Still a Long Way to Go:

Integrating Antiracist, Anti-oppressive Education in Nursing

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Sharissa Hantke

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Canada

OR

Dean of College of Graduate and Postdoctoral Studies
University of Saskatchewan
116 Thorvaldson Building, 110 Science Place
Saskatoon, Saskatchewan S7N 5C9
Canada

Abstract

Systemic racism is evident in the racialized health outcomes of Indigenous patients in Canada and the Truth and Reconciliation Commission's (2015) call to action number 24 urges nursing schools to provide antiracism training. Are nursing programs and faculty prepared for inclusion of antiracism education? White nurses are complicit participants in systemic racism, yet our current educational focus on culture cannot adequately address the ongoing racism. Since racism is a systemic problem, solutions must involve policy change. Despite availability of a body of antiracist, anti-oppressive literature developed and used in professions such as teaching, nurses are not currently being equipped to practice identifying and naming oppression so that our own complicity can be dismantled and so that we can teach antiracism to nursing students. Therefore, this research project sought to support nursing faculty by partnering with a community antiracism organization to pilot a workshop introducing antiracist, anti-oppressive education. A small group of white nursing faculty participated in a focus group interview reflecting on the workshop. The transcript data was analyzed using the methodology of poststructural discourse analysis grounded in critical race theory and critical whiteness studies. The analysis seeks to answer the research question: How do white nursing faculty construct themselves, Others, and antiracist education? The findings demonstrated that the participants constructed racial Others and themselves in particular ways consistent with the broader patterns of whiteness in antiracism literature. Participants also demonstrated particular understandings of antiracism education and pointed toward further support they need. The implications of these findings are considered at the level of white faculty members so as to prepare for broader antiracism policies and initiatives within nursing programs.

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Chapter 1: Antiracism and Nursing Education

This literature review demonstrates the current need for antiracist/anti-oppressive education in nursing so that nursing faculty can advocate for and develop curriculum to include antiracist, anti-oppressive education which prepares nurses to work toward social justice and equity in their delivery of health care. First, literature exploring current racialized health outcomes is considered and connected to nursing practice to demonstrate the need for change. Next, the current state of nursing education is discussed, noting the tendency for literature to focus on culture without critically investigating the mechanisms of oppression. Areas of compatibility between antiracism and cultural safety are then highlighted. Finally, the need for antiracist/anti-oppressive education in nursing is presented with an emphasis on the need for policy change.

The Need for Change: Racialized Patients Have Poorer Health Outcomes

Although Canadians see our healthcare system with its universal coverage as a defining feature of our identity setting us apart from the USA in accessibility (Forget, 2002), one does not have to look far to see that this system in which we pride ourselves does not create an equitable distribution of health outcomes. Indigenous people have disproportionately high rates of illnesses such as tuberculosis, HIV, and diabetes (Dyck, Osgood, Lin, Gao, & Stang, 2010; Negin, Aspin, Gadsden, & Reading, 2015; Vachon, Galland, & Siu, 2018) and they "continue to experience mortality and morbidity rates that far exceed the rates for non-Aboriginal Canadians" (Tang & Browne, 2008, p. 109). The findings from *In Plain Sight* (Addressing Racism Review, 2020) demonstrate the immense and consistent structural racism Indigenous people experience when attempting to access care in a Canadian context.

The discrepancy in health outcomes for Indigenous people in Canada has its origins (and its perpetuation) in colonization, as James Daschuk presents in *Clearing the Plains* (2019), which discusses the early spread of tuberculosis in residential schools despite medical recommendations to decrease overcrowding (p. 176). Daschuk details colonial processes such as intentional smallpox infection and policies of starvation enacted upon Indigenous people while colonizers blamed susceptibility on inferior genetics. The historical accounts collected in Daschuk's book remain relevant as the discursive tactics of colonialism continue to essentialize Indigenous patients in a victim-blaming way (Tang & Browne, 2008).

If there was any doubt of inequitable health outcomes prior to 2020, the death of Joyce Echaquan, an Atikamekw woman, at the hands of racist nurses in Quebec has demonstrated that racism in health care is killing people (Addressing Racism Review, 2020) and reinforced the need for change.

