weren't able to have the relationships outside of school... Yes, so you would definitely have the group of students who were white, and then people who were Asian, or of any other descent but could speak English without an accent that were part of group and then on the outskirts of that you had the students that struggled with English so...

Through Mary's and other participants' narratives, it seems that nursing schools are perpetuating exclusionary practices, where it becomes impossible to belong and still remain who you are. Della, another participant, stated that she had a good experience in an online learning context. "If you are not seen or heard, [by the instructor] the experience is okay." This does not come across as a good experience, if you must be hidden in the virtual space in order to be taken seriously. Like Angel, Della said that because of her accent huge assumptions were made about her ability and intellect. She also said, "What will make this employer notice my résumé? I told my boyfriend that I wanted to change my last name to a Caucasian last name so they will reread my résumé and give me a chance and call me for an interview. So, I can tell them I can do the job."

Some of the participants had already practiced nursing for years with a nursing diploma, and for different reasons, including discrimination in the workplace,²⁶ went on

²⁶ During the interviews, it was inevitable that the participants touched upon experiences of racism suffered in their workplaces. As the focus of this dissertation is racism in nursing schools, this is beyond the scope of this study. For further reference, please see Das Gupta's (2009) enlightening discussion on systemic racism in the workplace, titled *Real Nurses and Others: Racism in Nursing*.

to attain their nursing degrees in an effort to be seen differently. They thought that perhaps with more education, they would be viewed or treated differently in their practice setting. Education becomes a marker of class and even racial distinction. Della expresses her frustration: “It is very emotionally distressing... because there are days I say, what is the point of me struggling to show these people that I can be equally as good as them. And then miss out on raising my kids. Because going to school is such a commitment.” These nurses are making huge efforts to better themselves in the profession, to survive systemic forces that prevent them from being seen as equal to their white peers.

As Della’s account suggests, systemic racism is widespread in education as well as in healthcare. Various participants spoke about their experiences of racism after leaving nursing school. They spoke about the difficulties in getting better jobs or applying for promotions or management positions. Della got to a point of wanting to change her last name because she would not make the cut for interviews when applying for a position. Now, she is thinking of pursuing a master’s degree in order to be seen differently in the work environment and to have a chance of promotion within her work. Della’s narrative confirms Das Gupta’s (2009) findings, that many nurses of colour pursue higher education in order to deal with the barriers to promotions. How many initials after your RN (registered nurse) designation is needed for people of colour to prove that they are capable, often fluent in multiple languages, intelligent, and already qualified to do an outstanding job?

Always Proving Myself

Every single participant in this study spoke about their perceived need to work harder than their peers to prove themselves in the white academic environment. As the interviews illustrate, while in school, nurses of colour were undermined based on how they looked or based on their accents, in conjunction with intersections of gender, class, age, and religion. Della, for example, stated, “once they know me they learn that I am capable.” She went on reflecting, “But why should we have to prove ourselves harder just to be seen as equal?” And she added, “It didn’t matter how hard I tried, I’m not good enough. It didn’t matter what I said, she (a white peer) just repeated what I said and got the validation.” Trying to prove herself brought Della questions like “is it me? That they don’t trust me?” No, it was not just Della. Leona stated that teachers should be aware of how hard nurses of colour have to work. And she had this to say to new racialized nursing students:

Beware of prejudice. Know that you will have to prove yourself just a little more than your Caucasian colleagues, or the questions patients ask, “where you are from?” Not to take it personally, because it is not on you, it is on them. It did get to me at first, and I [would] ask: is it because I am new or is it because I am a nurse of colour? And over the years [it became clear] it was not because I was young it is because I am a nurse of colour, because I still get it asked and now I have more wrinkles and gray hair.

Mary was also frustrated that despite blending in, she still had to prove and justify that she was a good student nurse. Angel stated that she at times envied the white

students, because during the practicums they were having a good time while she felt the instructor was scrutinizing her work.

There is a lot on the line

Flora had this to say about proving herself in the midst of systemic racism:

[Instructors], they had this way of being, where a lot of them were stuck in their ways, instructors, even the administration department. I've come across instructors that were really great, really helped me in school, but a lot that were really reluctant, and they weren't willing to give me an extra chance.... I think, you know, unless you kind of call someone out on it [racism], it's going to continue to happen. *There is a lot on the line*, there is a lot that they can take away from you, and you don't want to put yourself in that situation, you just want to get through it and be done. I think that now that I'm done with school I feel a lot better, that I can stand up and I feel like, you know, if I ever did, was able to say how I felt and bring that forward again, I would. And say: that wasn't right. Sometimes I think that people are oblivious to their own actions, and how hurtful it can be, and I don't know if any of these instructors are people that know how much it hurt me and impacted me to be told that "you should take a year off because you probably not going to pass your last exam."

Flora's experience with a particular instructor was one that I would describe as fighting to prove herself and for the right to be in school. She had a personal difficulty and was supported by both Indigenous and counseling departments of her institution, but when it came to her nursing instructor, she faced undermining, doubting, and threatening attitudes. From her instructor she heard things like: "she wouldn't pass," "*her knowledge*

wasn't there," "it was going to be too hard for her to finish." Furthermore, the instructor brought up the qualification examination, which was more than a year away. In addition, the teacher threatened the student with a policy that according to the student was nonexistent at the institution: if she failed her class she would have to return to year one of the program, due to the fact that she had already failed another class. Going through a traumatic experience outside of school and the added stress of the interactions with a nursing instructor shows at least the incredible resilience of this student. I contend that success in life should not be measured by grades, but by the ability to move on despite the intersecting struggles to do so. As Flora narrates her experience, she wonders if others with fewer inner/outer resources would have made it. My question is, what happens to the racialized students who have not finished the program? Are they able to return to school after taking time away, or do they lose their dreams of education and a career in nursing? This is an important question when assessing how well a school is able to support or not support racialized students. We often blame students for their failure, while spending little or no time reflecting how teachers and institutional policies have contributed to what is named as student failure. Flora went on to relate how this experience added to her mistrust of future teachers and the institution. She states that she would not reach out for help from anyone. Furthermore, Flora also reveals that other difficult personal episodes almost prevented her from continuing, but if it was not for the time off she took to deal with these challenges, she would have sacrificed the ability to finish and by finishing she would be in a better position to deal with her personal/family challenges. What I perceived from witnessing her account was that the onus of getting her education went far beyond her personal satisfaction of graduating from nursing

school. Persevering and succeeding despite such adverse milieu (white nursing spaces) made her walk in the graduation ceremony with her community, family, and Indigenous tradition on her shoulders. She had so much to prove and carried that with pride across the graduation hall.

