Anti-racist undergraduate nursing education: a literature review.

Catherine Playfair, Lecturer in Nursing Sciences[1]
Garfield Hunt, Senior Lecturer in Social Work[2]
Dr Chrissie DaCosta, Academic Skills Advisor[3]

1. School of Health Sciences, University of East Anglia, UK
2. School of Social Sciences and Humanities, University of Suffolk, UK
3. Centre for Excellence in Learning and Teaching / Department of Library and Learning Services, University of Suffolk, UK

Corresponding author: Catherine Playfair c.playfair@uea.ac.uk

Abstract

Literature on anti-racist nursing education was reviewed to uncover the most effective strategies for nurse educators to develop anti-racist education. The literature describes a climate of denial and defensiveness amongst nurse educators. The literature urges nurse educators to develop racial literacy, and explores nursing curricula, with 'intersectionality' offered as a way to teach about health disparities in moving away from a 'culturalist' perspective. There is growing recognition that institutions need to address issues of retention of Black students, and robust reporting systems are required to respond to allegations of racism. Institutions also need to provide evidence-based anti-racist training for staff. The conclusion drawn here is that without institutional support, there is little nurse educators can do alone to change the culture of racism in nurse education. Thus, this review is a starting point for nurse educators interested in anti-racist nursing education.

Anti-racist undergraduate nursing education: a literature review.

Abstract

Literature on anti-racist nursing education was reviewed to uncover the most effective

strategies for nurse educators to develop anti-racist education. The literature describes a

climate of denial and defensiveness amongst nurse educators. The literature urges nurse

educators to develop racial literacy, and explores nursing curricula, with 'intersectionality'

offered as a way to teach about health disparities in moving away from a 'culturalist'

perspective. There is growing recognition that institutions need to address issues of

retention of Black students, and robust reporting systems are required to respond to

allegations of racism. Institutions also need to provide evidence-based anti-racist training

for staff. The conclusion drawn here is that without institutional support, there is little nurse

educators can do alone to change the culture of racism in nurse education. Thus, this review

is a starting point for nurse educators interested in anti-racist nursing education.

Key Points

- Nurse educators have a responsibility to understand the impact of racism on health and to develop racial literacy.

- Nurses are in a unique position to address the social determinants of health and as such it is imperative they learn about the root causes of health disparities. Nursing curricula should therefore include a focus on racism as a social determinant of health.

- Schools or departments of nursing should form Equality, Diversity and Inclusion (EDI) committees responsible for auditing policies and procedures relating to EDI specifically in nursing education.

- Institutions need to commit to addressing issues of retention of Black students and staff, to ensure robust reporting systems are in place, and to provide effective anti-racist training to all staff and students.

Introduction

Racism persists within the United Kingdom (UK) National Health Service (NHS) and there is significant evidence that racial discrimination has negative consequences for those who experience it (Bheenuck et al. 2007; McChesney 2015; Burnett et al. 2020). Krieger (2014) was able to determine a direct relationship between racial discrimination and hypertension, premature labour and low birthweight, as well as other significant health conditions. In 2010, the World Health Organisation (WHO) explicitly identified racism as a social determinant of health (WHO 2013). Despite decades of research on the deleterious impact of racism on health, nurse educators rarely examine racism in healthcare. In fact, racism is often demonstrated and reinforced by healthcare professionals and educators themselves (Schmunk 2020; Burnett et al. 2020).

Nursing represents a particular challenge because the profession is viewed as inherently non-judgemental, with a long-held commitment to the individual (Thorne 2020). This presents as a barrier to critical scrutiny. Further, while many nurses may practice anti-racist care, the nursing profession as a collective has upheld a culture of denial, silence, and reluctance to address the issue of racism that pervades in healthcare education and practice (Hall & Fields 2012, Bell 2021). This is an important time of reckoning for institutional racism in the UK as racial awareness has become heightened in recent years. This is in part due to

the murder of George Floyd and the highly publicised demonstrations led by the Black Lives Matter movement (Moorley et al. 2020). This time of heightened awareness presents an opportunity for nurse educators to understand the startling racial climate of the profession.

Background

Race is a social construct, not a biological fact (Golash-Boza 2016) and yet the impacts of racism on health are far-reaching. Zappas et al (2021) state that racial discrimination contributes to biological changes such as an increase in the hormone cortisol which is linked to post-traumatic stress disorder (PTSD), anxiety, depression and gastrointestinal and cardiovascular disease. The stress related to racism can also affect future generations as discovered by Nowak et al (2020) who conducted a systematic review of 25 studies linking maternal stress with epigenetic modifications to offspring DNA. Further, The MBBRACE-UK confidential enquiry into maternal deaths and morbidity between 2016-2018 revealed that Black women were four times more likely to die than white women during pregnancy and childbirth (MBBRACE-UK 2020). Singhal et al (2016) uncovered that Black patients are almost half as likely as White patients to be given analgesia in Emergency Departments (EDs) when presenting with the same conditions. Perhaps most alarming is research demonstrating that medical professionals believed things such as 'Black people age more slowly than White people', 'Black people have thicker skin than White people', and that Black patients are seen as '…drug seekers, and over-exaggerators' (Hoffman et al. 2016).

