

2867 **Racism in Nursing: Research**

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2869 **Thematic discussions on how and where racism shows up in nursing research.**

2870 The time is now to expose racism in nursing research. Racism has negatively impacted
2871 nurses, nurse researchers, the nursing profession, and patient outcomes. There are a
2872 disproportionate number of researchers from racial/minority groups in comparison to white
2873 researchers even though there has been growth in registered nurses (RNs) of racially diverse
2874 backgrounds obtaining advanced degrees at masters and doctorate levels (NASEM, 2021).
2875 Despite a growing number of nurses from racial and ethnic minority groups attaining doctoral
2876 degrees, the lack of diversity in leadership -- especially at the executive level -- or at the
2877 decision-making table has created systemic and institutional barriers for aspiring and seasoned
2878 nurse researchers from minoritized groups. According to the National **Institute of Nursing**
2879 **Research** (NINR) almost 50% of NINR grant recipients were non-nurses, with White female
2880 recipients being and remaining the dominant race and gender (Kippenbrock & Emory, 2021).

2881

2882 In this study sample, Hispanic nurses only represented 6.8% of the NINR grants received, while
2883 people who identified as Asians, and Black people and African Americans were the lowest racial
2884 categories at 4.1% over the 3-year period. These concerns underscore the need to prioritize
2885 research on racism, equity, and health disparities as priority areas of research which would be
2886 addressed by increasing diversify funded recipients with a greater number of minoritized
2887 researchers to focus on these research areas. Race must be recognized and treated as a
2888 sociological construct and removed as a barrier to research from minoritized researchers to
2889 address health equity in minoritized and socially disadvantaged communities. Unfortunately,
2890 nursing research typically focuses on downstream and midstream factors validating the
2891 importance of this Commission's focus on upstream factors.

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2893 Dismantling structural racism in nursing research starts with addressing the origins of racism
2894 in nursing education. Structural racism has far reaching effects and impacts, ranging from its
2895 manifestations in nursing curricula to admission practices (e.g., such as SAT, GRE scores, etc.)
2896 that disadvantage students from minoritized and historically disadvantaged groups from
2897 entering research training programs (Roberts et al., 2021). Additionally, there is an underlying
2898 perception from those who hold institutional power and privilege that minority research
2899 studies will not succeed and be impactful, which greatly affects whether the student will seek
2900 other experiences or "fly under the radar" to graduate. Racist discriminatory practices and
2901 policies that disadvantage racial and ethnic minoritized groups must be eliminated. Traditional
2902 research must be disrupted to move past discrete answerable questions using an attainable
2903 sample which poses restrictions and fails to address broader issues that are inherent in current
2904 policies and practices that limit progression from inquiry to impact (Lyon, 2021). Racism in
2905 nursing research, like the broader society, is systemic and pervasive. Racism runs through the
2906 entire context rather than appearing in specific places. Focusing on a singular problem without

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2907 looking at greater contexts can and often exacerbates rather than fully addressing policies for
2908 sustained change. Research is often based on racist assumptions, with minority health viewed
2909 automatically as poor health outcomes with the social construct of race, but not racism,
2910 identified as a risk factor for these poor health outcomes. The themes below were obtained
2911 from a 9-question survey of nineteen participants (included nurses and nurse leaders from
2912 academia and practice) on how racism manifests in nursing research and how it issues can be
2913 addressed.

