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Applying Critical Race Feminism and Intersectionality to Narrative Inquiry

A Point of Resistance for Muslim Nurses Donning a Hijab

Nancy Clark, PhD, RN; Nasrin Saleh, MPH, RN

Racism in nursing can be positioned through institutional forms of gendered, racialized, and religious structures. Muslim nurses who choose to honor the Islamic practice of donning hijab may be at risk of experiencing racism in contexts of post-September 11 era and the war on terror. Critical race feminism and intersectionality are theoretical frameworks that when applied to narrative inquiry can illuminate the standpoint of Muslim nurses donning hijab by providing a counternarrative as a point of resistant to racism in nursing. **Key words:** *critical race feminism, hijab, intersectionality, Islamophobia, Muslim, narrative inquiry, nurses, racism*

Daily, as a Muslim nurse wearing a hijab, I navigate through the feelings of being othered, of being singled out as different. I listen—all the while thinking of how to craft a tactful reply—to the subtle and not-so-subtle comments and questions about my clothing, my background and my religion. Still, the experience that affected me the

most occurred recently, when a female patient called me ISIS and yelled just outside the nursing hub: “You are a terrorist!” . . . her words left me in tears.^{1(p34)}

THIS EXCERPT stems from the second author’s experience of racism as a Muslim nurse donning a hijab in practice. Although sharing this story of a Muslim nurse donning a hijab is a powerful example of one nurse’s experience of racism, such stories have not been fully explored. Research is needed to address this gap by exploring the experiences of Muslim nurses and their racialization in the workplace.²

We write this article in the spirit of advocating for a collective antiracist social action in nursing. The purpose of this article is to explore the pragmatic utility of a methodological approach that employs narrative inquiry framed by critical race feminism (CRF) and the lens of intersectionality as a standpoint for Muslim nurses donning a hijab, to bring their voice to the collective discourse on racism in nursing, and to recognize and speak against the racialization of Muslim women/nurses

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Statements of Significance

What is known or assumed to be true about this topic:

Racism operates within the discipline of nursing, and a small but growing number of publications explore anti-Muslim racism since September 11, 2001, and the heightened focus of Muslim women wearing hijab since then. Many Muslim groups have experienced racism, causing significant risk to their health and well-being. However, little focused attention has been given to Muslim nurses donning hijab who are thrust into the center of the debate on Islam. There is also a paucity of research exploring how applying a theoretical framework of critical race feminism and intersectionality can effectively acknowledge, disrupt, and resist the racializing narratives of Muslim nurses.

What this article adds:

The aim of this article is to turn our gaze toward racism within nursing and build a case for examining the experiences of Muslim nurses donning hijab. Using narrative inquiry within CRF and intersectionality, we argue that constructing a counternarrative from the stories of the nurses offers a point of resistance to push against the master narrative about them as threatening *other*. We introduce religion as an axis of difference and the need for examining its intersections with gender and race. This article presents a unique approach to advancing nursing science that fulfills the ethical obligation to advance social justice.

donning a hijab as the oppressed dangerous *other*.

Despite global and national immigration trends of Muslims, the long history of colonialism and racial violence between Middle East, Arabs, Islam, and the West,³ and the centrality of gender and gender-based practices to

the colonial project,⁴ little attention has been paid to the racialization of Muslim women, especially in sectors that are not dominated by men.⁵ In this vein, we attempt to contribute theoretically to interrogating racism in nursing using the method of narrative inquiry from a standpoint of antioppression politics attached to cultural and religious signifiers such as the *bijab* and set the stage for a call to action for change.

We begin this article with a contextual account of the experiences of Muslims since September 11, 2001, with a focus on the social construction of Muslim women donning a hijab. We call attention to the need for unsettling the silence and subjective realities of Muslim nurses within the discipline of nursing. We discuss the historical contributions of critical race scholars in nursing whose foundational work depict a racial story line underscored by gender, race, and class positions and the moral obligation of care, exposing the subtle and overt processes of systemic racism in nursing. Advancing theory on social justice in nursing, we propose that a narrative method to inquiry, when framed by the theoretical paradigm of CRF and intersectionality, offers an analysis of the intersections of differences and relations of power based on the religious signifier of the hijab. In the final section, “A Call to Action for Transformational Social Change,” we discuss the praxis of how stories from the standpoint of Muslim nurses donning a hijab can provide a counternarrative to resisting racialization and a praxis orientation for social change.