Inequity tied to systemic racism

Billie Allan and Janet Smylie (2015) have compiled an excellent resource recognizing and addressing the role of racism in the health of Indigenous people in Canada. They state:

> The colonization of Indigenous lands and peoples was fueled by racist beliefs and ideas about Indigenous peoples, values, ways of knowing and being, customs and practices. These race-based beliefs served to justify acts of racial discrimination, including violence, cultural genocide, legislated segregation, appropriation of lands, and social and economic oppression (p. 1)

Canada's institutions, including our healthcare system, were built upon and continue to depend on colonial occupation of Indigenous lands (Addressing Racism Review, 2020). The white supremacist ideology behind colonization remains strongly intact, with racism operating at

many levels within our healthcare system: interpersonal, internal, and systemic (Paradies, 2018). White supremacy is defined here as the system built on and perpetuating a racial hierarchy with whiteness at the top -- the racist idea that whiteness is superior to and more human than all other racial groups. The evidence that white supremacy has structured and continues to operate in our healthcare system is apparent in racialized health outcomes. Nurses who operate within this structure are therefore complicit in the racism which contributes to these outcomes.

Nurse Racism Contributes to Outcomes

In 1997, white American nursing scholar Jeanette Vaughan's article titled "Is there really racism in nursing?" answered definitively: yes. She elaborates that "Racism knows no bounds." Over 20 years later, Vaughan's findings are corroborated by ample literature, as laid out by Blanchet Garneau, Browne, and Varcoe (2017) in their article about the need for antiracist pedagogy in nursing. In a recent article, Hilario, Browne, and McFadden (2018) identify democratic racism in nursing - discourses that attempt to justify contradictions between Canadian values of tolerance and equity, and Canadian racism. Tang and Browne (2008) studied the racializing healthcare experiences of Indigenous patients and their healthcare providers, identifying various ways that racist stereotypes impact access to care. They also speak to intentionality, stating that

> the personal cannot be separated from the historical. Even if a [healthcare staff] does not intend to act in a discriminatory manner, his/her historical location as a member of a privileged group is implied by and implies the systemic and historical relations that sustain his/her existing location as a privileged member of society. (Tang & Browne, 2008, p. 124)

Indeed, even without intending to cause harm, the deep seated, often unconscious biases

of healthcare professionals (FitzGerald & Hurst, 2017) produces racist care. The unconsciousness of these biases is an aspect of white privilege which allows our own racist actions to go unnoticed.

White Nurses' Racism Means Maintaining the Status Quo is Unethical

Many nurses are white and unaware

While Scammell & Olumide (2012) describe many white nurses as "unwittingly" perpetuating racism, Leonardo (2009) argues against such notions, identifying white racial ignorance as a myth. To challenge notions of unwitting or unconscious racism by white nurses necessitates that intersectionality and critical pedagogy become part of nursing education and practice (Van Herk, Smith, & Andrew, 2011). Maintaining the status quo will continue to perpetuate racism within nursing.

Nursing's status quo: noncritical focus on culture

Undergraduate nursing students are taught cultural competence, which connects closely to multiculturalism (Harkess & Kaddoura, 2016). Cultural competence lines up with Kumashiro's (2000) approach of *Education About the Other* rather than an approach that is *Critical of Privileging and Othering* or an approach which *Changes Students and Society*. In taking an anthropological focus, cultural competence assumes that if (presumably white) nurses learn enough about Other cultures, they will be competent to provide care for the people of such cultures (Walker, 2017). Although the appreciation for diversity which is apparent in cultural competence may be an improvement from earlier eras understanding cultural difference as deviance (St. Denis, 2009), a significant problem with the cultural competence approach is that it largely ignores racial oppression as a factor in the patient/nurse relationship. Hassouneh (2006) points out the tendency in nursing to avoid teaching antiracism and asserts that "by focusing

exclusively on culture, nursing education glosses over or ignores systems of oppression" (p. 256). Bell (2020) says, "Race and racism are fundamentally underdeveloped in this [cultural] approach, if not ignored completely. Instead, it is assumed that quality care can be provided so long as the nurse acknowledges, understands and respects a client's culture" (p. 3). Taking an anthropological focus on culture can lead to harmful outcomes; "without examining the impact of racism and classism, this requirement for cultural competency has the potential to repeat stereotypes of Aboriginal people" (St. Denis, 2009, p. 174). Research on cultural competence abounds in nursing literature, and it is easy to find recent research prioritizing cultural competence as a nursing framework. Two examples of this prioritization are Chen et. al (2017) and Harkess and Kaddoura (2016). Chen et al (2017) examine cultural competence in nursing students by administering a self-evaluation survey. They find nursing students to be "culturally competent" and they recommend adding more cultural knowledge to the curriculum. Harkess and Kaddoura (2016) assess the level of cultural competence of mostly white nursing students by comparing nine recent studies of cultural competence. Both of these research examples utilize a cultural competence framework and both lack criticality of the oppressive dynamics at play.