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2915 **Top themes identified were:**

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2917 **Lack of funding and access for minoritized nurse researchers.** Funding is fundamental to
2918 nursing research that can reset the nursing research paradigm. Minoritized researchers are not
2919 awarded funding at the same rate as White researchers which is evidenced in funding
2920 preferences (Hoppe et al, 2019). Studies that seem to benefit White populations seem to be
2921 preferred, with minoritized populations being listed as risk factors based on race. Federal and
2922 private research funding must be increased, focused on the impact of racism in research and
2923 interventions and prioritized for early careerists. Funding would also provide support for
2924 examining and exploring registered nurses' experience of racism in the nursing workforce and
2925 equitable advancement policies and practices to ensure racial/ethnic minority nurses ascend
2926 into the higher nursing ranks. Funding also creates an avenue for effective and unconventional
2927 partnerships and streams of financial support. Intentional efforts must support studies
2928 investigating the impact of racism on nursing education, research, practice, leadership, and
2929 health care. Since funding access and support of research for any by minoritized groups are
2930 minority research a significant issue, funding bodies and boards who award the funds must
2931 have representation from minoritized groups. There must be accountability at all levels. from
2932 granting awards to the finished product of the research.

2933

2934 **Systemic and institutional roadblocks with Decision Makers, Institutions, Academia,**
2935 **Publishing and Governmental Agencies.** Racism shows up in career development, funding,
2936 education, and conduct of research. More individuals belonging to racial/ethnic minority groups
2937 need to be a part of NINR and other funding sources that decide which projects get funded. In
2938 addition, people from racial and ethnic minority groups experience hostility in predominantly
2939 White nursing schools from White faculty, staff, and students. Black and African American
2940 nursing students also experience microaggressions from White students and faculty. Academic
2941 institutions must partner with faculty of color, their own diverse university communities, and
2942 other key stakeholders to develop plans to create equitable and nondiscriminatory spaces with
2943 agency, true intent and initiative (Arnold, Crawford & Khalifa, 2016). Health equity research is
2944 more extensive, fully culturally interpreted and understood when people from racial and ethnic
2945 minority groups conduct research in communities that reflect their racial and ethnic identities.
2946 It also moves the dial from curiosity or a short term “flash in the pan” personal or professional

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2947 interest to an actual long-term investment to improve access and outcomes in those
2948 communities. There can also be an overemphasis on negative aspects of minority health
2949 without a focus on the assets. Upstream impact on nursing research starts with diversifying
2950 various decision-making tables of institutions and agencies that educate, cultivate, support, and
2951 disseminate nursing research conducted by nurses from racial and ethnic minority groups. It is
2952 critical that we acknowledge the interconnectedness of these issues that are part of pervasive
2953 racism that is systemic in nursing.

2954
2955 **Lack of diversity with Nurse Scientists, Researchers, PWSOs impacting education and**
2956 **mentorship to establish a pipeline.** In nursing education, the majority of associate and full
2957 professors are non-Hispanic Caucasian females, while Black and African American faculty
2958 occupy mainly instructor and assistant professor roles (Aycock et al., 2021). There are systemic
2959 barriers that prevent Diverse faculty from ascending to higher levels of leadership in academia.
2960 Based on 2016 data from the American Association of Colleges of Nursing (AACN), only 15.9%
2961 of full-time nursing faculty come from diverse backgrounds with only 186 professors from
2962 minoritized backgrounds compared to 1,827 white professors (AACN, 2017). In a field of
2963 predominantly white leaders who are key decision-makers, Hypervisibility (bearing
2964 representation responsibility) and Invisibility (lack of acknowledgement by white peers)
2965 presents occupational hazards with racial battle fatigue (Cooke et al., 2021). These issues
2966 compound a cultural obligation to conduct research that highlight and exposes issues in their
2967 own communities but yet feel torn to lose their souls in systems that are hazardous to their
2968 health and well-being (Cooke et al., 2021). It is important for racially diverse nurse researchers
2969 to conduct research to address health inequities, otherwise methodologies and analyses can
2970 become decontextualized, whitewashed, inequitable and mis-framed. How do we have a White
2971 female nursing researcher, who lowers her voice when she says the word, "Black", into homes
2972 of Black families for qualitative interviews? A lack of racially and ethnically diverse nurse
2973 researchers, in turn shrinks the pool of diverse mentors to whet the appetites of future or
2974 aspiring nurse researchers from racial and ethnic minority groups. Furthermore, one could
2975 argue that the current environment reduces future nurses of racial and ethnic minority groups'
2976 interest in nursing research as a career. Fellowship for minority researchers and junior
2977 researchers is necessary so that they can be paired to create culturally sensitive mentorship
2978 and strengthen the foundation of research that is of interest to their population of interest.

