

Systemic Racism in a Contemporary Society

1503
1504
1505 Some may reasonably question the extent to which systemic racism exists in a contemporary
1506 society and falsely assert that legislative rulings like *Brown vs Board of Education* in 1954, the
1507 Civil Rights Act of 1964, along with the 13th Amendment were powerful instruments that
1508 extinguished the fiery acts of racism. However, Wilkerson (2020) asserted that racism “goes
1509 about its work in silence, the string of a puppet master unseen by those whose subconscious it
1510 directs... cast in the guise of normalcy, injustice looking just, atrocities looking unavoidable...”
1511 constantly fueled by the seemingly innocuous actions that sustain its mobility. Not recognizing
1512 how racism continues to exist or understanding how it operates under the cloak of anti-racist
1513 legislation has deleterious effects in nursing and healthcare (Centers for Disease Control, 2021).
1514 A plethora of literature supports that the remnants of racism continue to smolder in and
1515 around the discipline of nursing (Adams, 2021; Beard & Julion, 2016; Broome, 2021; Doede,
1516 2015; Fitzsimmons et al., 2021; Hassouneh et al., 2021; Waite et al., 2017; White, 2018). In an
1517 October 2021 study on racism in nursing fielded by the National Commission 94% of
1518 respondents indicated agreement with the statement there is some or a lot of racism in the
1519 nursing profession, 76% of respondents attested to witnessing racism in the workplace, and
1520 63% reported personally experiencing racism in the workplace with Black nurses (92%)
1521 reporting having experienced racism the most (National Commission, 2021) Lamentably, racism
1522 continues to undermine the ability of minoritized groups to access and graduate from nursing
1523 school (Barbee et al., 2001), be hired as nurses, advance to leadership positions (American
1524 Nurses Association, 2021), and attain tenure in academia (Beard & Julion, 2016; Iheduru-
1525 Anderson, 2021). What’s more, racism extends into and through the profession of nursing and
1526 impacts clinical outcomes. Recently, the Center for Disease Control (2021) indicted racism as a
1527 fundamental driver of health disparities. This section briefly asserts the omnipresent force of
1528 racism in the denial of opportunities, continuance of race as a risk, and the paralysis of
1529 deconstruction.

Omnipresent Force of Racism

1530
1531 Racism does not exist in a silo and its actions are not always explicit. Rather, racism is
1532 metastatic in nature, spreading throughout healthcare, education, and other systems, and
1533 emerging unambiguously through the actions of others, according to an institution’s degree of
1534 permissibility. In higher education, racism is demonstrated when minoritized groups are
1535 “ignored, assumed to be staff or a student, and...unsupported as a researcher in a teaching
1536 institution” (Beard et al., 2016, p. 590). In the clinical arena, racism is manifested by the
1537 assumption that leaders who identify as Black are presumed to be patient transporters or told
1538 that they won’t last in the position because the color of their skin makes them unliked or they
1539 won’t fit in (Fitzsimmons, et al., 2021). In the classroom, racism creates an ethos of intolerance
1540 to difference and has moved some faculty to verbally assault students by exclaiming that they
1541 don’t like their face and they will make it extremely tough for them at school (Villarruel et al.,
1542 2001). Among peers, racism has stoked the myth of intellectual inferiority (Broome, 2021) and

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

1543 has prompted some White students to say that Black students are not bright enough to be
1544 successful in nursing and they would do better in low level nursing positions (Barbee & Gibson,
1545 2001).