The reasons for health professionals harbouring such beliefs about Black patients may be multi-factorial – including workplace and employer culture – but this also raises serious concerns about the education of healthcare professionals and underscores the need for

3

nurse educators to address racism in the classroom and in practice. Considering the threat of racism to health as described, anti-racist education should hold equal importance as the technical skills taught to nurses such as basic life support, venepuncture and cannulation.

In 2005, Cortis and Law asserted that there is an '…immediate need for nursing education to address the issue of racism in healthcare and Higher Education Institutions (HEIs)' (p.207). Why has silence prevailed? Perhaps because nurse educators feel ill-prepared to facilitate discussions on racism, white privilege, and white supremacy (Zappas et al. 2021). Therefore, this review analyses literature about anti-racism and nursing education in order to collate and produce the most effective strategies for the design and delivery of anti-racist undergraduate nursing education.

A note on terminologies

Language changes and evolves but terminology is always important in terms of intention and direction (for a comprehensive analysis of the politics, construction, application, and efficacy of ethnic categorisation see Da Costa et al. 2021).

'Black' with a capital 'B' is used here as an alternative to 'BAME' to articulate respect for people/s who experience racism today. 'Black' has been used routinely in anti-racist campaigns starting in the 1970s and in this paper, using 'Black' is about creating unity in the fight against deep-rooted racism that sees Black people disadvantaged in housing, education, employment and the criminal justice and health systems (Unison 2021).

Anti-racism is about moving beyond tokenistic gestures (such as just including Black authors in reading lists or producing statements about anti-racism) towards concrete action.

Methods

The databases searched include CINAHL Plus, British Nursing Database (ProQuest) and Medline. Limits set included papers that explicitly referenced anti-racism or decolonisation in the title and/or abstract. However, these initial searches yielded very few results, so the term 'diversity' was included to broaden the search. It was identified in the review, and in the authors experiences, that nursing education typically addresses difference from a 'culturalist' perspective. Bell (2021) argues that the dominant culturalist approach to nursing misunderstands the true complexity of culture and frames difference in an 'othering' process whereby '…nurses learn about other people who have something called culture' (p.3). This is a superficial and outdated approach to understanding difference. Tengelin and Dahlborg-Lyckhage (2017) and Thorne (2017) contend that this approach ignores the influence and impacts of racism and oppression on social and health disparities. Thus, this review did not include the search terms 'cultural competence' or 'cultural sensitivity' to reflect the understanding that the culturalist approach does not adequately address the issue of racism. Other limits included the date range (from 2001-2022 to highlight the trajectory of anti-racism in nursing education) and language (English). Initial searches yielded 182 results, and further relevant literature was found from reading the abstracts. Greenhalgh and Peacock (2005) suggest using many approaches to literature searching which is referred to as 'snowball sampling' (where literature is uncovered from that already found). Just 10 papers were included in the final review as they were deemed appropriate in answering the research question.

Three themes and six subthemes were identified from analysing the selected papers.

Theme 1: The role of nurse educators

Seven of the 10 papers reviewed highlighted important aspects of the nurse educators' role in the design and delivery of anti-racist education (Zappas et al. 2021; Godbold & Brathwaite 2021; Bell 2021; Nairn et al. 2012; Garneau, Browne & Varcoe 2018; McGibbon et al. 2014; Coleman 2020). The suggestions for nurse educators have been explored here within 2 subthemes: 1) Moving beyond denial and comfort; and 2) Understanding white privilege.

Moving beyond denial and comfort

Denying or ignoring skin colour is criticised heavily in the literature reviewed here which states that the 'colourblind' ideology sits within nurses' assertion that they treat everyone the same. Thus, colour-blindness serves to erase the real impacts of racism and white supremacy on individuals and in society (McGibbon et al. 2014; Thorne 2017; Bell 2021; Coleman 2020). Nurse educators in the Nairn et al (2012) study do not deny racism but are reluctant to address it, as encapsulated by the following quote:

> "I rarely raise the issue (of racism) myself because I'm very uncomfortable, self conscious and embarrassed. I don't quite know how to raise it. What is the politically correct way to do this? There's all that and sometimes it feels sort of repressing to me. (Respondent 2 p.205)"

This perspective is one which permeates the nursing profession. Prominent Black feminist and academic bell hooks (sic) noted in 2003 that teachers are often the most reluctant group of people to raise the issue of racism. In seminars on anti-racism, a great deal of time is spent '…breaking through the denial that leads many…people…to pretend that racist and white supremacist…action are no longer pervasive in our culture.' (hooks 2003 p.25). In the

author's experience, colleagues and students have exclaimed 'I'm not racist, I don't see colour' and 'racism doesn't happen anymore…'. Assertions like these are detrimental to Black students and staff because this is a denial of a fundamental aspect of life experience in that 'a (Black) student cannot *not* see their race' (Fellazo 2020). The work associated with anti-racism is uncomfortable, but, as argued by Zappas et al (2021), we must continue the discussion of race with humility. Denial and defensiveness perpetuate white supremacy and we need to move beyond this to deliver effective anti-racist nursing education.