BACKGROUND

In the aftermath of the terror attacks on September 11, 2001 (9/11), Muslims have been victims of a dramatic rise in Islamophobia. Islamophobia and anti-Muslim racism are used in this text interchangeably to refer to the formation of an ideology that is built on a fixed set of beliefs, metaphors, and analyses, informing governmental and institutional policies, social discourses, beliefs, and

practices that normalize anti-Muslim biases.⁶ Islamophobia and racism are closely linked and work together to simultaneously construct Muslims as the dangerous and intrinsically violent *other* while reinforcing notions of white supremacy.⁷ In this vein, Islamophobia is a specific kind of racism targeting Muslims based on “not only reference to religion but other aspects of culture such as physical appearance (including but not limited to dress).”^{8(p12)}

Since 9/11, anti-Muslim racism is becoming more evident globally,⁹ in the United States,¹⁰ and in Canada.^{9,11} Anti-Muslim racism is fueled by the ongoing Syrian refugee crisis and the terror attacks on main European cities including Paris, London, and Brussels. This racialized violence is overshadowed by the political landscape of Islamophobia and racialization of Muslims,⁸ where racist acts directed against Muslims are sustained by the continuing political rhetoric, the hyped attention from the media,^{12,13} and by immigration policies and legislations that reinforce negative attitudes toward Muslims (eg, the Antiterrorism Act/Bill C-366 in Canada and the most recent ban on Muslims entering the United States enacted through an executive order signed by President Trump).¹⁴ The heightened discrimination since 9/11 against those who are identifiable as Muslims has manifested in hate crimes and violence while “anti-Muslim practice by the state mushroomed.”^{9(p151)} Those affected most are the highly identifiable Muslims, including Muslim women donning a hijab.^{9,15}

Islam is the second largest growing religion in the world.⁵ Despite the global secularization of Islam, there are more than 1 billion Muslim followers worldwide.¹⁶ It is projected that over the next 2 decades, the number of Muslims in the United States would double, increasing to 6.2 million in 2030 compared with 2.6 million in 2010.¹⁷ In the United States, Muslims comprise South Asians, Arabs, and African Americans. In Canada, the number of people affiliated with non-Christian religions could represent between 13% and 16% of Canadians by year 2036.¹⁸ Similar

trends are foreseen in Europe where the Muslim population is projected to exceed 58 million by 2030.¹⁹ In France, Muslims represent North African groups and in the United Kingdom they mainly belong to South Asian, Pakistani, and Bangladeshi communities.^{5,8} What is noteworthy is the fact that “the political norms and demography of diasporic Islamic populations in North America and Europe . . . differ greatly. From formally multicultural Canada to diverse but formally not multicultural France, where conspicuous religious clothing is illegal in public.”^{8(p15)} This diversity is further complicated by gender elements of the Muslim experience where equality and freedom vary by the different interpretations of Islam by secular reformists to religious fundamentalism.²⁰ However, as Hilario and colleagues explain, “Narratives that equate people who practice Islam with religious extremism are frequently deployed, often depicting racialized peoples from the Middle East and their cultures as inherently violent and radicalized.”^{21(p2)} Yet, these discourses cannot be separated from a colonial legacy of American and European imperialism and Muslims, Arabs and Islam, and the project of *orientalism*.³ As Said writes, it is incumbent upon us to speak about injustice and suffering always “within a context that is amply situated in history, culture, and socioeconomic reality.”^{3(pxxxii)}

Although there is a collective attempt to study the religious and cultural observance that constitutes Islamophobia, little analysis has been given to racially classified groups experiencing new forms of racism,⁵ specifically from the perspective of women. Hijab and its hypervisibility to the public gaze make Muslim women who don it particularly vulnerable to acts of anti-Muslim systemic racism. This hypervisibility “creates a paradox: women wearing hijab are surveilled everywhere but not allowed to present their truths.”^{22(p108)} As in the case of Muslim women donning a hijab, when “race has been collapsed into religion,”^{23(p86)} there looms the risk that religion will be transformed into a racial identity and therefore religious rights become

endangered and easily provoked. For example, in the Canadian context, Bilge²⁴ argues that the reasonable accommodation debate in Quebec signifies a tool of government to racially structure and conceal racialized power dynamics, questioning to what extent should religious accommodation be practiced in Quebec's public sphere. Although reasonable accommodation public policy originally gained currency in the early 2000s in Quebec, a resurgence of sovereigntist politics under the guise of Bill 94 would prohibit Muslim women who don a hijab from public employment, educational opportunities, and health care.²⁴ This would also implicate Muslim women who choose to practice their religious and/or cultural traditions to provide services within health agencies, schools and universities, nursing homes, or childcare services.²⁴ Similar policy initiatives in the United States provoked by Islamophobia have led to legislation designed to vilify and target Muslims at an institutional level. For example, in 2011 and 2012, 78 anti-foreign law bills were introduced to denigrate Islamic religious practices.²⁵ Considine²⁵ emphasizes how the "war on terror" is a gendered orientalist representation in which "racism surfaces to demonize Muslims as 'threats' who need to be handled through racial profiling, coercion, and violence."^{25(p165)}

Drawing on the work of Garner and Selod,⁸ we argue that Islamophobia is a form of racism and that racialization is a valid approach to interrogate experience of a faith-based or religious group. As Garner and Selod point out, though "[r]eligion is raced and Muslims are racialized,"^{8(p11)} Islamophobia is rarely discussed as racial in nature. Religion can be conceptualized as:

[a] name we give to a complex set of social practices which structure individual agency, and are in turn recursively structured by it. At the heart of these practices there is a collective articulation and celebration of the sacred, which is experienced as transcending the everyday world. Religions seek to embody the sacred-transcendent not only by way of sacred objects, buildings and spaces, but in their collective lives.^{26(p55)}