1546 **Evidence of continuance**

1547 Could a system of disadvantage rooted over 400 years ago in false rhetoric and based on or
1548 assigned to skin color continue to exist in a contemporary environment? Beliefs regarding the
1549 superiority of Whites and the assumption that individuals from minoritized groups are
1550 considered less than, were once ingrained in educational policies and hiring practices. Although
1551 the racial and ethnic demographics of nursing has increased, the American Organization of
1552 Nurse Executives revealed that the representation of minoritized groups in nurse executive
1553 positions in 2016 was less than 4% (Iheduru-Anderson et al., 2017). Additionally, racism shows
1554 up under the guise of hair policies and discriminately determines how one must wear their hair.
1555 Hair policies can be rooted in dehumanizing beliefs about one's hair texture and the association
1556 of one's hair style with uncleanliness or unprofessionalism (Cox et al., 2020). Racism is
1557 endorsed by faculty who tell students, "you can't wear your hair like that" (White, 2018, p 348).
1558 In health care, individuals from minoritized groups are further marginalized when some
1559 patients refuse to be treated by them, and leaders fail to see how their inaction makes them
1560 complicit (Beard, 2021). Some educators view themselves as the standard of normalcy and
1561 individuals from marginalized groups as abnormal (Tengelin et al., 2016). In The Commission's
1562 2021 survey BIPOC nurses of all racial categories reported experiencing the highest percentage
1563 of racism from a co-worker or peer followed by a patient and manager, supervisor, or
1564 administrator (National Commission,2021).

1565 **Deconstruction paralysis**

1566 The arduous journey to deconstruct policies, practices, processes, and beliefs that have derailed
1567 efforts to build an inclusive discipline that values diversity is critical to nursing and might sound
1568 daunting. Nevertheless, institutions can take actions to mitigate racism in nursing. For example,
1569 admission essays for nursing programs could include questions that seek to understand what
1570 the applicant has done, will do, or believes should be done, to eliminate systemic racism and
1571 advance health equity. Professional scholarship could encourage anti-racism research along
1572 with studies that identify and mitigate the ways in which racism operates at the institutional
1573 level. Resources should be allocated to support efforts to engage in anti-racism work. All faculty
1574 should learn how to contextualize healthcare disparities and teach students how racism
1575 interrupts efforts to improve clinical outcomes. Self-reflection exercises should prompt leaders
1576 to consider the ways in which policies and practices give life to racism and limited racial and
1577 ethnic diversity among leaders.

1578 The seismic activity of an earthquake may not register at a magnitude that generates a national
1579 alarm. Likewise, the degree of racism may fail to result in a national protest similar to the
1580 outcry following the death of Mr. George Floyd. Nevertheless, the fallout of racism in a
1581 contemporary society contributes to health and educational disparities that limit the
1582 professions' ability to live up to its value of justice and standing as the most trusted profession.

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

1583 Nurses must acknowledge and be sensitive to the distinct, and indistinct nature of racism if they
1584 are to co-create steps that affirm professional values. To advance nursing’s ethical values all
1585 nurses should be equipped with the tools to recognize and begin to mitigate racism from
1586 nursing.

1587 **Intersectionality between Social Injustice and Racism**

1588 In response to Nationally broadcast race-based violence and acts of hatred toward BIPOC
1589 individuals in 2020 Following the unjust murder of Mr. George Floyd, we witnessed a national
1590 uprising and awakening to the societal atrocities of racism. The national call for justice cascaded
1591 into calls to address the multitude of societal injustices resulting from racism and a call for
1592 awareness of everyday biases, prejudices, and micro and macroaggressions. Social justice is
1593 commonly defined based upon two major theories, both centered on equality of opportunity,
1594 yet both fall short of addressing the foundational elements of human dignity and respect
1595 (Watson, 2019). As asserted by Watson “constructed on difference, social injustice dramatically
1596 shapes the psyche of individuals, groups, and nations (Stevenson, 2014). At its most basic level,
1597 social injustice is about distribution of wealth, power, resources, and opportunities
1598 (Rothenberg, 2007) resulting in marginalization, disenfranchisement, and exclusion” (Watson,
1599 2019). When we look at the intersectionality between social injustice and racism, we see the
1600 same elements. Racism as it is defined by the Commission is assaults on the human spirit in the
1601 form of actions, biases, prejudices, and an ideology of superiority based on race that
1602 persistently cause moral suffering and physical harm of individuals and perpetuate systemic
1603 injustices and inequities (ANA, 2021). In a contemporary context, when we translate actions of
1604 social injustice and racism into the purview of nursing and nursing practice, we see the same
1605 inequities in the distribution of power, resources, and opportunities in the form of lower pay,
1606 fewer opportunities for advancement to leadership positions, lack of opportunities to gain
1607 tenure, derailed opportunities for research, fewer BIPOC nurses advancing to faculty, and pay
1608 inequities.

