Experiencing difference: Prejudice and racism in nursing education

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Learning outcomes

- Describe student experiences of racism and prejudice in nursing education.
- Identify actions in the classroom and clinical setting to address incidents of racism and prejudice.
- Identify nursing education policy developments to eliminate experiences of racism and prejudice in nursing education.
Nursing values and ethical responsibilities

- Providing safe, compassionate, competent nursing care
- Promoting health and well being
- Promoting and respecting informed decision making
- Preserving dignity
- Maintaining privacy and confidentiality
- Promoting justice
- Being accountable (CNA Code of Ethics, 2008)
Racism and nursing:

“The contradictions between caring, a principle part of the identity of nursing, and racism make it difficult for nurses to acknowledge racial prejudice in the profession” (Barbee 1993, p. 346)
Nursing, racism, prejudice & difference

- Culley (2006) describes nursing as constructing itself as a caring, color-blind, class-blind profession.
- Nurses are all “just folks,” they treat everyone the same.
- “There is a denial that nursing is embedded in unequal relations of power that structure interactions between nurses and their patients (and also interactions among nurses)” (Culley, 2006, p. 145).
Bonilla-Silva (2006) identified the current racial consciousness in nursing as “color blind racism”, whereby direct discourse on race is avoided, and current racial privilege is safeguarded.

The effect of color blind racism as “otherizing softly” and referred to it as “smiling face discrimination” (p.3).
Beyond racism: Difference and othering

- Othering is the resultant process of distinguishing between the Center and Other, between the dominant society and those that are different from it (Hall, 1994).

- “... an act of representation by which identity is assigned, human existence is categorized, people are characterized according to certain criteria (such as worldview or similar anthropological construct) and experiences are homogenized” (Kirkham & Anderson (2002, p.6)).
Beyond racism: Difference and othering

- Othering is not just about race, but about *difference* — gender, sexual orientation, ethnicity, cultural background, language or presence of an accent, country of origin, background, or family circumstances.
In the western world, nursing is predominantly a white, middle class, female profession.
Difference and nursing

“It is the hidden nature of discrimination within the nursing profession that maintains the privilege of those who fit the ideal of the “White good nurse” and the marginalization of those who do not” (Giddings, 2005, p. 311).
Our response to difference

- *Pathologies of silence* occur when professionals are uncomfortable with difference, and lack the skill to acknowledge and celebrate differences in ways that leave behind practices of labeling and essentializing single characteristics. Differences, if acknowledged at all, are pathologized (Shields, 2004).
Experiences of under represented minorities in nursing and nursing education

- Eurocentricity of curricula and program approaches
  - values activism, independence, individualization and assertiveness.
  - university as a “knowledge-based binary for dividing the known from the unknown” (Considine, 2006)
- Lack of role models: faculty, postsecondary
- Lack of policies addressing racism, diversity issues
- Experiences of racism & prejudice—overt and benign
Experiences of prejudice and racism

- Student – student
- Faculty – student
- Unit staff – student
- Patient - student
Experiences of difference within nursing and nursing education

- Report of a qualitative study *Making a diversity difference: Stories of leadership in creating an inclusive nursing profession*
- Interviewed 5 Canadian nursing leaders who were acknowledged to have supported increased diversity within the profession
- Used narrative inquiry to explore and tell their stories
Findings

- Intolerance of difference within the profession: *diversity of thought*
Stories of difference in Nursing education

- Mark’s story
- Madonna’s story
- Katherine’s story
Inclusion: How do we promote it?

- National and international policy discussions around increasing the diversity of nursing profession
- Affirmative action/educational equity initiatives
- Increasing the diversity of faculty
- Better data collection related to diversity of the profession, the professoriate, and the student body, including attrition, recruitment and retention data.
- Anti-racism and anti-harassment policies within educational institutions
Inclusion: How do we promote it?

- Creation of diversity and inclusion offices in educational institutions to support students and assist faculty with issues around diversity
- Cultural safety education as part of nursing education and health institution orientation
  - Breaking down the pathologies of silence, having the difficult conversations
  - Making the invisible visible
- Eliminating the “other”
  - Ongoing relations with communities: e.g. ethnic, sexual orientation, poverty
Inclusion: How do we promote it?

- Engagement, “being with”
- Community involvement on curriculum and advisory committees (Elders’ Council)
Conclusion

- Much has been written about cultural safety for clients in our health care system, and attention on the part of the profession with relation to racism and prejudice in client care.
- It is time to look at the way in which we look at diversity within the profession.
- We must *enact* our values.
Thank you!

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