The prevalence of recent and ample literature using cultural competence contrasts with the far fewer articles which consider racial difference using a critical antiracist or anti-oppressive lens. The above listed examples tend to implicitly centre whiteness and the experiences of white nurses and white nursing students (such as through self-evaluation of participant's own cultural competence). They tend to shy away from identifying racism or recognizing its significance as a determinant of health (Blanchet Garneau et al., 2017) or from acknowledging the vastness of racial and other oppressions. McGibbon et al. (2014) assert that "critical analyses, based on the examination of politics and power of the structural determinants of health, continue to be

marginalized in the profession" (p. 179). Can cultural competence, with its lack of critical analysis, really lead to less racist outcomes for patients?

Why not focus on culture?

When we make culture the issue of "narrow" focus (Hassouneh, 2006), there is a danger of blaming oppressed people for their oppression while erasing white complicity. The cultures of non-white people are identified, othered, and blamed - i.e. "their cultural beliefs and practices [are given as evidence that they are] predisposed them to failure" (St. Denis, 2009, p. 164). Meanwhile whiteness, particularly in nursing, avoids being named by passing itself off as neutral (Puzan, 2003).

To be critical is to be dissatisfied with the oppressive status quo, for example with ongoing racialized health outcomes, and to find fault with the current system. Criticality can lead to identifying the source of the problems so that we can work toward racial justice. Nursing education programs turning to cultural awareness without the critical framework of antiracist/anti-oppressive education cannot address the racialized health inequality present today, and may reinforce society's hegemonic messages. St. Denis (2009) discusses anthropological history and the colonially convenient idea of incommensurability of cultures, which "encourages a trivializing of the impact of colonial oppression by attributing the effects and the conditions of oppression to this very factor of incommensurability" (p. 168). This idea enables the portrayal of colonial oppression's impacts as mere value conflicts, "suggesting that inequality is inevitable, and merely an effect of different orientations to work, education, and family" (St. Denis, 2009, p. 168). In other words, it lets colonizers off the hook from the imperative of dismantling the colonial system which continues to harm Indigenous people.

Nursing faculty have much to learn from antiracist/anti-oppressive education scholars

such as Verna St. Denis regarding concerns with focusing on differences in culture to the exclusion of critical race theory. The popularity of cultural education in the age of reconciliation heightens the relevance of St. Denis's (2007) discussion of its limitations. She asserts that despite its limitations in creating change, "offering cultural awareness education has become the mainstream thinking about proper solutions to educational and social inequality" (St. Denis, 2007, p. 1086).

> When racialized conflict between Aboriginal and white Canadian erupts in a way that makes it clear that collective action is required, more often than not what is recommended is not anti-racism education but cross-cultural awareness or race-relations training for the primarily 'white' service providers. (St. Denis, 2009, p. 163)

Naming racism yet avoiding critique of whiteness

It is also easy to find examples of nursing literature which identifies that racism is a problem yet avoids being critical of whiteness (eg. Purtzer & Thomas, 2019; Robinson, 2013; Scammell & Olumide, 2012). Since most nurses, nursing students, and nursing faculty in Canada are white, and because of the role of white supremacy in the formation of Canada's welfare state and nursing in particular (Thobani, 2007), any work to demolish racism in nursing must direct its efforts at dismantling white supremacy. To ignore the role of white supremacy in nursing's racism is to actively avoid addressing the root problem and to treat "culture" as the problem.

Need for a Critical Lens

1. Identifying whiteness

What is meant by "whiteness"? Since, as Blanchet Garneau et al. (2017) say, "nursing has not adequately integrated discussions of race and racism as historically and socially constituted and situated… into the nursing curriculum" (p. 1), I set out to avoid having racial

categories misunderstood, and I explicitly refute biological notions of race. Being "white" is not about skin colour so much as it is about the power, dominance, and oppression of a racial identity which places itself at the top of a hierarchy. "To name whiteness is to refer to a set of relations that are historically, socially, politically, and culturally produced, and that are intrinsically linked to dynamic relations of white racial domination" (Schroeder & DiAngelo, 2010, p. 245).