1609 **Moving Beyond Allyship to Anti-racism**

1610 Allyship, deemed, one of Merriam-Webster’s 2021’s words of the year is defined as “the role of
1611 a person who advocates for inclusion of a “marginalized or politicized group” in solidarity but
1612 not as a member, and the more traditional relationship of “persons, groups or nations
1613 associating and cooperating with one another for a common cause or purpose” (Merriam-
1614 Webster, 2021). In a contemporary context, allyship extends beyond bystander support to
1615 active engagement and advocacy to challenge accepted group dynamics that perpetuate racism.
1616 As asserted by Waite and Nardi in Racism as a Historical Trauma: Implications for the Nursing
1617 Profession, “...to promote health equity and support the human rights mandate contained in
1618 the American Nurses Association’s Code of Ethics for Nurses with Interpretive Statements, the
1619 nursing profession must understand historically the creation of race, white supremacy in the
1620 United States, and entrenched racial terror and brutality toward black and brown racialized
1621 populations” (Waite and Nardi, 2021). Allyship in a contemporary context draws upon this
1622 understanding to foster anti-racist actions and ideology to dismantle systemic inequities. At the

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

1623 individual level, as defined by Dr. Kendi, “...being an anti-racist requires persistent self-
1624 awareness, constant self-criticism, and regular self-examination.” (Kendi, 2019). Extrapolating
1625 this understanding to the organizational level and to the nursing profession, nurses striving to
1626 foster equity and inclusion within the profession must understand how the historically
1627 constructed hierarchy of race continues to create disparities for BIPOC nurses.

1628 **Privilege, Power and Internalized Oppression**

1629 Racism continues to manifest itself in the 21st century through structures, legislation, and
1630 policies that place Black and Brown people at a disadvantage leading to inequity and inequality.
1631 The recent social and health justice movements sparked by widespread media attention of
1632 police brutality and the disproportionate morbidity and mortality of COVID-19 have resulted in
1633 the medical community’s own reckoning with its contribution to these disparities in health
1634 outcomes and hindered advancement of health professionals equipped to serve the
1635 communities they represent.

1636 In the current reality, it is important to revisit and examine the relationship of privilege, power,
1637 and prejudice through the lens of the downstream impact of oppression. The 4 I’s of
1638 Oppression as outlined and defined by the Chinook Fund Winds of Change will provide a
1639 framework to clarify the experiences and perceptions of nurses who personally experience
1640 racism and nurses who unconsciously normalize an environment that masks and perpetuates
1641 racism. Clarifying and differentiating the definitions of the four I’s of Oppression will help
1642 provide understanding of how the rooted history of racism and its historical trauma from
1643 colonization has been internalized and passed down from generations and continues to
1644 manifest in our workplace, environment, policies, and society.