Understanding white privilege

Coleman (2020) articulates the urgent need to move away from viewing whiteness as invisible or neutral, towards a critical awareness of its association with 'unearned privileges and unaddressed racism'(p.643). The majority of the papers reviewed here call for the use of explicit and direct language to engage in discussions about racism, white privilege and white supremacy in order to change the culture in nursing education (Zappas et al. 2021; Garland & Batty 2021; Cortis & Law 2005; Garneau et al. 2018; Bell 2021; McGibbon et al. 2014; Coleman 2020). As discussed, the work involved in understanding racism and white privilege is uncomfortable and challenging. Most nurse educators are extremely busy; in jobs which demand a great deal of time, attention, and energy. Understanding the concepts raised here may seem daunting and overwhelming but this should not be a barrier to doing this work. Bell (2021 p.8) contends that where educators lack authentic expertise, it is important to model 'humble, reflexive and accountable engagement' with anti-racist pedagogies. Further, Godbold and Brathwaite (2021) identify that students want to see white educators taking responsibility for addressing racism that should not be left for the Black community to fix. Coleman (2020 p.643) agrees, stating that '…the burden of racial

7

justice work (often) falls onto those who suffer the most from racism and consequently feel most compelled to act. This work goes largely unpaid and underappreciated'. In response to this, white nurse educators have a responsibility to develop racial literacy. In other words, to seek out and read literature authored by Black nurses – as well as literature from other disciplines - and to include this in teaching and reading lists (Chinn 2020; Coleman 2020; Zappas et al. 2021). Further to this, there is a need to use white privilege to promote and uplift the work done by Black people, invite antiracist scholars and activists into the classroom and provide spaces for Black voices to be shared and listened to.

The discomfort, and the aversion to engaging with anti-racism is not unique to white people. hooks (2003) acknowledged that any person who is born into a racialised society will be impacted by white supremacist ideology, regardless of their skin colour and as such there is a need to understand how whiteness is a privilege. Peterson (2020) produced the following table which illustrates what is meant by 'privilege' in this context:

Social privileges	Social burdens
white privilege	systemic racism
male privilege	misogyny
cis or hetero privilege	transphobia and homophobia
class privilege	class discrimination
health and ability	stigma, ableism, disability discrimination
religious privilege	anti Semitism, Islamaphobia

Any person who has a social privilege listed in the left column will not experience the social burdens associated with not having this privilege. So, in the same way that an able-bodied person does not experience disability discrimination, a white person will never experience systemic racism. Further, according to Jones et al (2008 p.496) 'being classified by others as white is associated with large and statistically significant advantages in health status, no matter how one self-identifies'. Therefore, whiteness needs to be examined and critiqued by nurse educators by exploring how being white has – and continues to - benefit white individuals. This will help to open up conversations about racism and move away from the denial that pervades nurse education. In critiquing whiteness in the classroom, intersectionality is an approach, or a 'lens' through which to educate and is explored here later.

Theme 2: Nursing Curricula

Eight of the 10 papers reviewed included suggestions for the incorporation of anti-racism into nursing curricula (Zappas et al. 2021; Godbold & Brathwaite 2021; Garland & Batty 2021; Van Bewer et al. 2021; Bell 2021; Garneau et al. 2018; McGibbon et al. 2014; Coleman 2020). Thematic analysis of the papers revealed 2 further subthemes which will be explored here. 1) The social determinants of health and 2) Incorporation of diverse teaching resources and non-traditional teaching methods.

The social determinants of health

Integration of teaching on the social determinants of health (SDH) provides students with a critical understanding of how racism in society impacts health (Marmot & Allen 2014; WHO

2010; McGibbon et al. 2014; Garneau et al. 2018; Coleman 2020; Zappas et al. 2021; Bell

2021). Zappas et al (2021) claim that race is still taught as a risk factor, or even causal of

disease. Nurses are one of the largest groups in healthcare who meet people at every stage

of life, therefore nurses have the ability to influence health disparities relating to SDH

(Zappas et al. 2021). It is thus crucial that nurses have an understanding of the root causes

of disease. Examples of this include diabetes and COVID-19, which are identified as

disproportionately affecting Black patients (Williamson et al 2020). In nurse education it is

important to explore why this is the case drawing attention to the role of poverty, racial

discrimination, geography, food security and gender inequities (Coleman 2020). With this

broader intersectional understanding students are better equipped to support and manage

patients at greatest risk of diabetes and COVID-19, as well as other health issues (Spanakis &

Golden 2013; Coleman 2020; Garland & Batty 2021). As highlighted by Coleman (2020

p.644):

> "Intersectionality was born from Black feminism to critique the tendency of social
> justice movements to separate out targets of oppression, such as gender and race,
> leaving out Black women."