Thus, religion functions as a source of individual and group identities and is a universal fundamental human right.²⁷ But for Muslim women, their hijab is a symbol of difference that "infers colonial images of the racialized *Other* so as to position those who are not white Christians on the margins and thus reinscribe long-standing patterns of exclusion and inclusion" (emphasis added).^{28(p115)}

Along these lines, we define racism, as do Garner and Selod,⁸ as consisting of 3 core elements: (a) An ideology—in which the human race is divided into distinct "races" with specific characteristic based on culture, physical appearance, or both; this ideology is reflected in the "beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group variation."^{29(p805)} (b) Racism is grounded in historical power relations—in which groups over time are racialized where the specific characteristics are treated as if they are innate to each member of the group. (c) Racism is centered on discrimination where the specific characteristics are employed to other racially constructed groups from denial to material resources at one end and genocide at the other. As Garner and Selod⁸ emphasize, racism manifests in forms that are temporal and spatially and contextually changing. For example:

The forms of racism experienced by people in 21st-century Europe and North America have quite different contexts from each other, as well as a large body of shared terrain. Yet these are not the same geographical and political spaces as they were in the early 19th century . . . when the institution of slavery was legal in both Europe and the USA.^{8(p11)}

We also define *racializing* or *racialization* as a nonstatic term where connotations of race are not based on a phenotype but where "notions of whiteness and discourses of racialization are fluid, and always changing over time and in relation to others."^{30(p332)}

To be clear, when we reflect on the notion of whiteness or white privilege, we are

not talking only about skin color. Drawing on Frankenberg, “Whiteness refers to a set of locations that are historically, socially, politically, and culturally produced and, moreover, are intrinsically linked to unfolding relations of domination.”^{31(p6)} Similarly, Bilge argues that whiteness is “a structural advantaged position (race privilege), a standpoint from which white people view themselves, others and society.”^{24(p166)} In this context, white privilege refers to the freedom from being seen or interacted with through one’s race, the unearned benefits of wealth and power of people of white skin who position themselves as neutral and free of blame, and where the dominance of white privilege and the uncritical acceptance of it continue to sustain racism.³² As Frankenberg writes, “To speak of whiteness is . . . to assign everyone a place in the relations of racism”^{31(p6)} Whiteness therefore refers to a set of beliefs and assumptions that “places the interests of white people that is considered normal and every day.”^{33(p278)}

Racism and racialization are a reality for white nurses as well as nonwhite nurses. Gupta’s³⁴ research on everyday racism in Canadian nursing showed that 41% (245/593) of nurses responded “yes” to experiences of feeling uncomfortable because of their race, skin color, or ethnicity and where 25% of white/European Canadian nurses expressed feelings of discomfort because of their ethnicity or religion. Racism in nursing, as it does in many disciplines and institutions of higher education, operates within an ideology of multiculturalism that obscures race and power through democratic racism.³⁵ The construction of democratic racism represents a set of values, practices, and beliefs and the creation of a hierarchy that privileges some while subjugates others. Bonilla-Silva explains, “The beauty of this new ideology is that it aids in the maintenance of white privilege without fanfare, without naming those who it subjects and those who it rewards.”^{36(p4)} Thus, the appalling consequence of democratic racism is the lack of policies and practices aiming to debunk racism, for racism is continuously de-

nied and racist acts are unceasingly ignored because of their threat to the liberal notion of democracy.^{36,37}

Processes of discrimination and racism are tied to social hierarchies that disproportionality tend to be people of color (nonwhite). Religious minority groups are objectified and exploited as “colored” men and women through racial classifications.^{25(p164)} For example, despite the heterogeneity among Muslims who belong to vast and varied geographical regions from Middle East to North African, and with various religious affiliations, Arab Americans are perceived as nonwhites and experience multiple discriminations including racial profiling and constant association with religious-based terrorism.^{25,38} Similarly, Garner and Selod describe the paradox illustrated when white converts to Islam, “. . . who see their whiteness questioned and downgraded as a consequence of their new belonging to the Muslim faith.”^{8(p17)}

In the context of post-9/11, Muslim women donning a hijab find themselves “caught at the intersection of discrimination against religion, women, and the racialized Muslim other.”^{39(p26)} *Othering* is a process that leads to marginalization and oppression, as it is intended for the preservations of one’s identity through “distancing and stigmatizing an (other) . . . to reinforce notions of our own ‘normality,’ and to set up the difference of others as a point of deviance.”^{40(p1933)} Muslim women donning a hijab find themselves at the center of a master narrative representing them as the dangerous *other* and the hijab as a threat, a symbol of foreign, suspicion, and violence,³⁹ and as an identifier of *otherness*. This is particularly concerning for Muslim nurses donning a hijab as they work in complex, diverse institutional and educational structures where master narratives and discourses reinforce socially constructed differences.⁴¹ By infiltrating the dominant discourses, master narratives are viewed as true and thus become widely accepted and employed to reinforce and maintain privileges.⁴² Thus, the counternarrative of Muslim nurses donning a hijab can be used to

push against the master narrative to achieve social justice by disrupting equitable power structures in nursing and bringing voice to policy and by challenging the “layers of . . . racism, sexism, classism, and other forms of subordination.”⁴¹(p28)

As Henry and colleagues have argued, the role of narratives/stories can be used to “provide the necessary context for understanding feelings and experiences, interpreting myths and misconceptions, deconstructing beliefs and common-sense understandings regarding race, and unpacking the de-historicized and acontextual nature of law and other ‘sciences’ that render the voices of marginalized group members mute.”³⁵(p15) Similarly, Delgado⁴³ calls upon the members of the dominant race to listen to all kinds of stories, as he argues that stories influence the oppressors by disrupting their own privilege and their construction of a reality that is rational, comforting, and favorable to them.