1645 **Ideological oppression** views one group as better than another with the right to control groups
1646 seen as inferior. This is evident by perceptions of higher intelligence, work ethic, physical
1647 strength and endurance, and superiority, compared to the other groups perceived in the
1648 converse as unintelligent, incompetent, lazy, weak, or inferior (Chinook, 2021) In the context of
1649 nursing, this ideological oppression is embedded in practices that hinder school admission and
1650 advancement and career progression. This is made evident by qualitative data from the
1651 National Commission’s 2021 survey through written statements such as “Patients assume
1652 people of color are ‘the help’ and not skilled to help them. They will ask for ‘a real nurse’.”
1653 (National Commission, 2021)

1654 **Ideological oppression transcends individual thoughts and is embedded in systems and**
1655 **structures in the form of institutional oppression. Institutional oppression** is how supremacy is
1656 embedded in “institutions of society” such as laws, education, hiring policies, public policing,
1657 housing development and zoning laws (Chinook, 2021). In the National Commission’s
1658 qualitative survey data, 72% of respondents discussed discrimination broadly in terms of race
1659 and racism, bias, prejudice, stereotypes when asked why there is agreement with the
1660 statement of racism existing within nursing.

1661 **Interpersonal oppression** is the downstream impact of ideological and institutional oppression
1662 that reinforces the dominant group’s disrespectful behaviors and mistreatment of groups seen

1663 as inferior. This is the result of internalized negative stereotypes driving unconscious
1664 oppression under the guise of normalcy (Chinook, 2021). This is seen through micro- and
1665 macroaggressions, racist jokes, stereotypes, patient denial of treatment, dismissal of BIPOC
1666 nurses' knowledge and ideas, and discrediting of work.
1667 The compounded impact of ideological, institutional, and interpersonal oppression is
1668 **internalized oppression** defined as the internalization of "the ideology of inferiority" (Chinook,
1669 2021). As identified through the Commission's qualitative data, this is described by accounts of
1670 demoralization, insecurity, self-doubt, feelings of 'less human', sadness, isolation, and fear.
1671 Nurses attested to seeking treatment for anxiety, depression, posttraumatic stress disorder,
1672 and hypertension as a result of racism in the workplace.
1673 Conversely, there is internalized privilege. People who belong to the dominant group feel the
1674 most benefit from these systems and internalize privilege, thus accepting the belief in the
1675 inherent inferiority of the oppressed group and normalizes one's privilege in their own internal
1676 belief of inherent superiority. It creates entitlement and denies the existence of oppression and
1677 expresses this privilege or entitlement as paternalism (Chinook, 2021). Internalized privilege is
1678 seen by the majority of positions in power or even titles occupied by white nurses compared to
1679 BIPOC nurses. It is embedded in the structure and governance within organizations, legislation,
1680 and policy.
1681 The four I's are integrated and the relationship between racism, power and privilege will
1682 continue to exist in the absence of nurses' conscious examination of their own biases social
1683 identity, internalized privilege and how these factors affect their work and interpersonal
1684 relationships.

1685 **Driving Toward Change**

1687 "What is more important than knowledge asked the mind? Caring and seeing with the heart,
1688 answered the soul."

1689 Flavia

1690 Khoi Tu, a recognized organizational thought leader says, "culture is a celebration of what we
1691 hold as important...what we believe and hold sacred". We add that it is more likely to be felt
1692 than stated and it often shapes a lived experience for those in the workplace and resides in the
1693 memory as if attached to superglue. Culture, like genetics, has a group definition but individual
1694 expression. It is shared, learned, dynamic, and evolutionary. With this said, Gendlin and other
1695 researchers' insightful observations come to the fore including that "if experience appears, it
1696 talks back" and when it speaks it does so loudly. They tell us that every experience comes to us
1697 in one of four ways:

- 1698 • A feeling
- 1699 • a thought
- 1700 • an action
- 1701 • a sense of being

1702

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

1703 The experience also brings along an attached emotion that typically comes from five
1704 predictable care concerns:

- 1705 1. appreciation (recognition of value)
- 1706 2. affiliation/belonging (emotional connection to others)
- 1707 3. autonomy (freedom to feel, think, decide)
- 1708 4. status (standing compared to others)
- 1709 5. role (job label and related activities).