If I failed, I felt that I was representing my race

Rowena felt that beyond being too visible in the nursing program, due to the lack of a diverse body of students and faculty, she also felt that she was representing more than just herself in the classroom:

Yes, I felt that I needed to prove myself more, and I also felt like if I failed, I felt that I was representing my race, so if I failed it would make it harder for the next person. So, I had to [work harder]. So, I just felt that I had to keep pushing, and pushing myself...

As another participant noted, there is great weight on the shoulders of a nursing student who is representing not only herself, but also those who went before her and those who will come after her. Furthermore, Flora added that she saw first-hand the ripple effects of what is taught in nursing schools and how it affects her community. She maintains, that she has had people from her community come to the local hospital as patients who experience discrimination and stigma from the nurses who graduated from the same place from which she has graduated. Flora is committed to change this reality and participating in this study was an act of commitment and advocacy.

Even though I was talking they would face her

In the context of a practicum, when Rowena was paired with a white student, she said, “when people come to talk to us even though I was talking they would face her [the

white student], and ask all the questions, and I kind of...I thought huhh..." Rowena stated in the beginning of her interview that she felt very visible, and yet, it seems that she was also invisible when paired with a white student. "They would face her." Experiences like this delegitimize students of colour in nursing school, and again, this demonstrates the systemic pervasive nature of racism. Das Gupta (2009) relates how black nurses are not seeing as valid nurses but are perceived as assisting a real (white) nurse.

Nobody really sees the other side of how well we can do

Flora had multiple barriers while in nursing school, and in addition to them, she had to face the oppositional challenges of an instructor who constantly undermined her and her abilities. To Flora, to counteract racism and classism, proving herself to this instructor became an act of resistance:

To compare a middleclass student, whose family went to university and siblings have graduated from university is so different compared to where I came from. It's so much weight on your shoulders, your whole community is looking at you and they are watching you. That was extremely difficult [being told by the instructor she was not going to pass]. A lot of Indigenous people, we're constantly being told, you're not going to do this, you're not going to do that, be compared to "oh I see someone, an Indigenous person or a native drunk or something like (that)." You're constantly being compared to those negative stereotypes and nobody really sees the other side of how well we can do. That was so difficult, and I think that even now to this day [that was a while ago], I still think that there are certain people there that didn't think that I would succeed, and

it's been [some time now] since that situation happened, and even when I went to go walking across the stage and get my degree, I was sitting there thinking "this lady is here and I'm going to prove her wrong," I'm walking across the stage and she said I'm not going to do it. It is a shitty feeling to think that you have to prove to people that you're going to be good and you'll going to do well, it's not a good feeling... you want to kind of be looked at as equal... but I think it is going to continue to happen, until we can really push and make those people accountable for their actions, because I don't think anyone should ever be treated that way, I don't think anyone should ever be made to feel that they are not as good, or not as important or not as capable of doing something. I think that everyone should have equal opportunity to follow their dreams and what they want to do whether it takes them four years or seven, you know, everyone is different, and we should acknowledge everyone's differences and they are important no matter what.

Flora's eloquent narrative speaks volumes. These collective accounts have shown the inhumane and inescapable racist structures in our institutions, perpetuated by the unquestioned white privilege of instructors and students alike. Living within racist structures has an effect on participants' health, especially due to the microaggressions that are experienced daily by people of colour (Verjee, 2013). For McGibbon and Mbugua (2018) everyday racism, these persistent and unending discriminatory actions, ultimately take their toll on the health of racialized people.

Racism Impacting Health

Das Gupta (2009) gives us a detailed account of workplace racial harassment suffered by black nurses in Canadian health care. The author asserts that the exposure of nurses of colour to toxic emotional environments is detrimental to their health and can culminate in illness such as depression, ulcers, and insomnia. Similar to Das Gupta's research study, the women in this study spoke of daily micro-aggressions they experienced in nursing school. They shared feelings of being diminished, silenced, Othered, scrutinized, isolated, and delegitimized. Racial microaggressions are elusive insults (verbal, nonverbal, and/or visual) aimed at people of colour, often habitually or unconsciously (Solórzano, Ceja & Yosso, 2000; Sue et al., 2007). Through the participants' stories, the effects of every day racism on their health and well-being became apparent.

Tomorrow you go back, and you pretend nothing happened

Angel spoke at length of her experience of discrimination compared to white students in her group in the context of clinical practice:

I don't remember how many times when I came back from clinical days and I cried, cried, cried at home, it was very stressful. I cried and wanted to quit the nursing program. It is something you know is unfair [discrimination from instructors], but you have no way to fight it.

She went on to talk about the vulnerability and powerlessness she felt as a student. In the context of having an unfair situation with a teacher, she said: "you have to pretend nothing happened, you go home and cry, and *tomorrow you go back, and you pretend nothing happened.*" She maintains that she constantly felt powerless, weak, and

silenced.

Like Angel, Rowena also felt the clinical practice stressful to the point that she had cardiac symptoms and sought help from her medical doctor. After she underwent a series of health tests, there was a strong indication that her symptoms were due to stress, and her physician suggested counseling. She engaged in counseling sessions through student services. In dealing with the stress, she said,

It's not like something I can go home and talk to my husband about, because he wouldn't really [help], and then, you can't just talk at home, and there is really nobody to talk about it at school and being a mature student...because I had work, had kids, and school, that already separated me, from the rest of my peers.

Rowena's experience at the intersection of class, gender, age, and race indicates the vulnerable position she endured while in nursing school. Most of the mature participants in this study spoke about the hardships of financial constraints and supporting a family while in nursing school.