To summarize, the racialization of Muslim women donning a hijab and the context of racism within nursing point to the need for the advancement of a methodological approach that recognizes the situated knowledge of Muslim nurses donning a hijab and employ it to unsettle disciplinary silence on racism and its invisibility and to understand the processes of racialization including social, collective, and systemic practices of exclusion in nursing.

APPLYING CRITICAL RACE FEMINISM AND INTERSECTIONALITY TO NARRATIVE INQUIRY

Narrative inquiry when framed by CRF and the lens of intersectionality can arrive at a counternarrative approach to resisting the racialization of Muslim nurses donning a hijab. Narrative inquiry is anchored in a central philosophical assumption that stories hold special powers as windows into the individual and social world.^{44,45} Narrative inquiry “begins with an ontology of experience”⁴⁶(p44) where stories lend themselves as the natural

approach to understanding social reality. We argue that the standpoint and hypervisibility of Muslim nurses who don the hijab can increase the dialectic between Muslim nurses’ subjective position, knowledge, and practice on racism in nursing. The discipline of nursing is situated within broader political, social, and historical contexts, the war on terror and immigration and migration trends in which inequities based on race, class, and gender play out.^{21,38,47} Resistance counternarratives can be used to dismantle racism and racialization of Muslim women/nurses who find themselves at the crossroads of race, religion, and gender. Yet, such approaches are not new to nursing; we see the work of critical scholars and historians who documented accounts of the gendered, raced, and class positions of nursing.

Although a complete historical analysis of racism in nursing is beyond the scope of this article, a brief discussion offers a reflection of the told stories that underscore that racist ideology does not happen in isolation from other social inequalities. Reverby⁴⁸ documented the history of American nursing as a narrative underpinned by a gendered, segregated labor market where women of differing education, class position, race, and ethnic origins contended for title of “nurse” at the intersection of social welfare reform and advanced capitalism. While Reverby’s⁴⁸ analysis argues for care as a moral landscape informed by Christian values, admittedly, the text is limited by racist blinders and by an exploration of how gender, class position, religion, and race mutually inform a caring ethic in nursing. Similarly, Hine’s⁴⁹ historical analysis of black nurses’ experiences of segregation in the United States between 1890s and 1950s depicts a racial hierarchy within nursing influenced by the political economy and by gendered division of labor for working poor black women. Against the backdrop of the civil rights movement, black nurses continued to experience barriers to higher education and restricted access to professional advancement.⁴⁹ Both Barbee⁵⁰ and Hine’s⁴⁹ historical analyses depict gender subordination and economic exploitation

of black nurses in the United States, who also experienced added responsibilities for caring for their own communities. As Hine notes:

For decade after frustrating decade, professionals armed with the least amount of social, economic and political capital struggled to do for themselves, and for an entire race of over eleven million people, those things generously provided to other groups by virtue of their skin color.^{49(p90)}

Hence, a brief historical analysis of racism in nursing reveals stories of racialized nurses and structural power relations that support and maintain privilege and oppression and propagate processes of othering and discrimination.

CRITICAL RACE FEMINISM

CRF, an offshoot of critical race theory, is “a body of writing that attempts to integrate the way race and gender function together in structuring social inequality.”^{51(p9)} CRF operates at the nexus of race and gender and employs the basic tenets of feminist, critical legal, and critical race paradigms while addresses the limitations of each perspective.⁵² CRF emerged at the end of the 20th century “as a race intervention in feminist discourse”^{52(p7)} to interrogate the interlocking systems of oppression experienced by women of color. Still, CRF draws on feminism to distinguish the experiences of women of color from those of men of color, which also makes CRF a feminist intervention within critical race theory. The focus of CRF on power is attained through its goal of challenging social injustices and eliminating the persistent inequalities experienced by women of color.⁵³

At its center, CRF provides an antiessentialist standpoint on the experiences of women of color. Hence, CRF challenges the notion of a sisterhood and global feminism by arguing that race and class produce differences that are unique to women of color. CRF privileges stories and relies on storytelling as a means of constructing and communicating

experiences⁵⁴ and that stories and counterstories are powerful means to integrate and dismantle racism.^{52,54} CRF also employs counternarratives as a point of resistance against the master narrative that propagates the racialization of women of color.⁵² Therefore, a main goal of CRF is to construct a counternarrative that illuminates the voices of women of color and the impact of the intersections of their multiplicative identities on their experiences.