1710
1711 In other words, our professional/workplace culture’s language includes emotions which cannot
1712 be erased or extracted. In today’s nursing environment of work and learning for many who are
1713 BIPOC, these emotions and experiences continue to occur daily as if cloned and launched
1714 unchanged over time as they encounter the vestiges of racism. In fact, they tell us that walking
1715 into these spaces feel as if they have stepped into a time warp that sends them back four to five
1716 decades. Take a moment and think about what stirs our emotions to the point of tears or
1717 anger. It is likely due to something you care deeply about, violated your trust, or did not expect
1718 to happen that placed you in harm’s way. No one gets emotional about something that does
1719 not matter to them in a personal way and how one is treated or viewed matters to every
1720 member of humanity. Thus, belonging to a profession that has the fundamental tenets of care,
1721 respect, and human rights, yet treats certain members of its own in dehumanizing and
1722 structurally disadvantaging ways, is so hurtful. Once these acts occur, anything can be done or
1723 said to those in the crosshairs of its sight.

1724 Currently, where nurses are educated, practice, conduct research and of course face policy in
1725 all its forms, othering and silencing continues to occur and is highly prevalent. It is baked into
1726 our relationships and the updated needs of the operating systems in use. Light must also be
1727 put on the resultant violence and harm that occurs due to such covert and overt acts to both
1728 the individual who is the target...the one to be silenced, invalidated, not heard and in ways that
1729 (2) leaves the modus operandi of power inequities and non- inclusive structures and systems in
1730 place so long that they become the norm and not the exception of ways to be and operate.
1731 This violence and abuse of power, the subliminal epistemic kind with its ways of silencing our
1732 colleagues and the combative hurling of rhetoric whether verbally or in written form as well as
1733 through acts of denial, can be either procedural or relational. It is entangled with all other
1734 forms of violence including direct and physical violence. It’s about discourse and
1735 representation as well as excluding all other ways of knowing. The identity and self- esteem
1736 theft that accompanies is ever present, dynamic, and oppressive. Despite the vowed
1737 proclamations as health professionals “to do no harm”, harm is done and such hypocrisy is
1738 what can produce moral assaults, trigger fear, threaten safety, stoke anger, and enhance the
1739 potential to cause suffering physically and mentally.

1740 Storytelling puts before each of us front and center, the damage caused by the violence against
1741 the subject of knowledge, the object of knowledge, the beneficiary of knowledge and the
1742 knowledge itself of operating modes of racism/sexism, separation, pecking order and

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

1743 naturalization. It leaves the marginalized fighting for existence, afforded not robbed of
1744 opportunities others get and in a constant battle to be seen, heard, understood, and valued.
1745 For the hearer of the story, an inside view of the experience is provided which further allows
1746 the chance for common humanistic desires to be identified. The results could make code
1747 switching, colorism and passing, acts of the past and lead to equitable changes within systems
1748 and within individuals.

1749
1750 What is being requested in this present day by our BIPOC colleagues requires moving beyond
1751 resilience, the ability to quickly recover from challenges to survive. For 3 to 5 Americans
1752 according to Cigna's 2020 Resilience Index Report, two thirds of full- time healthcare workers
1753 do not have high resilience compared to the national average and are and less likely to rate
1754 mental/social health as very good. Surviving is no longer inspirational or aspirational. The
1755 ability to thrive is the clarion call and tapping the 6 inspirational acts captured in the composed
1756 acrostic outlines and operationalizes how those in thriving environments behave in the world.

1757
1758 **T**ell stories and never stop so that understanding can take root.
1759 **H**old multiple perspectives without judgment because they are in a constant learning state.
1760 **R**each for and display sights or visions which actualize their hopes, dreams, and unleashed
1761 potential.
1762 **I**gnite the world with integrity. Speak the truth and be the truth!
1763 **V**alidate the humanness and legitimacy in each of us regardless of color.
1764 **E**rase labels placed on you or others which put people on paths both intentionally and
1765 unintentionally.