This approach would help nurse education move away from the culturalist perspective,

enabling a more critical understanding of racism and white supremacy. Kumanyika and

Jones (2015) offer useful suggestions for how to move towards a more intersectional

approach to understanding the impact racism has on health. Firstly, to explicitly name

racism as a social determinant of health; secondly, to discuss how racism manifests within

our practices, norms and values; and finally, to work with community organisations to

address the structural factors that shape discrimination and inequity in society (Kumanyika

& Jones 2015). Racism in society needs to be recognised as equally harmful as any other

form of harm and Bell (2021) suggests that an intersectional risk assessment could become

another nursing observation, or 'vital sign' alongside blood pressure and temperature assessments. Developing such a tool presents an opportunity for further research.

Incorporation of diverse teaching resources and non-traditional teaching and learning methods

Eight of the 10 papers reviewed indicated that nurse educators must develop resources that include Black people to articulate the similarities and differences in assessment, diagnosis, and treatment ((Zappas et al. 2021; Godbold & Brathwaite 2021; Garland & Batty 2021; Van Bewer et al. 2021; Bell 2021; Garneau et al. 2018; McGibbon et al. 2014; Coleman 2020). Key differences in skin assessment are rarely addressed in teaching or training. It is a vital skill for nurses to be able to assess for jaundice, cyanosis, soft-tissue injury, pressure injury, and labial abrasions following sexual assault – all of which are different in Black and white skin (Sommers 2011). In clinical simulation in the UK, 94% of the patient dummies and body parts are white (Foronda et al. 2017). There is an urgent need to better equip our students by using clinical scenarios in our teaching that reflect the diversity of the population as well as diversifying our simulation equipment. Mukwende (2020) produced a handbook of clinical signs in black and brown skin which could be used to teach student nurses about skin assessment. Often within nursing education there is a false impression that Black nurses did not contribute to the evolution of the profession (Zappas et al. 2021). Nurse educators therefore need to understand and uphold the legacy of important Black nurses in our history such as Mary Seacole and Annie Brewster, as well as contemporary Black nurses such as Elizabeth Anionwu, who is the UK's first sickle cell and thalassemia nurse specialist (Mistlin 2020).

11

The importance of ensuring a safe environment for anti-racist education is paramount and has been highlighted in much of the literature on this subject (Zappas et al. 2021; Godbold & Brathwaite 2021; Garland & Batty 2021; Van Bewer et al. 2021; Bell 2021; McGibbon et al 2014; Coleman 2020; Hollinrake et al. 2019). As well as demonstrating an open, reflexive, and critical stance as an individual nurse educator, some of the studies reviewed here suggest using non-traditional approaches to teaching. Van Bewer et al (2021) reported on a workshop informed by an Indigenous and arts-influenced framework for anti-racist practice in nursing education. They found the following:

> "By exploring racism and oppression in health care and nursing through group images, participants experienced exclusion and marginalization viscerally and sensorially… it…allowed for communication without the constraints of the verbal language and without interruption." (Van Bewer et al, 2021 p.70)

As well as images, it could be pertinent to use narratives and storytelling with our students to enable a deeper understanding of the issues of racism and white supremacy (Hollinrake et al. 2019). Further, Zappas et al (2021) state that the use of blended learning and the flipped classroom are beneficial for Black students as these approaches facilitated increased interaction and discussion time with educators. It is evident from the papers reviewed, that non-traditional approaches to teaching about racism in the classroom warrant further consideration.

Theme 3: Institutional Responsibilities

Bell (2021 p.9) states that in tackling racism in nurse education '…classroom strategies alone are not sufficient…when fundamental (social and institutional) ideologies are the culprits'. Seven of the 10 papers reviewed discussed institutional responsibilities in the provision of anti-racist nurse education (Godbold & Brathwaite 2021; Garland & Batty 2021; Cortis &

Law 2005; Bell 2021; Garneau et al. 2018; McGibbon et al. 2014; Coleman 2020). Synthesis of these papers led to the subthemes 1) Retention and support; and 2) Training.

Retention and support

Retention of nursing students is a primary focus for many Higher Education Institutions (HEIs) due to a chronic shortage of nurses in the UK (before the coronavirus pandemic there was a shortage of approximately 40,000 nurses) (Zappas et al. 2021; Buchan et al. 2021). According to the Office for Students (2019) more Black students discontinued their studies than any other ethnic group and in 2017/18, the degree awarding gap between white and Black students receiving a 1st/2:1 degree in UK HEIs was 24% (Advance HE 2018). It is vital therefore, that institutions address the issues of recruitment and retention of Black students, as well as the stark degree awarding gap. Zappas et al (2021) call for all institutions, and specifically nursing schools, to form equality, diversity and inclusion (EDI) committees, and Coleman (2021) contends that nursing programmes need to review and evaluate their diversity statements and policies, scrutinising the actual work being done. Godbold and Brathwaite (2021) highlight the importance of removing the 'deficit model' where students who may more confidently speak and write in languages other than English are considered somehow lacking in ability. The ability to speak, read and write in more than one language should be celebrated by educators, acknowledging the hard work required to do so.