How hard and difficult it can be to be away

There is so much more in the lives of any given nursing student than what meets the instructors' eyes in the classroom. This is the reason why an intersectional analysis helps us to contextualize and shed light on the nuances that teachers could overlook. For example, Flora spoke about not being culturally understood:

One of the hardest things what I see [in nursing school] is instructors not really understanding how connected we are to our community, not just our families, and our close family, it's our whole community, the way we live, and how we are, *how hard and difficult it can be to be away*. And for them not to understand.

Flora gives the example of how different Western traditions portrayed at the school are from her Indigenous background around the experience of losing a family member. She expressed how much these opposing traditions affected her wellbeing and maintained that the Indigenous department of the institution intervened and that their support is what enabled her to carry on. The school of nursing, however, failed to provide this support. Shannon also asserts that teachers lack awareness and they lack understanding “because you can only talk so much about a certain population,” and “there wasn’t very much diversity within the faculty, which I think would help students.”

I felt very lonely

In addition to age and values, lack of social support and being a migrant in the community were also markers that contributed to Rowena’s marginalization from the hegemonic experience she perceived white nursing students enjoyed.

I think like that... in a class of 40 something, I would say that I was close to just one person, and when that person wasn’t there, I felt like, well my partner wasn’t here... I didn’t feel like I could be a part of some of the other discussions... or outings, because I don’t drink, I don’t smoke, and a lot of people are going out for, when they are going out, doing stuff like that, and I don’t want to be in that environment, so that kind of excluded me from some of the things that my other classmates would be doing, and also because I’m a mature student, that separated me [from the group as well].

Rowena spoke of a loneliness that prevented her from sharing her vulnerabilities and fears with instructors or other staff members in the nursing school. She pointed out that there was significant support for Indigenous students, but no support for other

minorities in the program. Flora, who is Indigenous, states that she feels that change is happening at the school for Indigenous students. She added where she found support: “through the Indigenous department, advocates in the department, people who are insightful and knowledgeable about what is going on for Indigenous students and what they go through beyond nursing school.”

Gloria, like Rowena, experienced a sense of isolation and had this insight:

I feel that this is ignorance [to be treated as inferior]...I've grown to a point that I don't allow silly statements take over my emotions, although it bothers, because you come home and you sit down and begin to think what you could have done differently, and in the end, you don't see anything you could have done differently, you feel bad, you feel sad. Sometimes, you take it down on your family, sometimes I take it down on myself... it is not a very nice feeling...it does affect you emotionally, yes!

Gloria seems to agree with hooks well-known statement, “I will not have my life narrowed down, I will not bow down to somebody else's whim or to someone else's ignorance,” but acknowledges that “silly statements” as she puts it or microaggressions do affect her emotionally and touch others around her. There seems to be a conflicting pull within; on one hand, Gloria wants to be above these daily insults, while on the other hand these microaggressions weigh on her emotional wellbeing.

I'm on antidepressants, this is how I cope

According to Freda, who like Rowena and Angel, is also a mother, the combination of school, night shift (as a care aid), single parenting, and other life demands was the cause of a severe burnout. Freda expressed a great deal of pain in her personal

life and in her life as a nursing student. Della, also a single parent while in nursing school, added: “*I am on antidepressants, this is how I cope*, otherwise I would not be able to cope. I have been struggling mentally...I am on a stress leave, engaged in counseling.” Similarly, Shannon also said,

Sometimes I get really tired, and I will just stay in my room, or [I] stay in bed.

Some days I just won't get out of bed unless I have class. If something has happened to me and I haven't really processed it or like dealt with it appropriately, then I'll just let it sit. Yeah.

What affected Flora was a combination of being away from her Indigenous community, loss of support, a death in the family, and dealing with a difficult personal issue. She felt lost and did not know where to turn to, and felt a disconnect from school. Flora took time off, and luckily for her, she returned and concluded the program, but she indicated that other students went home and never came back, for those and various other reasons.

From the participants' accounts, dealing with racism is debilitating, numbing, and affects them emotionally, mentally, and physically. It constitutes an extra burden that is invisible to most instructors, who, according to all participants, were predominantly white. Stress, burnout, cardiac symptoms, self-doubt, loneliness, mental health problems are just some responses to living in a systemic racist environment. In a study with doctoral students in nursing, Hassouneh-Phillips and Beckett (2003) emphasized:

The work of analyzing, deciphering, and assigning meaning to the racism participants encountered required a tremendous amount of energy. Participants viewed this emotional and intellectual work as a burden Euro-American students

did not have to bear. Unfortunately, this energy drain went unrecognized by the majority of Euro-American faculty and peers, leading to participants feeling alienated and angry. (p. 261)

The stories shared by the ten nurses who participated in this study help us to better understand systemic racism in its everyday practices. Their narratives tell us that racialized women experience racism and discrimination in nursing school, exposing the historical roots of colonialism, which still permeate nursing academia today. Exclusion, discrimination, and Othering affect nursing students. The literature in North America supports these findings. However, the agency exercised by the participants and their powerful critique of whiteness and racism surprised me. Far from being silenced victims of a pervasive racist system, these nurses collectively provided us with a critique from the margins, with a privileged view of the center. In addition to the advocacy and agency enacted by the participants, their experiences had the common thread of racism, but certainly intersected with participants' diverse locations regarding gender, class, religion, age, and other social relations. As Crenshaw (1989) defends, the intersectional experience is greater than the sum of the axes of differentiation, and thus any analysis that does not take intersectionality into account cannot effectively address the specific way in which nursing students are subordinated. However, as Crenshaw asserts, and the participants' narratives suggest, those places of intersection are sites of oppression and resistance at the same time. In this study, racialized nurses return the gaze to resist imposed subjugated locations.

Chapter Five: Reflexivity

Living on borders and in margins, keeping intact one's shifting and multiple identity and integrity, is like trying to swim in a new element, an 'alien' element.

Gloria Anzaldúa (1987)

There are many interfaces for Anzaldúa, of what it means to be a woman, Chicana, lesbian, activist, and intellectual. While navigating through this unfamiliar element, reflexivity, which is “a conscious experiencing of the self as both inquirer and respondent, as teacher and learner, as the one coming to know the self within the process of research itself” (Lincoln, Lynham & Guba, 2011, p. 124), becomes essential. Dawling (2008) broadly describes reflexivity as the qualitative researcher’s commitment of constant examination and explanation of how the research project has been influenced by the researcher.