1766
1767 The future is in relationships and nurses act from discrete, adaptable, and relational places of
1768 power. Relationships may not scale but culture can and does so it is incumbent on us all to take
1769 it from invisible to visible. We cannot talk our way out of what we behaved our way into It takes
1770 extra psychological work to manage in a world that cannot be seen as morally just and fair. The
1771 resultant stress has related costs. Accountability, transparency, reflection are powerful
1772 modifying contributors to galvanizing change, promoting human flourishing and are essential to
1773 both the business of health care and the acts of health caring. Put them into action and cease
1774 the insistence on conformity and the snuffing out of difference. Failure to do so will thwart
1775 innovation and the futurizing necessary for the elimination of suffering and the safe delivery of
1776 care. Authenticity, the full expressions of oneself, has never been more important.

1777 References:

1778 Alexander, G. R. and Carter, Brigit (2021). Entrenched White Supremacy in Nursing Education
1779 Administrative Structures. *Creative Nursing*. Vol. 27 #1.

1780
1781 Alexander, G. R. (2018). A Sigh Too Deep for Words. *Nursing Education Perspectives*. 38(6)
1782 295.

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

- 1783
1784 Adams, V. (2021). Because Black lives did not matter. *American Journal of Nursing*, 121(1), p.
1785 11.
1786 American Nurses Association. (2021). National commission to address racism in nursing.
1787 [https://www.nursingworld.org/practice-policy/workforce/clinical-practice-material/national-](https://www.nursingworld.org/practice-policy/workforce/clinical-practice-material/national-commission-to-address-racism-in-nursing/)
1788 [commission-to-address-racism-in-nursing/](https://www.nursingworld.org/practice-policy/workforce/clinical-practice-material/national-commission-to-address-racism-in-nursing/)
1789 Barbee, E. & Gibson, B. (2001). Our dismal progress: The recruitment of non-Whites into
1790 nursing. *Journal of Nursing Education*, 40(6), 243-244.
1791 Beard, K., V. (2021). *Taking action: Racism in the workplace*. In: Mason, D. J., Dickson, E.,
1792 McLemore, M. R., & Perez, G. A, eds. Policy & Politics: In Nursing and Health Care. St Louis, MO:
1793 Elsevier 465-468.
1794 Beard, K. V., & Julion, W. A. (2016). Does race still matter in nursing? The narratives of African
1795 American nursing faculty members. *Nursing Outlook*, 64(6), 583-596.
1796 Broome, B. (2021). Racism, nursing, and strategies for change. *Journal of Obstetric, Gynecologic,*
1797 *& Neonatal Nursing*, 50(5), 507-511.
1798 Centers for Disease Control. (2021). Racism is a serious threat to the public's health.
1799 <https://www.cdc.gov/healthequity/racism-disparities/index.html>
1800 Chinook Fund (2021). General Terms and Forms of Oppression. [https://chinookfund.org/wp-](https://chinookfund.org/wp-content/uploads/2015/10/Supplemental-Information-for-Funding-Guidelines.pdf)
1801 [content/uploads/2015/10/Supplemental-Information-for-Funding-Guidelines.pdf](https://chinookfund.org/wp-content/uploads/2015/10/Supplemental-Information-for-Funding-Guidelines.pdf)
1802 Cox, G., Sobrany, S., Jenkins, E., Musipa, C., & Darbyshire, P. (2020). Will nurse leaders help
1803 eradicate 'hair racism' from nursing and health services? *Journal of Nursing Management*, 29,
1804 p. 2014-2017. <https://doi.org/10.1111/jonm.13286>
1805 Doede, M. S. (2015). Black jobs matter: Racial inequalities in conditions of employment and
1806 subsequent health outcomes. *Public Health Nursing*, 33(2), 151-158.
1807 Fitzsimmons, M. J., & Peters-Lewis, A. (2021). Creating more diverse c-suites: From intention to
1808 outcomes. *American Organization for Nursing Leadership*. [https://aonl.org/news/voice/mar-](https://aonl.org/news/voice/mar-2021/creating-more-diverse-csuite-from-intention)
1809 [2021/creating-more-diverse-csuite-from-intention](https://aonl.org/news/voice/mar-2021/creating-more-diverse-csuite-from-intention).
1810 Gendlin, E.T. (1973). Experiential phenomenology. In M. Natanson (Ed.) *Phenomenology and*
1811 *the Social Science* (pp. 281-322). Evanston, Illinois: Northwestern University Press.
1812 Hassounah, D., Akeroyd, J., Lutz, K., & Beckett, A. (2012). Exclusion and control: Patterns aimed
1813 at limiting the influence of faculty of color. *Journal of Nursing Education*, 51(6), 314-325.
1814 Iheduru-Anderson, K. C. (2021). The White/Black hierarchy institutionalizes White supremacy in
1815 nursing and nursing leadership in the United States. *Journal of Professional Nursing*, 37(2), 411-
1816 421
1817 Iheduru-Anderson, K. C. & Wahi, M. (2017). The hypocrisy of diversity: Institutional racism as a
1818 barrier to ethnic minority leadership in nursing. In 4th annual Massachusetts Healthcare
1819 Workforce Summit.
1820 Kendi, I.X. (2019). *How to be an Antiracist*. Random House Publishing Group.
1821 Merriam-Webster. (n.d.). Allyship. In *Merriam-Webster.com dictionary*. Retrieved January 7,
1822 2022, from <https://www.merriam-webster.com/dictionary/allyship>