The value of CRF and counternarratives to interrogating racism in nursing can be confirmed through Barbee’s⁵⁰ argument, drawing on Collins’⁵⁵; knowledge from the marginalized position of “outsider within” is instrumental to transformation, for it is “. . . more likely to challenge the knowledge claims of insiders, to acknowledge the discrepancies between insiders’ accounts of human behavior . . . to identify omissions, distortions of facts.”^{50(p348)} Harding⁵⁶ further argues that knowledge generated on the basis of the social location of the marginalized, compared with other forms of knowledge, is more accurate, less distorted, and more comprehensive of not only the marginalized but also the oppressor. Barbee’s⁵⁰ work emphasized the color-blindness and silencing of black nurses that stem from a posture that nursing’s moral stance of care ethics that is perceived to transcend racism. Barbee⁵⁰ advances Reverby’s⁴⁸ analysis of care ethics and gender to draw upon the intersections of gender, care ethics, class, and broader economic ties to nursing training and education programs. Nursing’s moral obligation for developing a care ethic continues to be challenged by neoliberalism, whereby the existence of racism is frequently obfuscated on the premise that racism could not continue within the neoliberal values of the society⁴² and the egalitarian nature of nursing.²¹

The centrality of race within CRF points to its utility as a theoretical framework that guides the interrogation of racism and racialization of racism process within nursing. Nursing self-identification with caring as a moral obligation has obfuscated “race” by a

prioritizing gender and gendered relations of power.⁵⁷ Hankivsky explains:

[...] while the care ethics literature includes theories and studies about the feminization and racialization of care, care theorists tend to mask the historically rooted ties and mutually constituting processes and patterns of a broader range of oppressions, thus obscuring the full range of possible forces of power that shape difference.^{57(p252)}

It can be argued that the reluctance to dismantle racism in nursing is underscored by a moral obligation to care based on religious virtues and more subtle forms of racism. Social diversity and inequities in power have been masked by democratic racism, a product of applying the argument of liberal democracy that the values of justice, equality, fairness, and inclusiveness could not coexist with racism and what it stands for,⁴² which resulted in the transformation of racism from “visible and physical” to one that is more subtle and subconscious.^{58(p170)} and where:

[...] in the midst of a society that professes racial equality, there is racial inequality; instead of fairness, there is unfairness; instead of freedom of speech, there is the silencing of voices advocating change; instead of impartiality, bias; instead of multiculturalism, Anglo-European policies and practices hold sway. “Diversity” becomes coded language for assimilation, the rule of law results in injustice, service means lack of access, and protection increases the vulnerability of racial-minority communities.^{42(p366)}

Against this backdrop, Muslim women experience multiple forms of discrimination based on liberal democracies without adequate attention to political and structural dimensions of care ethics. A recent analysis of the experiences of Arab American nurses’ post-9/11 reveals that care ethics are indeed compounded by broader systemic processes of racism. Kulwicki and colleagues³⁸ conducted a survey among 34 Arab American and Arab American Muslim nurses in the United States pre- and post-9/11. Their findings reveal that Arab Americans working in the health sector experienced increased discrimination

post-9/11 in the form of microaggressions related to being called names, intimidation, and targeted comments about religious practices and wearing the hijab. Microaggressions can be defined as everyday racism—a form of discrimination in which small acts are invisible and make people feel unwelcome.³⁵ Because their sample was largely made up of Muslim women and not Arab American Christians or men, they suggest that Arab American Muslim women are more vulnerable to hate crimes and workplace discrimination. Although this work adds to understanding the negative effects of discrimination on Arab American Muslim nurses, a more nuanced analysis is needed to critically examine care ethics and the dynamics of power that operates in multiple interactive effects of race, gender, religion, and so on, thus rethinking care ethics as part of nursing moral identity. Hankivsky⁵⁷ argues that care ethics has not examined its relationship to dominant power structures and the social systems in the global North. She explains that drawing on an intersectionality paradigm is required for analyzing relationship between power structures and social relationships and how their “distribution of advantage and disadvantage have developed historically and exist contemporarily, and how they can be transformed to create the conditions of a more socially just world.”^{57(p255)}

What can be gleaned from scholarship of Muslim women/nurses and nursing’s historical self-reflexive gaze is a metanarrative of race-based story lines. The majority of nursing scholarship on racism has predominantly focused on intersection of gender and class⁴⁸ and/or class, race, and gender,⁵⁰ with little attention to religion as a social signifier of difference.²⁸ Moreover, the absence of intersectional analysis has weakened theoretical understanding of racism.⁵⁹ To transcend ethnocentrism and cultural bias, understanding narratives from the perspective of Muslim nurses who don the hijab can illuminate the structural and subjective processes in which racism operates through different intersecting inequities including visible religious

symbolism. To understand the narratives of Muslim nurses donning a hijab and their antiessentialized experiences, the intersections of their race and gender as well as other categories of social difference are to be considered.⁵²