Writing this dissertation, although a lonely, challenging and at times painful process, has been an invaluable privilege, and an opportunity to learn about myself through constant reflection. This was a solitary journey because racism is not a topic that is easily discussed at dinner tables, when I was casually asked the dreaded question, “What is your dissertation about?” I have friends in neuroscience and chemistry, for example, who would easily share their research on specific topics or diseases, and I confess that sometimes I envied them. My experience was varied, but especially in white spaces, there would be an uncomfortable pause after I disclosed that I was exploring racism in nursing education. A puzzled stare would usually be followed by something like, “oh, that is interesting.” It got to a point that I was very strategic about who I would talk to about my work. I fully agree with one of my participants who stated that it took a

lot of energy to experience racism *and* to talk about it. While some people wanted to be educated on historical issues, others questioned the existence of racism in academia, yet others, due mostly to the white privilege they enjoyed, had no idea or no framework for how to discuss racism. As a result, many times I avoided talking about my work even with friends. To address this issue beyond my doctoral work was indeed tiring and painful and these conversations would end up affecting my health and wellbeing.

As my participants have attested to, racism strongly affects the lives of racialized people as it can be rooted in values, attitudes, and stereotypical beliefs unconsciously upheld by individuals or embedded in institutions and society. This is the key point to me: instead of focusing on the individual, I wanted to look broadly, to question the roots and changing nature of racism as a systemic phenomenon. Living in a racist, patriarchal, and classist society leaves one wounded. It affects the sense of self; it distorts the way people see themselves. I have spoken with researchers and teachers who have said things like, “I had to leave my institution after doing research on racism, otherwise I would have died,” and, “when I go to class I wear my high heel boots in order to feel protected.” It is not easy to enact activism and resistance in institutions permeated by systemic racism. However, I found solace in talking to women who understood oppression in their lives; through participating in a racialized and Indigenous non-profit group;²⁷ through the literature of women who have racism, sexism, heterosexism and intersectionality as their scholarship; and through the invaluable contribution of my research participants.

Being a racialized woman myself, an insider on this topic, I found that the participants could relate to me similar to the way I relate to women of colour and/or

²⁷ Antidote: Multiracial Girls and Women’s Network

LGBTQ+²⁸ with whom I chose to share my work. One of my main concerns related to power dynamics in the research relationships, and thus I avoided interviewing students and recruited nurses who had graduated. I believe that this made a positive difference to address a potential power imbalance. Despite racism being such a sensitive topic that could evoke emotional distress, the nurses who participated displayed instead, advocacy, commitment and agency. Some said things like, “I wasn’t sure if I should have come, but I’m very glad I came,” “I came to support you as another woman of colour,” “This issue had been burning inside me for days, and it was very good for me to vent to someone who can relate. This was a very good coincidence,” “I want people to know what it feels like,” “I want to educate people and create change,” and “I want to make it better for future students, if nobody participates, nothing will change.” In fact, I found that being an insider, a woman of colour myself, provided me “the ability to ask more meaningful questions and read non-verbal cues, and most importantly, be able to project a more truthful, authentic understanding” (Merriam et al., 2001, p. 411). As Lincoln et al. (2011) findings indicate, the participants and I came to learn more about ourselves in the process of engaging with this study. In keeping with reflexive principles, as Ellingson’s work (2013) suggests, I asked myself some of the following questions: How does my ethnicity, gender, age, and abilities shape how I understand my participants? What have my participants taught me about their worlds? About mine? What cases, events, stories, or details come to mind when I think about the participants’ stories?

All the multiple social locations that I navigate are fluid, not static. Due to this fluidity, each interview was unique, and although I was similarly positioned to all my

²⁸ Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others.

participants in terms of race and gender, each of us experienced these indicators in conjunction with other markers. In some ways, I understood some of their experiences, but not others, and I was curious to explore how other markers of identity affected them. The participants varied with regards to class issues, marital status, and of course heritage. In addition, I have been an instructor in nursing education, and at times I caught myself thinking of the interactions I have had with students and of ways that I could have addressed things differently in the classroom. My participants generously provided a window into their worlds and thus shed light into my own.

For example, I thought long and deep about Gloria's statement, affirming that she had no one to talk to about issues of racism at home. I have been grateful to engage in fruitful discussions with my daughter Vitória, who is in her second year of a Visual Arts and a Gender, Sexuality, and Women's Studies university program. It was common for us to have discussions about intersectionality, and her passion for gender issues and mental health has been a source of learning and reflection. I have immense pride and gratitude for our sharing moments. Through these years of study, we both had the opportunity to explore issues of identity. In our conversations, we also fluently alternate between Portuguese and English and sometimes Spanish. But the possibility of speaking in my mother tongue (Portuguese) was vital, as my understanding or expression is experienced deeper in Portuguese than in English. To produce this dissertation in a third language to me was a challenge to overcome, limiting at times. However, all my participants shared this challenge. Different from some participants, who felt the need to deny their heritage in order to conform within nursing school, I feel my roots as a Latin

American woman are sacred: they reaffirmed my search for identity and grounded me throughout this work.

Interestingly, there were many events that unfolded while engaging with this work. These would be day-to-day occurrences, as any racialized person can experience. For example, once I took a taxi in Vancouver, and out of the blue, the driver was talking of the experiences of racism he suffers here in Canada. He said that when he first arrived in Canada he tried to get a job in the government and he applied to nine positions, got interviews for six, due to his excellent résumé. However, he stated that after the interviews, he did not get any of these jobs. He noted that he asked one of the interviewers what could he have done differently, and was told that he did not “look like them,” that he would not “fit in.” He turned to me and said, “I swear this is true.” I told him that I believed he was telling me the truth, and that I knew exactly what he was talking about. He continued to say that he got a job at an international company. Furthermore, he said that he worked very hard but would never get to the next level, would not get the promotion. Discouraged with working hard without being valued, he left the job and has been driving a taxi for a year and a half now. He wondered about what it will be like for kids growing up in this community. As I heard him, at no time did I disclose that I was conducting a study on racism. He dropped me off at my destination. As we shook hands, understanding was implied. Racism is pervasive in schools, but also in workplaces. One of the participants said, “When you first arrive [to nursing school] you are a student, plus you are racialized, so you are at the back of the line. Even as a nurse, you will remain there.”