2979
2980 **Devaluing/Hostility and Microaggressions towards minority nurse researchers.** The
2981 devaluation, covert and overt hostilities, and microaggressions towards minoritized nurse
2982 researchers must be understood and addressed. Nurse researchers' "fly under the radar"
2983 survival approach has been normalized for far too long as nurses of color must be
2984 psychologically safe to conduct research that is not based on what is tolerable or desirable by
2985 decision-makers. There is qualitative evidence of favoritism based on race and ethnicity by non-
2986 Hispanic White decision-makers. The opportunity cost of the current system has directly

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2987 impacted the professional and personal lives of nurses and the communities that all nurses
2988 must equitably serve.

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2990 **Strategies & Next steps**

- 2991 1) Create awareness of Racism in Nursing Research and the impact on health inequities
2992 2) Address -upstream -structural -racism by changing policies, diversifying decision makers,
2993 review panels, committees, and research investigators
2994 3) Direct and provide access to Funding
2995 4) Design antiracist methodology and prioritize research on social determinants of health,
2996 equity and health inequities and disparities
2997 5) Educate, mentor, sponsor and fund more nurse researchers from minoritized groups
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2999 In response to the question “Where Does Racism Show Up in Nursing Research?” we present
3000 key findings and recommendations related to increasing the number of racial and ethnic
3001 minority nurse researchers and advancing an anti-racist nursing research agenda. The
3002 recommendations include:

3003

- 3004 1) Prioritize funding to support the research career development of current and aspiring nurse
3005 researchers from racial and ethnic minority groups.
3006 2) Mitigate systemic and institutional practices and policies that adversely influence the
3007 research career development and trajectories of nurse researchers from racial and ethnic
3008 minority groups.
3009 3) Increase the number of racial and ethnic minority nurse researchers; and
3010 4) Eradicate hostility and micro aggressions toward racial and ethnic minority nurse
3011 researchers.

3012

3013 When addressing these recommendations, it is imperative that diverse stakeholders (i.e., no
3014 matter the race or role) work in tandem to mitigate racism across the entire nursing research
3015 continuum and alleviate the impact of racism on the research interests, efforts, and career
3016 trajectories of nurse researchers from racial and ethnic minority groups. To identify where
3017 racism shows up in nursing research one must simultaneously acknowledge the existence of
3018 racism in nursing education and practice. The implicit acceptance, thus complicit support, of
3019 racism in our society is engrained in the institutional fabric of nursing and evident in nursing
3020 research. Increasing the number of nurse researchers from racial and ethnic minority groups is
3021 critical for addressing racism across the research continuum, advancing nursing science, while
3022 reflecting the composition of the U.S. population, and improving the health outcomes of
3023 diverse populations. Survey findings revealed a lack of funding to support the career
3024 development of nurse researchers from racial and ethnic minority groups who are poised to
3025 pursue or advance a nursing research agenda. Thus, one recommendation is for federal and
3026 private grant funding agencies to prioritize funding to support the research career development

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3027 of current and aspiring nurse researchers from racial and ethnic minority groups. This is
3028 particularly important for early-mid career nurse researchers from racial and ethnic minority
3029 groups. As funding organizations (federal and private), nursing research societies and others
3030 express an interest in increasing diversity and inclusion programs and calls for proposals should
3031 reflect a commitment to enhancing racial/ethnic diversity in the research pipeline as one
3032 strategy to help inform, implement, evaluate, and disseminate research using an anti-racist
3033 lens. We need more initiatives that focus on supporting the research career development of
3034 minority investigators such as the NINR previously funded “Mentored Research Scientist
3035 Development Award for Minority Investigators”. This will encourage the development of
3036 qualified racial and ethnic minority nurse investigators in research settings who in turn can
3037 serve as role models and mentors for nursing students belonging to racial and ethnic minority
3038 groups. The NINR Strategic Plan Working Group Draft Framework is another example where
3039 dismantling structural racism will be critical for advancing nursing science and supporting the
3040 research career development of racial and ethnic minority nurse researchers at each career
3041 stage (NINR, 2021).