INTERSECTIONALITY

Kimberlé Crenshaw,⁶⁰ a black feminist and legal scholar, coined the term “intersectionality,” in which she argued that black women are discriminated against in ways that do not ascribe to the effects of racism or sexism separately but as a result of the intersections of their gender and race. Intersectionality has since emerged as a criticism of feminism for ignoring differences based on multiple and simultaneous oppressions leading to advancing the contribution of feminist theory.⁶¹ In short, theoretical and methodological engagement with intersectionality has been used globally by feminist and antiracist scholars to focus on “vexed dynamics of difference and the solidarities of sameness in the context of antidiscrimination and social movement politics.”^{62(p787)}

Drawing on narrative interviews with 20 South Asian Muslim women in various employment and leadership roles in the United Kingdom, Tariq and Syed⁵ used an intersectionality framework to account for the relationship between women’s experiences and structural process of discrimination. Examining Muslim women across multiple professions including information technology, engineering, government, retail, science, banking and finance, education, and law, their findings suggest that racism is linked to sexism for ethnic minority women. In addition, Muslim women who don a hijab were more identifiable in terms of their faith and were more likely to face multiple discriminations based on their ethnicity/religion, family status, and gender. Structural policies where employment and recruitment strategies did not accommodate religious diversity, but are based on organizational culture rather than skills and knowledge of Muslim women, were found to

result in negative discriminatory practice excluding Muslim women who don a hijab from career advancement.

However, as described by Tariq and Syed,⁵ it is not always the case that ethnic majority or white colleagues engage in overt and/or covert discrimination. For example, when the intersections of gender and religion were examined, a Muslim woman was dismissed by her Muslim male employer because she did not choose to wear a headscarf at work. A sex discrimination case was won by the woman as it was found out that the male Muslim employer preferred to work with men. For other women, however, their ethnicity/religion played a positive role in the workplace when the organizational culture promoted policy of diversity, equity-oriented policies. Moreover, family status in which Muslim women received support for higher education and career advancement played a role in their ability to advance in leadership positions as well as manage microaggressions at work.

The perceived role about Muslim women within their families and their familial obligations were named by some of the participants as a basis of discriminating against them during recruitment for higher positions. Although many subtle forms of discrimination are hard to prove, consistently racialized Muslim women experience derogatory comments about their religious dress and perceive they have to work harder than the majority white women. Overall, Muslim women donning a hijab faced multiple discriminations and were underrepresented at higher-level management and leadership positions despite being highly educated. Drawing on intersectionality, the authors conclude that not all ethnic minority Muslim women are going to face the same forms of racism or sexism and that some may experience oppressive structures more than others.⁵ Recommendations for promoting social inclusion and career advancement and agency of Muslim women include having mentorship and role models, development and access to social support networks, and increased education about women’s rights.⁵

The current literature on Muslim women depicts racial hierarchies in various occupational settings that are predominantly male-dominated. The narratives of Muslim women capture the assertion made by Caliste that black women are stereotyped as “less intelligent, less competent, less skilled and less disciplined.”⁶³(p228) Analysis of nursing’s historical relationship with racism suggests that ideological justification for racial oppression, gender subordination, and economic exploitation is not limited to black nurses in the United States.^{50,64} Hawkins and Rodney⁶⁴ discuss how nurses from the Philippines seeking RN licensure and employment in Canada experienced multiple challenges related to need for increased education but excluded from hospital mentorship programs and reentry programs, suggesting ongoing racialized hierarchies within the profession. Their findings delineate the impact of Canada’s immigration policy as structured by neoliberal ideology where Philippine nurses experienced an increased responsibility to pay for private education with high tuition fees in private colleges. These contemporary narratives are reminiscent of earlier experiences of black nurses’ struggle to obtain equitable power in nursing⁴⁸⁻⁵⁰ and are consistent with narratives of Muslim women who perceive a need to work harder than white counterparts to gain same level of recognition.^{5,38}

To gain an in-depth understanding of new forms of racism in nursing, methodological approaches that draw on CRF and intersectionality are required. In this vein, narrative methods can provide a form of resistance to the racialization of Muslim nurses donning a hijab through reclaiming power by making space for their stories, bringing voice to challenge the dominant discourse that is constructed about them without them. As a form of resistance, counternarratives resist the racialization of Muslim nurses, which is evident in the valuing of standpoint epistemology within narrative inquiry and in the “transformative’ function of storying lived experience.”⁶⁵(p369)

Nursing’s historical relationship with race foregrounds the discriminations against Muslim nurses donning a hijab and brings into focus the reality that we are far from a post-racial era. Recent American³⁸ and Canadian nursing scholars^{21,47,66} squarely address racism in nursing through critical theoretical approaches used to mitigate institutional discrimination based on “race.” These advances stimulate critical dialogue and aim to disrupt hegemonic practices sustaining racialization within nursing while promoting the larger aims for social justice. Innovative contributions to knowledge development related to race requires a shift in the theoretical underpinnings of dominant discourses that shape it. Barbee⁵⁰ has argued that the failure of nursing’s uptake of racism is largely due to the inadequacy of theory. Within nursing scholarship critical theoretical and methodological approaches derived from feminism, postmodernism/poststructuralism and postcolonialism have been applied to resist “expressions of racial and ethnic intolerance”⁶⁷(p6) within nursing. There is a lacuna or gap in nursing that brings the voice of Muslim nurses who don the hijab to theory about racism in nursing despite the growing number of Muslim nurses across national liberal democratic nations. It is important to contest hegemonic discourses about “institutionalization of beliefs and practices about race differences that continuously reproduce racialized identities and inform collective nursing practice and research.”⁶⁸(p158)