As Das Gupta's (2009) study indicates and my participants confirmed, in addition to enduring racism in the education context, nurses continue to deal with the consequences of systemic racism in their workplaces. While conducting my doctoral work, I worked in teaching, research, and clinical nursing. While in clinical practice, at the beginning of a 12-hour night shift at Hospice, the daughter of my patient, who I had not met yet, called me aside and told me to be very careful as I approached her dying mother. In another unit, during a psychotic episode, she (the mother) had been very racist and violent towards a nurse of Mexican heritage. The daughter told me the nurse looked like me, and she was afraid that her mother would be abusive to me. Furthermore, she was afraid that the sight of me would trigger her mother's psychosis. What a complex situation, where we have multiple vulnerable players: a grieving daughter, a fragile dying patient and a nurse. I am this nurse. Das Gupta (2009) has raised the ethical dilemma and complexities of racial harassment within healthcare, when the perpetrator is ill or dying and the victim a nurse of colour. I am this nurse. After an interaction like that, I have the privilege to dissect, reflect, and theorize about this very real and complex work, and as mentioned before, emotional-intellectual work (Canella & Manuelito, 2008). Many racialized nursing colleagues may not have this luxury as they too live this reality in their workplace during full-time shift work and other life demands. This study provided an opportunity for ten nurses to join me in this reflection, in order to bring to light the reality of systemic racism.

Chapter Six: ¿Qué hacer de aquí y cómo?²⁹

Perhaps like me you are tired of suffering and talking about suffering, estás hasta el pescuezo de sufrimiento, de contar las lluvias de sangre pero no las lluvias de flores (up to your neck with suffering, of counting the rains of blood not the rains of flowers)...

With This Bridge...hemos comenzado a salir de las sombras; hemos comenzado a reventar ruina y costumbres opresivas y a aventar los tabues; hemos comenzado a acarrear con orgullo la tarea de deshelar corazones y cambiar conciencias (we have begun to come out of the shadows; we have begun to break with routines and oppressive customs and to discard taboos; we have commenced to carry with pride the task of thawing hearts and changing consciousness). Gloria Anzaldúa (1983c)

Anzaldúa's (1983c) poetic use of Spanish alongside English brings solace to the final stage of this manuscript. Her words give homage to the nurses who participated in this study and to the murdered and missing women here honoured. Anzaldúa's use of language breaks the normative Anglophone text with beauty and strength. These characteristics were also present in all the participants. It is not easy to expose your suffering, but it was done so with dignity and agency, "the task of thawing hearts and changing consciousness" (Anzaldúa, 1983c, pp. iv, v). I am deeply honoured to have witnessed their narratives, to hold space to their unfolding memories and to share their stories and advocacy through these pages. The nurses who participated in this study live complex lives, and they gave us a glimpse of what it means to be a student nurse of colour in schools of nursing in Canada. Racism is present in all spheres of our society, including healthcare, but it has not been well understood when nursing students

²⁹ What to do from here and how? From Anzaldúa's (1983c).

themselves are the Others within our classrooms. Therefore, this study directly addresses a theoretical issue as well as to a social problem. Taken individually, the nurse's accounts could be seen as single incidents, but collectively, the participants' message is clear: we have a lot of work ahead of us to address systemic racism operant in schools of nursing in Canada today. This study provides a "way of interconnecting personal experiences and structural analyses of interlocking oppressions without skirting the meaning of life experiences, multiple identifications, and political communities" (Hill Collins & Bilge, 2016, pp. 76-77). Thus, it is vital that we educate ourselves about the history and ongoing effects of colonization and domination of Indigenous and people of color. In Canada, we can only come to a deep understanding of the effects of these practices, by listening to the narratives of subjugated peoples. And "we have begun to come out of the shadows!" (Anzaldúa, 1983c, p. v). In addition to listening and being aware of our historical past and its legacy, we need to continue to confront the ways in which nursing education has and continues to have a role in the settler colonial project.

While in nursing school, racialized students had to navigate white spaces and through a white piercing gaze, they were seen as Other based on their skin color, accent, religion, class and other signifiers of difference. They felt that they had to work harder to prove themselves to be seen as equal to others. According to McPherson (1997), women of colour were hardly accepted in training programs in Canada in the 1930s and 1940s, based on the fact that nurses of colour were not entrusted to care for white patients. The author revealed in the presence of unwritten colour bars, meaning that racialized nurses were prevented from entering nursing training, which were "systemically endorsed and enforced by nursing administration" (p. 118). Today, these bars do not prevent nurses of

colour from entering nursing programs; in fact, they are inadmissible. But what other unwritten and unspoken colonial discourses are in place that even though people of colour enter nursing programs, they are still marginalized, and their experiences and presence unseen although they are visible? The experiences of the participants show how silencing, erasure, inferiorization, and Othering, still render their experiences invisible, and these are the “new bars,” this time, within nursing schools.

Summary of Recommendations

This study highlights the whiteness in nursing as normative, and sheds light on the pervasiveness of systemic racism that is present in nursing schools in Canada. These two phenomena co-exist, as both whiteness and racism are at play in nursing schools.

Consequently, some people are privileged, while others are simultaneously marginalized.

Through the participants’ narratives, it has become clear that nursing education as a colonizing institution continues to support the legacy of colonization, marginalizing, silencing, and excluding racialized students from the opportunity to fully belong and participate of learning opportunities that seem to be readily available to white students.

Through this study, racialized nurses engaged in oppositional resistant practices, by returning the gaze and identifying specific institutional discourses and practices that maintain systemic racism in nursing academia.

The intersection of race, class, gender, accent, religion and other markers, more predominantly for some than others, create very unique experiences of exclusion faced by the nurses in this study. The participants testified to how multiple discursive locations can affect racialized nurses at different times and locations. It became clear that not everyone is similarly situated with respect to being in nursing school. This study

intended to promote greater understanding of how converging identities contribute to inequality and privilege, thus helping us to avoid the expansion and maintenance of inequities. For example, being a woman, a nurse, and Latina informs the kind of experiences I live in this part of Canada because womanhood is lived very differently in different locations. In the same manner, the nurses who participated in this study experienced nursing school in their unique ways, with the commonality that they were all racialized experiences, as race is the focal point in this research.