It is also vital that HEIs have robust and transparent policies and procedures for investigating incidents of racism and importantly, to take action when required (Cortis & Law 2005). According to a 2019 inquiry by the Equality and Human Rights Commission

(EHRC) on racial harassment in universities, around a quarter of students from an 'ethnic minority' background (24%), said they had experienced racial harassment since starting their course. 20% of students had been physically attacked and 56% of students who had been racially harassed had experienced racist name-calling, insults and jokes. The EHRC therefore call for the introduction of effective reporting systems in universities in order to address these shocking findings (EHRC 2019).

Training

Based on the literature, there is a clear need for institutions to provide nurse educators with the skills and tools to make sense of racism and white supremacy to feel more confident managing discussions on these issues in the classroom (Baxter 1998; Cortis & Law 2005; Bell 2021; Coleman 2020; Nairn et al. 2012). One step towards moving away from colour-blind teaching is to uncover our unconscious biases; the beliefs and views we have about people that may be unreasonable and untrue (Lokugamage 2019). However, unconscious bias training alone - for which attendance has become a mandatory requirement in some HEIs - is unlikely to help dismantle racism (Noon 2018). Cortis and Law (2005), Bell (2021) and Coleman (2020) argue that short training sessions to appease the institution does more harm than good and that effective, evidence-based anti-racist training should be integral to an institution's operations. Babla et al (2022) highlight the importance of allyship in healthcare and explore solutions to address racism and discrimination. For example, Coghill's (2021) '7 A's of Authentic Allyship' is a model which could serve as a useful tool in framing anti-racist training for nurse educators (Babla et al 2022).

Conclusion

The strategies for the design and delivery of anti-racist undergraduate nursing education presented across the literature expose key themes for further research and action. First, nurse educators are implored to move beyond denial and comfort: to develop racial literacy and to become accountable, by approaching the issue of racism with commitment and humility.

Second, there is a need to examine nursing curricula carefully, ensuring students are taught the causes of racial health disparities by focusing on racism as a social determinant of health. Intersectionality is a useful concept for nurse educators to explore to move away from the traditional 'culturalist' perspective of nursing education. Nurse educators also need to ensure that the resources used in the classroom are diverse, not just by upholding Black authored literature, but by also adopting non-traditional teaching methods such as the flipped classroom, imagery, narratives, and storytelling.

Finally, institutions are obliged to address retention of Black students and staff, to provide effective support to empower Black students, moving away from the 'deficit model', and to implement evidence-based anti-racist training for staff. Without the commitment from HEIs to take this obligation seriously, there is little that nurse educators can do alone to change the pervasive culture of racism in nurse education.

Reflective Questions

Consider the following to develop self-awareness and accountability (Platform 1 from the NMC future nurse: standards of proficiency for registered nurses (NMC, 2018)):

1. What privileges do I benefit from and how do these benefit me?

2. What is my role in addressing racism in nursing education and/or practice?

3. How could I use an intersectional approach to teach someone about the racial health disparities related to COVID-19?

4. Go to: https://implicit.harvard.edu/implicit/takeatest.html and take an online test designed to uncover unconscious biases

References

Advance HE. Equality in higher education: statistical report 2018 | [accessed 2021 Sep 17]. https://www.advance-he.ac.uk/knowledge-hub/equality-higher-education-statistical-report-2018.

Babla, K., Lau, S., Akindolie, O., Radia, T., Kingdon, C., Bush, A. and Gupta, A., 2022. Allyship: an incremental approach to addressing microaggressions in medicine. *Paediatrics and Child Health*.

Baxter, C., 1998. Developing an agenda for promoting race equality in the nurse education curriculum. *NT Research*, *3*(5), pp.339-348.

Bell B. 2021. White dominance in nursing education: A target for anti-racist efforts. Nursing Inquiry. 28(1):e12379. doi:https://doi.org/10.1111/nin.12379. [accessed 2021 Feb 18]. https://onlinelibrary.wiley.com/doi/abs/10.1111/nin.12379.

Bheenuck S, Miers M, Pollard K, Young P. 2007. Race equality education: Implications of an audit of student learning. Nurse Education Today. 27(5):396–405. doi:10.1016/j.nedt.2006.06.003. [accessed 2021 Mar 12]. https://www.sciencedirect.com/science/article/pii/S0260691706000931.

Bhopal K. 2019. Black and minority ethnic academics less likely to hold top jobs at UK universities. The Conversation. [accessed 2021 Sep 14]. http://theconversation.com/black-and-minority-ethnic-academics-less-likely-to-hold-top-jobs-at-uk-universities-125253.