Informed by the work of critical race and feminists who delineate both political and structural intersectionality,^{62,69} we argue that the stories supported by CRF and advanced by intersectionality can support the agency of Muslim nurses to gain opportunities for higher educational and leadership positions in nursing. Challenging inequitable structures, political intersectionality concerns political strategies used to dismantle process of marginalization.⁶⁹ In other words, narratives can be used to inform and resist master narratives that homogenize and neutralize

politics and policies in nursing such as those inspired by democratic racism.

A CALL TO ACTION FOR TRANSFORMATIONAL SOCIAL CHANGE

There is a call to disrupt all historical and systemic forms of racism in nursing. We propose that narrative inquiry when framed by CRF and intersectionality can provide a point of resistance for Muslim nurses donning a hijab and “to document institutional as well as overt racism”^{70(p11)} and to stipulate the different relationships between race and other axes of domination. We propose that this approach can not only address a gap in knowledge that exists regarding everyday racism in nursing from the perspective of Muslim nurses but also transform education, practice, and policy for social change.

KNOWLEDGE

From our brief analysis of methodological approaches to advancing nursing science perspectives on racism within the discipline, it is clear that critical race theorists in and outside of nursing have drawn attention to the confluence of factors that structure racism. These realities have laid the foundation for advancing our knowledge about how gender, race, and class intersect to shape inequitable power structures. However, the first item for change must include contemporary theories that move beyond the trilogy of gender, race, and class to examine more critically the relation of care and dominant power structures⁵⁷ with axes of social difference that include religion. And as Garner and Selod⁸ discuss, one’s methods and epistemology determine the type of knowledge produced and questions asked. The voice of Muslim nurses donning a hijab therefore can be used to critically analyze their complex, historical positioning to understand racialization and the function of Islamophobia in nursing. Stories are what Lee Anne Bell⁷¹ argues help deliberate creation of counterstories of resistance

that have not been told before that function to interrupt the status quo and to mobilize change: “Emerging/transforming stories build on concealed and resistance stories to ‘catalyze contemporary action against racism . . . subvert taken for granted racial patterns and enable imagination of new possibilities for inclusive human community.’”^{71(p75)} Therefore, stories “feature prominently as sense-making devices, through which events are not merely infused with meaning, but constructed and contested,”^{72(p62)} making them a powerful means to understanding the experiences of difference within nursing and the construction of counternarratives that challenge the oppressive powers shaping their experiences.

The heightened interest in narrative methods within research is also a product of the criticism that targeted a Eurocentric positivist paradigm to challenge the positivist ontology and epistemology, proposing a different conception of the research aim, the positions of the researcher and the participants, and the nature of the findings.⁷³ Moreover, knowledge generated on the basis of the social location of the marginalized, compared with other forms of knowledge, is more accurate, less distorted, and more comprehensive of not only the marginalized but also the oppressor.⁵⁶ The relational aspect of storytelling also presents a critical exploration that allows for co-constructing knowledge that is particular and context bound, as researchers engage in a process of restorying the participants’ stories.⁴⁶

Stories tell narratives that can provide a more complete account of experience. Exploring white women’s accounts of racism, Frankenberg³¹ writes that as researchers we are simultaneously coproducers of narratives and can examine narratives in terms of their internal coherence and contradiction, in relation to each other as well as the context of the broader social history. The foci of Muslim nurses will illuminate their experience from the bottom up to expose how they see the world and to “allow our gaze to be creatively disrupted.”^{8(p15)}

EDUCATION

Stemming from a narrative approach to addressing the gap in knowledge about Muslim nurses' experiences of racism, the second and related strategy for transformational social action concerns antiracist pedagogical approaches to education. It has been consistently clear that racialized and Indigenous faculty members are underrepresented across institutional places of learning³⁵ generally and nursing historically.^{21,47,49,50}

Recently, calls have been made to dismantle racism through antidiscriminatory pedagogy⁴⁷ and connecting narrative to antiracist teaching.⁷¹ We agree that antiracist pedagogy is required to mitigate forms of systemic racism as well as more covert forms of racism including microaggressions. Moreover, "the silence around race and racism is itself a form of micro-aggression that stifles voice and diminishes [the value] of work."^{35(p304)} Writings across curriculum must include a praxis orientation where both educators and learners engage in critical conversations about the root causes of social injustice,⁴⁷ starting with overt and explicit recognition of racism.^{33,47} We concur with Bilge who maintains that the theme of "post-raciality narrative merges with colour blind racism and are political myths whether framed in terms of post-raciality, colour blindness or colour-neutrality, the discourse of denial sustains the status quo and the authority and supremacy of whiteness, by stripping race of any explicative power to make sense of current social inequalities."^{24(p160)} Similarly, Barbee⁵⁰ has argued that educational systems within nursing have remained color-blind as a result of silencing of voices and where race in nursing education remains invisible. When realities of social differences are ignored, a posture of commonality of "nurse" endures. In a similar view, we concur with Gillborn,³³ who advocates that placing an empirical primacy on racism in how oppression operates within education diminishes understanding on the numerous factors in which *race* is schooled onto us. Therefore, an inter-

sectional perspective of discrimination must start from the particular narratives and biographies of learners and educators who experience multiple forms of inequity. Drawing on Muslim students and faculty can dismantle Eurocentric frameworks and standards of practice embedded in liberal ideology that allows racism to continue.³⁵