It has become clear throughout this study that having awareness of the participants' experiences is not enough to counteract the effects of racism in nursing schools. Thus, some recommendations emerge as necessary to address and act against the systemic force of racism. Some participants spoke about the importance of having racialized peers and teachers/staff members, in their schools. The creation of "brown spaces" or collectives of racialized nursing students would address the loneliness, isolation, and invisibility of being in nursing school. In addition to that, it seems of great importance to have student support and counseling services provided by professionals who understood what these students were dealing with, namely, the detriments of racism, racialization, othering, whiteness and so on. As it became clear to many participants, some of these resources can be extended from what is already happening in some schools around student support and spaces for Indigenous students. In some schools, this initiative is a response to the Truth and Reconciliation Commission (TRC) of Canada's Call to Action, which already offers a useful model on how to create those spaces for non-Indigenous student of colour, as well as to maintain and support these programs for Indigenous students.

Another recommendation, based on most of the participants in this study, is the need of seeing themselves represented in the diversity of faculty and staff in their schools. One way to address this issue would be to promote employment equity programs for nursing educators and administrative staff. Participants spoke about the desire and how they would benefit by being mentored by faculty of colour.

Beyond the process of hiring a more diverse body of faculty and staff, there is a dire need for continuing education of nursing instructors, who currently are mostly white, around the issues of racism and whiteness. In addition, we need to foment discussions of how white teachers can become better allies to students of colour. The place of allyship in these discussions is key if we are going to move these agendas forward in nursing schools. It is important for white teachers to start to question their privilege and power and use their location to explore new possibilities to better support racialized students. There are many ways this can happen, for example, by advocating for racialized students at faculty meetings, calling out colleagues' racist practices, supporting racialized faculty members, and questioning when there is no diverse representation at meetings. In fact, those are the places that white teachers can be most effective: in the meetings where major policies and curriculum decisions are being addressed, and all or most stakeholders at table are white, or with the presence of only one or two people of colour as tokens.

In addition to increasing a diverse representation in the schools of nursing and white teachers learning how to be better allies to racialized colleagues and students, ongoing mandatory education on whiteness, racism, and racialization for faculty and staff is needed. As we have attested, these issues are continually shifting and changing in different locations and time. In addition, in this study we have shown how multiple

markers of difference affect students in distinct ways. As we become better at identifying individual and collective practices, we can also ask ourselves, how does gender or class positions impact our students? How are students' distinct religious practices recognised and respected within our schools? What ways of being and knowledges are acknowledged and practiced?

Furthermore, in our departmental discussions we could also advance these issues in the realms of nursing knowledge and research, by asking questions like, what would nursing theory look like if theorists where from distinct backgrounds? Why are nursing theorists mostly white? What does Indigenous nursing theory look like and how would it affect nursing practice? Alongside initiating or continuing these conversations, it is vital to support researchers and teachers of colour, as they are in the best position to lead us in the way of answering them. In fact, all the participants in this study could be our future nursing teachers, researchers, and theorists.

Closing Remarks

It will take several generations and many voices from diverse racialized peoples to undo the damage wrought by our colonial past and to change belief systems that privilege some but make us all poor in spirit. Charlotte Reading (2014)

Counteracting racism in nursing education is a work that will take time and many voices. Histories of genocide and subjugation of entire groups of people will not change overnight. As Reading (2014) states, this work will still need many generations to be realized and will require a diverse array of voices to counteract the damages created by our colonial past. This study is a step in this direction, a glance at a system of injustice operating today in nursing schools, so we can begin to take action towards having more

equal and just spaces.

In sum, this research study explored racism in nursing schools in Western Canada and proposes a conversation that needs to take place. It uncovered the diversity of unspoken experiences of racialized nurses that remain hidden from nursing academia. More research is needed in this area, which has not been well explored. Nursing enacted and practiced in a white settler nation-state has a direct effect on the way racialized nursing students navigate the academic milieu, and these voices are underrepresented in the Canadian literature. Research in this area is overdue and has the potential to benefit future racialized nursing students through increased awareness and advocacy of their needs. To be sure, Canadian nurse educators must acknowledge the participation of the education system in nation-state formation, which has helped to build and sustain a white settler society in which people of colour, including nursing students, are systematically marginalized, silenced, and excluded. These are the structural forces that shape the contexts for whiteness in nursing education, pedagogy, and curricula to this day. Historically, nursing education has carried a legacy of Eurocentric colonialism, and Anglophone and Christian values still remain unchallenged to this day. This precludes us from questioning the normative whiteness to which racialized students must conform. The themes that surfaced from the narratives point to the way in which the nurses resist and break through conformity. This tells us that given the opportunity, these nurses are ready to challenge the status quo, and change the way things have been done. Let us continue to include these voices, to hear to alternative stories that construct a fuller picture, the other sides of history. Issues like violence against women and LGBTQ+ discussions have moved forward in society, and they are now recognized as being

inadmissible. However, racism remains a pervasive force. Together, with the inclusion of many voices, knowledges, and ways of being, we can change this scenario.

As I have said throughout this work, the ideal of schools of nursing as multicultural and inclusive spaces is not being realized. Clearly, inclusivity was not the experience of these racialized nurses while in nursing schools. Rather, their experience was one of pressure to conform to white norms. The participants' narratives reveal how they adapt, survive, navigate, and resist white spaces. This study proposes a disruption of the conformity and a genuine move towards diversity. A requirement of a multicultural school of nursing is a diverse representation of undergraduate and graduate students, staff, and faculty. Similarly, schools that came to value diversity must demonstrate the values of alternative knowledge and ways of being. Rhetoric is not enough. Lorde (2007) proposes that through interdependence of mutual (non-dominant) differences resides the confidence which allows us to "descend into the chaos of knowledge and return with true visions of our future, along with the concomitant power to effect those changes which can bring that future into being" (p.111). Following Anzaldúa, let us descend into *El Mundo Zurdo* and gaze into each other's eyes, to be face-to-face with our own racism and historical debt in the Canadian nursing academy, to emerge more open, to imagine that another world is possible.