National Commission to Address Racism in Nursing
For Public Comment only
Not for citation or quotation
Document not copyedited
January 2022

- 1823
1824 National Commission to Address Racism in Nursing. (2021, October) Racism in Nursing Survey.
1825 [Data set] National Commission to Address Racism in Nursing
1826
1827 Shapiro, D. (2009). Health and Well Being. *Harvard Business Review*, (87(11),30.
1828 Tengelin, E., & Dahlborg-Lyckhage, E. (2016). Discourses with potential to disrupt traditional
1829 nursing education: Nursing teacher’s talk about norm-critical competence. *Nursing Inquiry*,
1830 24(12166). <https://doi: 10.1111/nin.12166>.
1831 Villaruel, A. M., Canales, M., & Torres, S. (2001). Bridges and barriers: Educational mobility of
1832 Hispanic nurses. *Journal of Nursing Education*, 40(6), 245-251.
1833 Waite R., & Nardi, D., (2017). Nursing colonialism in America: Implications for nursing
1834 leadership. *Journal of Professional Nursing*, 35(1), 18-25.
1835 Waite, R., & Nardi, D. (2021). Understanding Racism as a Historical Trauma That Remains
1836 Today: Implications for the Nursing Profession. *Creative Nursing*, 27(1), 19–24. [https://doi-](https://doi-org.ezproxy.wpunj.edu/10.1891/CRNR-D-20-00067)
1837 [org.ezproxy.wpunj.edu/10.1891/CRNR-D-20-00067](https://doi-org.ezproxy.wpunj.edu/10.1891/CRNR-D-20-00067)
1838
1839 Watson, M. F. (2019). Social Justice and Race in the United States: Key Issues and Challenges for
1840 Couple and Family Therapy. *Family Process*, 58(1), 23–33. [https://doi-](https://doi-org.ezproxy.wpunj.edu/10.1111/famp.12427)
1841 [org.ezproxy.wpunj.edu/10.1111/famp.12427](https://doi-org.ezproxy.wpunj.edu/10.1111/famp.12427)
1842
1843 White, B. J. (2018). African American nurses describe pre-licensure education experiences: A
1844 qualitative study. *Journal of Professional Nursing*, 34(), 346-351.
1845 Wilkerson, I. (2020). *Caste: The origins of our discontents*. New York: Random House.