Buchan J. 2021. Nurse Supply: Can the NHS close the gap? The Health Foundation. [accessed 2021 Jul 7]. https://ifs.org.uk/uploads/Presentations/Nurse-Supply-Can-the-NHS-close-the-gap.pdf.

Burnett A, Moorley C, Grant J, Kahin M, Sagoo R, Rivers E, Deravin L, Darbyshire P. 2020. Dismantling racism in education: In 2020, the year of the nurse & midwife, "it's time." Nurse Educ Today. 93:104532. doi:10.1016/j.nedt.2020.104532. [accessed 2021 Mar 12]. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7354251/.

Chinn P. 2020. Nursing and Racism: Are We Part of the Problem, Part of the Solution, or Perhaps Both? Nursology. [accessed 2021 Sep 17]. https://nursology.net/2020/06/16/nursing-and-racism-are-we-part-of-the-problem-or-part-of-the-solution-perhaps-both/.

Coleman T. 2020. Anti-Racism in Nursing Education: Recommendations for Racial Justice Praxis. J Nurs Educ. 59(11):642–645. doi:10.3928/01484834-20201020-08. [accessed 2021 Mar 9]. https://www.healio.com/nursing/journals/jne/2020-11-59-11/{f6cd858b-c26f-44c7-a5c0-d37ca4c37741}/anti-racism-in-nursing-education-recommendations-for-racial-justice-praxis.

Cortis J, Law IG. 2005. Anti-racist innovation and nurse education. Nurse Education Today. 25(3):204–213. doi:10.1016/j.nedt.2005.01.008. [accessed 2021 Sep 7]. https://www.sciencedirect.com/science/article/pii/S0260691705000249.

DaCosta C, Dixon-Smith S, Singh G. 2021. Beyond BAME: Rethinking the politics, construction, application, and efficacy of ethnic categorisation. Higher Education Research Action Group (HERAG). [accessed 2021 Aug 30]. https://drive.google.com/file/d/1jb0k6kk1jv0jIC8ldePJatAcKNL1vrsU/view.

Ferlazzo L. 2020 Feb 3. Saying "I Don't See Color" Denies the Racial Identity of Students. Education Week. [accessed 2021 Sep 17]. https://www.edweek.org/teaching-learning/opinion-saying-i-dont-see-color-denies-the-racial-identity-of-students/2020/02.

Foronda CL, Baptiste D-L, Ockimey J. 2017. As Simple as Black and White: The Presence of Racial Diversity in Simulation Product Advertisements. Clinical Simulation in Nursing. 13(1):24–27. doi:10.1016/j.ecns.2016.10.007. [accessed 2021 Sep 17]. https://www.sciencedirect.com/science/article/pii/S1876139916300883.

Garland R, Mary Lou Batty RN. 2021. Moving beyond the rhetoric of social justice in nursing education: Practical guidance for nurse educators committed to anti-racist pedagogical practice. CJCND. 3(1):17–30. doi:10.25071/2291-5796.96. https://witness.journals.yorku.ca/index.php/default/article/view/96.

Garneau AB, Browne AJ, Varcoe C. 2018. Drawing on antiracist approaches toward a critical antidiscriminatory pedagogy for nursing. Nursing Inquiry. 25(1):e12211. doi:https://doi.org/10.1111/nin.12211. [accessed 2021 Mar 9]. https://onlinelibrary.wiley.com/doi/abs/10.1111/nin.12211.

Godbold R, Brathwaite B. 2021. Minding the gap. Improving the Black Asian and minority ethnic student awarding gap in pre-registration adult nursing programmes by decolonizing the curriculum. Nurse Education Today. 98:104667. doi:10.1016/j.nedt.2020.104667. [accessed 2021 Sep 9]. https://www.sciencedirect.com/science/article/pii/S0260691720315173.

Golash-Boza T. 2016. A Critical and Comprehensive Sociological Theory of Race and Racism. Sociology of Race and Ethnicity. 2(2):129–141. doi:10.1177/2332649216632242. [accessed 2021 Mar 12]. https://doi.org/10.1177/2332649216632242.

Greenhalgh T, Peacock R. 2005. Effectiveness and efficiency of search methods in systematic reviews of complex evidence: audit of primary sources. BMJ. 331(7524):1064–1065. doi:10.1136/bmj.38636.593461.68.

Hall JM, Fields B. 2012. Race and Microaggression in Nursing Knowledge Development. Advances in Nursing Science. 35(1):25–38. doi:10.1097/ANS.0b013e3182433b70. [accessed 2021 Mar 12]. https://journals.lww.com/advancesinnursingscience/Abstract/2012/01000/Race_and_Microaggression_in_Nursing_Knowledge.4.aspx.

Hoffman KM, Trawalter S, Axt JR, Oliver MN. 2016. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. PNAS. 113(16):4296–4301. doi:10.1073/pnas.1516047113. [accessed 2021 Mar 12]. https://www.pnas.org/content/113/16/4296.