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Appendix I

#SayHerName³⁰

Angel Edna Carlick, 19, worked at The Youth of Today Society — the same downtown Whitehorse, Yukon resource centre she said changed her life. Shortly after her high school graduation, on May 27, 2007 Carlick was seen for the last time in the city. Nearly six months later, a hiker found her body in a wooded area in Pilot Mountain, Yukon near Whitehorse. The city's RCMP is investigating the homicide, and Carlick's friend and former colleague says officers contact her each year in April with updates. The last she heard, three officers are working on the case.

Mary Nancy Goodfellow went missing in early April 1993. The 67-year-old was with her 16-year-old grandson, Kevin James Charles, who was also reported missing. They were last seen leaving her home in Chitek Lake, Saskatchewan, on April 3, 1993. Extensive searches failed to locate either Goodfellow or Charles, according to the Saskatchewan Association of Chiefs of Police's missing persons database.

Flora Muskego, 22, was from Norway House Cree Nation in northern Manitoba. On Dec. 9, 1960, her body was found in a snow drift on an ice road near the community. She was a mother of one, described as someone who loved fashion. The RCMP D Division did not have a homicide file or any file on Flora Muskego.

Leona Brule would sew outfits and toys for her two-year-old niece Vanessa when she had a moment free. She was reported missing from Fort Providence, N.W.T., in March 1989. The 18-year-old had been working as a live-in nanny and travelling back and forth to Edmonton to visit her boyfriend. Brule eventually stopped coming home to see her mom, and after about a year, her mother filed a police report. RCMP believe she was living on the streets in Edmonton in the 1990s, but she has never been found. Her case remains open.

Della Ootoova, 46, died in 2008 after her common-law spouse called police in Iqaluit and reported that she was not breathing. An initial toxicology report stated she consumed a lethal amount of alcohol, but her family says her spouse was violently abusive toward her and contributed to her death. In fact, Amos Ootoova was originally charged with murder, though the charges were stayed the same day. He was allegedly killed by his common-law spouse in 2009, but those charges were also stayed, according to media reports. Although Della's autopsy was conducted on June 9, 2008, the coroner's report was not completed until May 2009. It stated that Della had suffered sudden cardiac death from blunt force trauma injuries in combination with a heart condition. Her family wants to know why it took so long to get the reports into her death.

³⁰ Information retrieved on November 20, 2017, from: <http://www.cbc.ca/missingandmurdered/>

Gloria Moody was a 27-year-old mother from the Bella Coola Indian Reserve of the Nuxalk Nation in British Columbia. Moody had been travelling with family on a weekend road trip on October 25, 1969. A day later her body was found by hunters on a cattle trail approximately 10 km west of Williams Lake. Local media reports say she bled to death after being beaten and sexually assaulted. Project E-Pana, a task force investigating disappearances and deaths along Highways 16, 97, and 5 in northern BC, is investigating the homicide case. Moody's is the oldest case on Project E-Pana.

Sonya Nadine Cywink was an avid writer and the second-youngest of 13 siblings. She was 31 years old when she was found slain on Aug. 30, 1994, in Elgin County, Ontario. The homicide case is being handled by the Ontario Provincial Police's Elgin County region. In 2004, investigators announced they had a break in the case and were close to solving it, but the case remains unsolved 10 years later.

Shannon Alexander, 17, is from Maniwaki, Quebec, and is described as a very outgoing person who loved to stay physically fit and was looking forward to nursing school. On Sept. 6, 2008, Shannon disappeared from Maniwaki with her friend, Maisy Odjick. The Sûreté du Québec handles Shannon's missing person's case.

Rowena Mae Sharpe, 38, was from St. Mary's First Nation, a Maliseet community on the north shore of the St. John River at Fredericton, N.B. She was a mother of three children with many friends who was well-loved by her community. She was killed by her estranged husband in a murder-suicide in her home on March 20, 2012. Fredericton police handled Sharpe's case.

Freda Goodrunning was a 35-year-old mom of six from Sunchild First Nation, Alberta. Goodrunning was found dead in a storage shed on the afternoon of June 4, 2014 in the west end of Edmonton. She had suffered blunt force trauma, according to the Edmonton Police Service. Goodrunning had been living on the street for the last four years of her life. Police are treating her death as a homicide. There have not been any charges laid in her killing.

Appendix II

Call for Research Participants



**University
of Victoria
School of Nursing**

Invitation to Participate

This is an invitation for participation in a qualitative study I am conducting to fulfil the final requirements of my PhD in Nursing at the University of Victoria.

My name is Andréa Monteiro and I am a PhD candidate in the University of Victoria's School of Nursing, working under the supervision of Dr. Carol McDonald. The study is entitled: *To swim against the tide in a sea of whiteness: Racialized nurses' insights about their nursing educational experiences in Canada*. The purpose of this study is to develop a deeper understanding of racialized nurse's experiences in nursing educational institutions in Canada, through a women of color feminist approach.

In Canada, we have fragmented and insufficient research on the experiences of racialized nurses in nursing academia. Nursing schools have concepts such as multiculturalism, equity and diversity as part of their mandates, but studies in North America reflect that the reality contradicts these directives. In addition, it is well recognized that these programs are permeated by institutionalized structures of white privilege and racism. Therefore, in this study, to address the gap in our knowledge about the experiences of racism on the nurses' educational experiences in Canada, I want to hear from racialized nurses themselves.

Participants should self-identify as belonging to a racialized minority, and have graduated in the past 10 years from a university in Western Canada³¹. Through an audiotaped confidential interview, participants will be asked to share personal experiences while in nursing school in Canada. Specifically, I will ask participants to share stories about their experiences of racism in nursing school. The interview will take approximately 60 to 90 minutes and it will take place at a date and location of participants' choice. Participation in this study is completely voluntary. Participants will be able to withdraw at any point of the process without penalty or having to explain themselves.