Lee Anne Bell⁷¹ recommends that story itself is a critical intervention to teaching about racism. In particular, resistance stories and emerging/transforming stories are powerful approaches to challenge a racial status quo. Along these lines, Tariq and Syed⁵ have argued how agency of Muslim women assisted them to gain skills and training to overcome racist stereotypes and microaggressions. Importantly, antioppressive pedagogy can explore agency of Muslim nursing students and the positive processes of networks and mentorship. Lee Anne Bell⁷¹ advocates how a *Storytelling Project Model* can inform curriculum to engage learners and educators to understand their racial positionality, prompting honest and genuine conversations about racism. While we do not condemn the use of cultural competency training of health providers as suggested by Kulwicki and colleagues,³⁸ we recommend that increased mentorship, skill building, and advocacy can inform caring practices and mitigate cultural risks for Muslim nurses who experience microaggressions and Islamophobia more broadly. As nursing scholars have argued, "This focus on safety can easily align with a culturalist understanding, reducing concerns to those that narrowly focus on individual food preferences, or religious practices, concerns that, while important, fail to direct attention to wider social and structural inequities and their manifestations in health care."^{74(p173)}

POLICY AND PRACTICE

Several scholars have collectively recommended the need for creation of supportive and comfortable work environments

to mitigate everyday racism for Muslim women.^{5,38} Creating these conditions are the most challenging because as Henry and colleagues argue, “There are not clear policies that even identify, let alone remediate, microaggressions.”^{35(p215)} Little attention has been paid to structural and political intersectionality in policy making.⁶⁹ Nursing policy and practice therefore ought to redress racism by reexamining structures through multiple intersecting inequalities, for example, the way racism functions at both individual and institutional levels. Research has shown that Muslim women are underrepresented in leadership and managerial positions⁵ and experience othering through systemic processes of exclusion that do not value equity and diversity. Increased representation can be facilitated through what Verloo⁶⁹ and Cho et al⁶² call political and structural intersectionality. Political intersectionality exposes power relations by making space for marginalized voices to shape equitable structures. This can only be achieved through participatory parity where Muslim nurses donning a hijab have a voice at higher levels of education and health policy. In this regard, “Political intersectionality provides an applied dimension to the insights of structural intersectionality by offering a framework for contesting power and thereby linking theory to existent and emergent social and political struggles.”^{62(p800)}

Policies that promote equity and fairness in hiring need to be taken seriously to support Muslim nurses in the workplace. To counter neoliberalism in terms of competition, instrumentality, and productivity as tools to maintain status quo, Henry and colleagues³⁵ recommend cluster hiring within equity, human rights, and social justice policies. Cluster hiring of diverse Muslim nurses may help avoid tokenism and isolation of marginalized and racialized professional groups. Institutions, such as health care and nursing schools, must “promote opportunities and spaces in which they are listened to and supported.”^{35(p314)} Collectively, scholars who

adopt critical and/or activist perspectives have told us that theory, education, and practice are linked.^{31,33,35,71,74} In this regard, we have attempted to show that narrative inquiry framed by CRF and intersectionality has pragmatic utility for disrupting Islamophobia and racialization of Muslim nurses donning a hijab.

CONCLUSION

Although there is growing evidence on the racialized and gendered experiences of nurses in producing ongoing practices of oppression within nursing, there is a silencing of racism within the discipline of nursing. It has been argued that parallels exist between liberal, democratic politics that share a common discourse of denial on racism through values of equality, homogeneity, and individualism. These politics prevail within the discipline of nursing through its emphasis on caring, efficiency, and individualism. Narrative inquiry framed by CRF and lens of intersectionality can disrupt racist hegemony in nursing through the voice and subjective experiences of Muslim nurses donning a hijab. The war on terror, the heightened focus on Muslims, and the current political environment along with the persistence of racism within nursing reinforce structural racism and nursing’s historical identity of white, Christian nurses.

These contexts point to the value of CRF and intersectionality in capturing the heterogeneous, antiessentialized experiences of nurses who don religious symbols. There is a need to interrogating the intersections of race, gender, and religion in the discipline of nursing and how these identity politics play out. We must conceptualize the Muslim experience from a racialized paradigm of Islamophobia and “[u]ntil Muslims are viewed as fully human and treated as such, we must continue to document their experiences of racism.”^{8(p17)} Understanding Muslim nurses’ subjectivities is long overdue, and it is time for their stories to be told.

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