Hollinrake S, Hunt G, Dix H, Wagner A. 2019. Do we practice (or teach) what we preach? Developing a more inclusive learning environment to better prepare social work students for practice through improving the explorationof their different ethnicities within teaching, learning and assessment opportunities. Social Work Education. 38(5):582–603. doi:10.1080/02615479.2019.1593355. [accessed 2021 Sep 14]. https://doi.org/10.1080/02615479.2019.1593355.

hooks bell. 2003. Teaching community: A pedagogy of hope. Abingdon: Routledge.

Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS. 2008. Using "socially assigned race" to probe white advantages in health status. Ethn Dis. 18(4):496–504. [accessed 2021 Sep 17]. http://apt.allenpress.com/aptonline/?request=get-document&issn=1049-510X&volume=018&issue=04&page=0496.

Jones-Berry S. 2019. Is racism in the NHS being tackled effectively – or is it getting worse? [accessed 2021 Sep 17]. https://journals.rcni.com/nursing-standard/analysis/is-racism-in-the-nhs-being-tackled-effectively-or-is-it-getting-worse-ns.34.10.19.s10/abs.

Krieger N. 2014. Discrimination and Health Inequities. Int J Health Serv. 44(4):643–710. doi:10.2190/HS.44.4.b. [accessed 2021 Sep 17]. https://doi.org/10.2190/HS.44.4.b.

Kuminyaka S, Jones C. 2015. Naming and Addressing Racism: A Primer. Global Health NOW. [accessed 2021 Sep 17]. https://www.globalhealthnow.org/2015-07/naming-and-addressing-racism-primer.

Lokugamage A. 2019 Apr 8. Maternal mortality—undoing systemic biases and privileges. The BMJ. [accessed 2021 Sep 17]. https://blogs.bmj.com/bmj/2019/04/08/amali-lokugamage-maternal-mortality-undoing-systemic-biases-and-privileges/.

Marmot M, Allen JJ. Social determinants of health equity. Am J Public Health. 2014 Sep;104 Suppl 4(Suppl 4):S517-9. doi: 10.2105/AJPH.2014.302200. PMID: 25100411; PMCID: PMC4151898.

MBBRACE- UK. 2020. MBRRACE-UK: Saving Lives, Improving Mothers' Care 2020: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2016-18. [accessed 2021 Feb 28]. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf.

McChesney KY. 2015. Teaching Diversity: The Science You Need to Know to Explain Why Race Is Not Biological. SAGE Open. 5(4):2158244015611712. doi:10.1177/2158244015611712. [accessed 2021 Mar 9]. https://doi.org/10.1177/2158244015611712.

McGibbon E, Mulaudzi FM, Didham P, Barton S, Sochan A. 2014. Toward decolonizing nursing: the colonization of nursing and strategies for increasing the counter-narrative. Nursing Inquiry. 21(3):179–191. doi:https://doi.org/10.1111/nin.12042. [accessed 2021 Mar 9]. https://onlinelibrary.wiley.com/doi/abs/10.1111/nin.12042.

Mistlin S. 2020. Elizabeth Anionwu: the 'cool, black and exceptional' woman who fought to make the NHS fairer. The Guardian [Internet]. Dec 10 [cited 2023 Jul 17]; Available from: https://www.theguardian.com/society/2020/dec/10/elizabeth-anionwu-the-cool-black-and-exceptional-nurse-who-fought-to-make-the-nhs-fairer

Moher D, Liberati A, Tetzlaff J, Altman DG, Group TP. 2009. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLOS Medicine. 6(7):e1000097. doi:10.1371/journal.pmed.1000097. [accessed 2021 Mar 12]. https://web.archive.org/web/20161128111006/http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000097.

Mukwende, M., 2020. Mind the gap: A clinical handbook of signs and symptoms in black and brown skin. *Wounds UK*, pp.16-16.

Moorley C, Darbyshire P, Serrant L, Mohamed J, Ali P, Souza RD. 2020. "Dismantling structural racism: Nursing must not be caught on the wrong side of history." Journal of Advanced Nursing. 76(10):2450–2453. doi:10.1111/jan.14469. [accessed 2021 Sep 17]. https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.14469.

Nairn S, Hardy C, Harling M, Parumal L, Narayanasamy M. 2012. Diversity and ethnicity in nurse education: The perspective of nurse lecturers. Nurse Education Today. 32(3):203–207. doi:10.1016/j.nedt.2011.02.012. [accessed 2021 Sep 8]. https://www.sciencedirect.com/science/article/pii/S0260691711000554.

Noon M. 2018. Pointless Diversity Training: Unconscious Bias, New Racism and Agency. Work, Employment and Society. 32(1):198–209. doi:10.1177/0950017017719841. [accessed 2021 Sep 17]. https://doi.org/10.1177/0950017017719841.