3042
3043 **Funding agencies, academic leaders, journal editors, grant reviewers, and other key**
3044 **decision makers** should commit to mitigating systemic and institutional practices and policies
3045 that adversely influence the research career development and trajectories of racial and ethnic
3046 minority nurse researchers. Our survey findings revealed that racial and ethnic minority nurse
3047 researchers encounter barriers when proposing research projects, which include a focus on
3048 structural racism or other topics of systemic oppression or inequities. During the grant review
3049 process, there are concerns that some reviewers issue unfavorable reviews because they focus
3050 on the topic (e.g., racial issues) instead of the science of the actual proposal. Funding agencies
3051 and organizations should quickly institute a strategic vision and plan that incorporates
3052 principles and practices that support anti-racist research and research review agenda. These
3053 barriers coupled with the lack of appropriate mentorship diminish a racial and ethnic minority
3054 nurse researcher’s ability to establish a program of research compatible with their commitment
3055 to reduce health disparities and achieve health equity.

3056
3057 **Removing systematic and institutional policies and practices** that perpetuate racism across the
3058 entire research continuum is critical for ensuring that racial and ethnic minority nurse
3059 researchers secure promotions in academia, sustain a program of nursing research and
3060 scholarship, and receive recognition for their unique contributions to advancing nursing
3061 science.

3062 Some barriers to pursuing a research career may manifest during the admission process when
3063 the GRE® is required to enter a doctoral nursing program. Increasingly some graduate programs
3064 have reconsidered this requirement citing concerns about diversity and the exam’s poor ability
3065 to predict success, both of which are of concern for underrepresented minorities (URMs). Some
3066 nursing programs have adopted a holistic approach to nursing school admissions, emphasizing

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3067 equity and diversity and less emphasis on the traditional test scores as a requirement for entry
3068 into a program (AACN, 2020; Glazer, 2015). The adoption of a holistic admissions framework at
3069 the doctoral level has the potential to increase the numbers of URMs seeking admission into a
3070 PhD nursing program, the research career degree in nursing. Further, the adoption of holistic
3071 admissions frameworks for entry level nursing degrees can increase the pipeline of racial and
3072 ethnic minority nurses prepared to enter Ph.D. nursing programs.

3073
3074 Noting the importance of disseminating scholarly publications, journal publishers have
3075 instituted new guidelines for writing, reviewing, and publishing scholarly work in recent years.
3076 For example, in 2021, the journal “Advances in Nursing Science” issued new author guidelines
3077 to include an antiracist framework for scholarly publications and resources. These guidelines
3078 benefit all researchers who conduct research with racial and ethnic populations. We anticipate
3079 that other publishers will institute similar guidelines for writing and publishing scholarly work.