In choosing to participate in this study, participants will have the opportunity to contribute to the development of new and vital knowledge in nursing. In addition, this

³¹ A broad descriptor was inserted here to maintain participants' anonymity.

valuable information will instruct nursing educators about better ways to construct inclusive and rich learning environments for all.

Those interested in participating in this study, please contact Andréa Monteiro, at the contact information provided below.

Warmest regards,

Andréa Monteiro RN MN

Principal Investigator

PhD Candidate

School of Nursing

University of Victoria

Contact: 250 xxx xxxx

Email: andream@uvic.ca

Appendix III

Poster Invitation

Study: Racialized Nurses' Experiences of Nursing Academia

Did you experience racism in your nursing education?

I am a doctoral candidate at the University of Victoria conducting research to help us better understand the experiences of nursing students who identify as belonging to a racialized minority. Participants will have attended a School of Nursing in Western Canada³² in the past 10 years. Through an in-depth interview, this research is intended to generate a better understanding about racism in nursing education in Canada, using a women of color feminist approach.

Are you interested in participating? Please contact:
Andréa Monteiro RN MN PhD (c)
(250) xxx xxxx
andream@uvic.ca



University
of Victoria
School of Nursing

³² A broad descriptor was inserted here to maintain participants' anonymity.

Appendix IV

Interview Guide

What experiences in your time in nursing school has led you to respond to this study?

What was it like for you to be in-between cultures?

Were there other students of color in your classes? Faculty?

What challenges/ barriers you experienced?

How have these challenges affect your health and wellbeing?

What strategies did you have to deal with them?

If you were to give advice to someone who, like myself is identified as a Latina student, what would that be?

What feedback do you think your teachers should have to improve the classroom experience of racialized students?

Is there anything else you would like to talk about that I have not mentioned?

Appendix V

Participant Consent Form



University
of Victoria
School of Nursing

Consent Form

Research title:

To swim against the tide in a sea of whiteness: Racialized nurses' insights about their nursing educational experiences in Canada.

I am Andréa Monteiro, PhD candidate at the University of Victoria's School of Nursing, working under the supervision of Dr. Carol McDonald. I am conducting this study with the aim to produce new understandings about the experiences of racialized nurses in nursing academia in Canada, for which we currently have a limited and fragmented understanding.

The purpose of this study is to develop a greater understanding of racialized nurse's experiences of their nursing education. Through a women of color feminist approach, I am interested in exploring the barriers and challenges you might have faced during your education, as well as your joys and achievements.

During an in-depth interview, I will explore the following research question: *What are the experiences of racialized nurses in nursing educational programs in Canada?*

Eligibility

By participating on this study, you have self-identified as being a nurse from a racialized minority group who have graduated within the past 10 years from a University in Western Canada³³.

Procedure

If you agree to participate in the study, I will conduct one interview of approximately 60 to 90 minutes in the location that is most convenient and comfortable to you. The interview may be face-to-face or over the telephone. The interview will be audio-recorded and transcribed. The data will be analyzed for themes. Your words may be used in direct quotes in the final dissertation and future published papers, but your name will be changed and any identifiable information omitted to maintain confidentiality.

³³ A broad descriptor was inserted here to maintain participants' anonymity.

Potential risks

Some of the potential risks you may suffer by participating in this study may be stress or emotional discomfort. To help to prevent the first, I will schedule the interviews according to your time frame and in a location that best suit you. At any moment the interview might be stopped if you are feeling emotionally overwhelmed or distressed by the content of the interview. You will also be referred to counselling if needed, and the researcher will follow up with you.

Potential Benefits

You are being invited to take part in this study because your educational experience as a racialized nurse has much to contribute to our understanding and knowledge of nursing academia. You will be helping to create a better understand for nursing educators, future polices and curriculum development. You will have the satisfaction of knowing you are making a better place for other nursing students and faculty that may have experienced similar challenges. In addition, the outcome of this study will make a significant contribution, not only to the Canadian schools of nursing but also to nursing broadly through the publication of the findings. Finally, another consequence of this study might involve structural and police changes in how equity is practiced within nursing academia.

Right to Withdraw and Confidentiality

Your participation in this study is completely voluntary. As it has been said, you may stop the interview at any time without explanation and the data will not be used. No negative repercussions will result if participation is discontinued. Your anonymity will be protected by the storage of all the data gathered from the interview in a locked filing cabinet or in a password protected file on my computer. In publishing from the data collected, your identifiable information will be removed in order to protect your privacy. You can choose a pseudonym during the interview to be used in the dissemination of results. Your consent to participate in this study provides consent for the use of the data for the dissertation, and for other scholarly purposes, such as the dissemination of knowledge by publishing papers. Also, please know that the researcher will share the findings of this study with you, via email.

Contact

You may contact Andréa Monteiro with regards to this study at 250 xxx xxxx or andream@uvic.ca

You may also contact my supervisor Dr. Carol McDonald at 250 472 5280 or carolmcd@uvic.ca

This study has been approved by the Human Research Ethics Office and you may contact their office 250-472-4545 or ethics@uvic.ca, if at any time if you should have any concerns or questions.

Consent

By signing this consent form, you indicate that you have read and understood the

information regarding your participation in this study and that you have had an opportunity to have your questions answered by the researcher. A copy of this consent will be mailed or left with you, and the researcher will retain a copy.

Signature of participant

Name of participant

Date

Principal Investigator

Andréa Monteiro RN MN

PhD Candidate

School of Nursing

University of Victoria

Contact: 250 xxx xxxx

Email: andream@uvic.ca

Supervisor

Dr. Carol McDonald PhD

Professor

School of Nursing

University of Victoria

Contact: 250 4725280

Email: carolmcd@uvic.ca

Appendix VI

Participants' Demographics

Participant	Heritage	Age
Angel	East Asian	Between 20-30 years old
Mary	East Asian	Between 20-30 years old
Flora	Indigenous (Canada)	Between 20-30 years old
Leona	Middle Eastern	Between 30-40 years old
Della	Southeast Asian	Over 40 years old
Gloria	West African	Between 30-40 years old
Sonya	Latin American	Between 20-30 years old
Shannon	Mixed-Race	Between 20-30 years old
Rowena	West African	Between 30-40 years old
Freda	Latin American	Over 40 years old