Nowak AL, Anderson CM, Mackos AR, Neiman E, Gillespie SL. 2020. Stress During Pregnancy and Epigenetic Modifications to Offspring DNA: A Systematic Review of Associations and Implications for Preterm Birth. The Journal of Perinatal & Neonatal Nursing. 34(2):134–145. doi:10.1097/JPN.0000000000000471. [accessed 2021 Sep 17]. https://journals.lww.com/jpnnjournal/Abstract/2020/04000/Stress_During_Pregnancy_and_Epigenetic.11.aspx.

Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE, et al. 2021. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 372:n71. doi:10.1136/bmj.n71. [accessed 2021 Sep 17]. https://www.bmj.com/content/372/bmj.n71.

Peterson AL. 2020 Jun 16. Another Way of Looking at Social Privilege. Mental Health @ Home. [accessed 2021 Sep 14]. https://mentalhealthathome.org/2020/06/16/another-way-of-looking-at-social-privilege/.

Schmunk. 2020 Jun 19. B.C. investigating allegations ER staff played "game" to guess blood-alcohol level of Indigenous patients | CBC News. CBC. [accessed 2021 Sep 17]. https://www.cbc.ca/news/canada/british-columbia/racism-in-bc-healthcare-health-minister-adrian-dix-1.5619245.

Singhal A, Tien Y-Y, Hsia RY. 2016. Racial-Ethnic Disparities in Opioid Prescriptions at Emergency Department Visits for Conditions Commonly Associated with Prescription Drug Abuse. PLOS ONE. 11(8):e0159224. doi:10.1371/journal.pone.0159224. [accessed 2021 Mar 12]. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0159224.

Sommers M. 2007. Defining Patterns of Genital Injury From Sexual Assault: A Review. Trauma, Violence, & Abuse. 8(3):270–280. doi:10.1177/1524838007303194. [accessed 2021 Sep 17]. https://doi.org/10.1177/1524838007303194.

Spanakis EK, Golden SH. 2013. Race/ethnic difference in diabetes and diabetic complications. Curr Diab Rep. 13(6):814–823. doi:10.1007/s11892-013-0421-9.

Suri H. 2020. Ethical Considerations of Conducting Systematic Reviews in Educational Research. In: Zawacki-Richter O, Kerres M, Bedenlier S, Bond M, Buntins K, editors. Systematic Reviews in Educational Research: Methodology, Perspectives and Application. Wiesbaden: Springer Fachmedien. p. 41–54. [accessed 2021 Mar 12]. https://doi.org/10.1007/978-3-658-27602-7_3.

Tengelin E, Dahlborg-Lyckhage E. 2017. Discourses with potential to disrupt traditional nursing education: Nursing teachers' talk about norm-critical competence. Nursing Inquiry. 24(1):e12166. doi:10.1111/nin.12166. [accessed 2021 Sep 17]. https://onlinelibrary.wiley.com/doi/abs/10.1111/nin.12166.

Thorne S. 2017. Isn't It High Time We Talked Openly About Racism? Nursing Inquiry. 24(4):e12219. doi:10.1111/nin.12219.
Thorne S. 2020. On privilege and fragility. Nursing Inquiry. 27(4):e12386. doi:https://doi.org/10.1111/nin.12386. [accessed 2021 Mar 12]. https://onlinelibrary.wiley.com/doi/abs/10.1111/nin.12386.

Van Bewer V, Woodgate RL, Martin D, Deer F. 2021. An Indigenous and arts-influenced framework for anti-racist practice in nursing education. Journal of Professional Nursing. 37(1):65–72. doi:10.1016/j.profnurs.2020.11.002. [accessed 2021 Sep 7]. https://www.sciencedirect.com/science/article/pii/S8755722320302167.

Williamson, E.J., Walker, A.J., Bhaskaran, K., Bacon, S., Bates, C., Morton, C.E., Curtis, H.J., Mehrkar, A., Evans, D., Inglesby, P. and Cockburn, J., 2020. Factors associated with COVID-19-related death using OpenSAFELY. *Nature*, *584*(7821), pp.430-436.

World Health Organisation. 2013. Closing the health equity gap: Policy operations and opportunities for action. Geneva, Switzerland: World Health Organisation. (accessed 2021 July 10). http://apps.who.int/iris/bitstream/handle/10665/78335/9789241505178_eng.pdf;jsessionid=5D326A9AA84CCB017A1FD58682C4FF66?sequence=1

Woodward D, Ross K. 2000. Managing Equal Opportunities in Higher Education. Buckingham. [accessed 2021 Sep 17]. https://blackwells.co.uk/bookshop/product/Managing-Equal-Opportunities-in-Higher-Education-by-Diana-Woodward-Karen-Ross-John-Bird-Graham-Upton-Society-for-Research-into-Higher-Education/9780335195602.

Zappas M, Walton-Moss B, Sanchez C, Hildebrand JA, Kirkland T. 2021. The Decolonization of Nursing Education. The Journal for Nurse Practitioners. 17(2):225–229. doi:10.1016/j.nurpra.2020.11.006. [accessed 2021 Sep 7]. https://www.sciencedirect.com/science/article/pii/S1555415520306061.