3080
3081 The recommendation **to increase the limited numbers of racial and ethnic minority nurse**
3082 **researchers** is, in part, dependent on the success in addressing the recommendations
3083 mentioned above. In support of this recommendation, it is essential to acknowledge that
3084 racism shows up beginning in nursing education. For some racial and ethnic minority nurses,
3085 racism shows up when they receive counseling to pursue a diploma or an associate degree in
3086 nursing vs a baccalaureate degree in nursing. This negatively affects an applicant’s potential
3087 exposure to nursing research presented during BSN or graduate education. This lack of
3088 exposure to research early in the educational process can limit exposure to nurse researchers
3089 who are advancing nursing science and can serve as role models and mentors for aspiring nurse
3090 researchers. Numerous authors have provided exemplars of programs and models focused on
3091 exposing students to nursing research as one strategy to increasing the pipeline of racial and
3092 ethnic minority nurse researchers (Goepfinger et al., 2009; Kim et al., 2009; Leeman et al.,
3093 2003; Stanfill et al., 2019; Wallen et al., 2005). Increasing the awareness of nursing research
3094 and facilitating exposure to nurse researchers, especially for aspiring racial and ethnic minority
3095 nursing students can stimulate interest in pursuing a nursing research career. Such efforts have
3096 the potential to translate into better health outcomes for some of our most economically and
3097 disadvantaged marginalized populations. Notably, the Executive Summary of the NINR
3098 Pathways Work Group Report supports the early exposure to nursing research and its impact
3099 on patient outcomes. This is particularly important for undergraduate racial and ethnic minority
3100 nursing students.

3101
3102 Requisite to increasing the number of racial and ethnic minority nurse researchers is the
3103 need to understand the challenges racial and ethnic minority nurses face when pursuing
3104 research careers. **Devaluing hostility/and microaggressions towards racial and ethnic minority**
3105 **nurse researchers**, our final recommendation, is critical for addressing racism across the
3106 nursing research continuum. Often, racial and ethnic minority nurses avoid nursing research

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3107 because of institutional and interpersonal barriers, which depict nursing research as daunting
3108 and unattainable. In many settings, most experienced senior nurse researchers are White. This
3109 can leave prospective racial and ethnic minority nurses, in need of mentorship and research
3110 opportunities, alone to work with senior researchers who lack skill in best practices that
3111 facilitate successful cross-cultural mentorship. Racial and ethnic minority nurse researchers can
3112 find themselves as recipients of microaggressive or macroaggressive behavior and toxic or
3113 hostile environments. Such environments force well positioned racial and ethnic minority
3114 nurses out of nursing research. Increasingly as more schools and colleges of nursing employ
3115 Associate Deans of Diversity, Equity and Inclusion, there is movement to implement and
3116 monitor antiracist policies, practices, and faculty training as well as create environments where
3117 all students, faculty, and staff feel included, valued, and respected. For example, schools and
3118 colleges of nursing should institute mandatory education on implicit bias, individual and
3119 institutional racism, anti-racism, and other forms of inequities as a key component to these
3120 efforts. Ro and Villarreal (2021) recommended creating a functional department level diversity
3121 committee, incorporating implicit bias into faculty training, and developing an anonymous
3122 reporting system as important strategies to combat microaggression in academia. In summary,
3123 we need a well prepared and supported anti-racist workforce of racial and ethnic minority
3124 nurse researchers to begin to dismantle, reimagine, and redesign the nursing research agenda
3125 to truly reflect the diversity of our society.

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High level Conclusions

- 3129 • Racism will show up wherever it is given space, time, and energy. The nursing profession
3130 has both actively and passively contributed to racism in healthcare.
- 3131 • Prioritize anti-racist nursing research and funding to support the career development of
3132 racial and ethnic minority nurse researchers.
- 3133 • Findings from research that addresses racism in nursing should be disseminated,
3134 translated and incorporated in nursing practice.
- 3135 • Prioritize and utilize update research and evidence to inform our nursing practice and
3136 policies.
- 3137 • Keep the topic of racism and its legacy of harm on the radar for academic disciplines and
3138 programs, not solely schools of nursing.
- 3139 • Eliminate racist and discriminatory practices and policies that disadvantage people from
3140 racial and ethnic minority groups.
- 3141 • Nurses from racial/ethnic minority groups are underrepresented in leadership roles,
3142 especially at the executive level. As such, organizations must take measurable and
3143 monitored steps to increase multi-level representation of leaders from these groups,
3144 and, as importantly, ensure inclusion and equity practices.

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- 3145 • Make evaluation of work (dissertations, research projects, etc.) have embedded
3146 structures of evaluating whether racist structures are contained within the writing,
3147 theories, questions, etc.

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