This paper assumes the understanding that whiteness (and all racializations) are social constructions maintained through hegemonic institutions and everyday normative performance (Warren, 2008). Scholars who write about whiteness make it clear that whiteness is difficult to pinpoint. "White is whatever Whites and Whiteness say it is. Whiteness has no essence, and its shape shifts according to the whims of Whiteness as long as its overall interests remain intact" (Leonardo, 2013, p. 85). "The subject seems to fall apart in your hands as soon as you begin [analysing whiteness]" (Dyer, 1988, p. 46).

Whiteness is big and powerful and seeks to maintain the privilege of defining itself. Puzan (2003) illuminates the ways whiteness reproduces itself in nursing. Their article critically considers the power of whiteness' ubiquity within nursing in the following ways: as a structural domain, as scientific hegemony, as a disciplinary domain, and as an interpersonal domain. This power analysis is a great example of the kind of criticality that nursing scholarship needs more of. Nursing scholars would benefit from poststructural discourse analysis such as Schick's (2000a) work which equips us to also consider the entitlement of white undergraduate students to rightful occupancy in university, and how this exclusion impacts students of Colour.

Along with developing this capacity to identify the performance of whiteness in nursing, nurses need to develop capacity to identify liberal individualism's role in shoring up the primacy

of whiteness (Browne, 2001). Liberal individualist ideology serves whiteness in a variety of racism's manifestations, such as colourblindness, displacing racism, and individualizing racism (McCreary, 2011). Browne (2001) makes compelling arguments for bringing critical analysis of the influence of liberal individualism into nursing education, contrasting individual freedom and tolerance with egalitarianism.

2. Language for identifying oppression

Puzan (2003) highlights the need for nursing to use language to "compel an examination of systemic oppression" (p. 199), acknowledging the importance of rejecting the common understanding of language as a neutral medium. It is imperative for nursing scholarship to work on developing language which identifies and disrupts oppression. In their call for the decolonization of nursing, McGibbon et al. (2014) note that "oppressions often flourish without nurses being able or willing to name their oppressive actions. Nurses support oppression when they actively participate in oppression; deny or ignore oppression; or recognize oppression, but take no action" (p. 187). Schick's (2000b) research on how white women teachers access dominance provides an example of how one can deconstruct similar discourses in nursing - discourses such as entry into the profession feeling like a natural choice, being an expression of love, and of the commitment and sacrifice it requires. "The research indicates how the women participate in unspoken norms by which teacher identities are organized and unwittingly reproduced as cultural practices of racial domination" (Schick, 2000b, p. 300). Equipping nurses to recognize whiteness as property (Harris, 2003) and to see ourselves as carrying a possessive investment in whiteness (Lipsitz, 1995) must precede the dismantling of the oppressive discourses which we currently reproduce.

3. Language for challenging oppression

Using poststructural discourse analysis as one tool for antiracist/anti-oppressive education, nurses can seek to name and therefore challenge white supremacy in nursing. Gustafson (2007) discusses the "absent presence of whiteness" (p. 154) and how she was not taught to identify her own whiteness as a signifier. I can relate to her experience of being taught that race is something that Other people have, and that diversity is what we have when not everyone is white. Failing to recognize the broader context of oppression, when white nursing faculty see white as neutral, we are acting in denial and reinforcement of our own dominant position (Gustafson, 2007). Conversely, when we start to recognize our own racialization and understand the process of our own socialization into whiteness (Thandeka, 1999), we can start to disrupt and challenge the status quo. To support this shift, nursing programs must include both "education that is critical of privileging and othering" and "education that changes students and society" (Kumashiro, 2000, p. 25). Two aspects of this "education that changes" are antiracism and cultural safety.

Cultural Safety and Antiracism

While in education, anti-oppressive scholars contrast culturally responsive and antiracist education, in nursing the parallel contrast is between cultural competence and cultural safety (Walker, 2017). Walker's dissertation provides history and differentiation between these two frameworks in nursing, and their uptake within Canadian nursing. Cultural safety came from New Zealand in the late 1980s and early 1990s (Walker, 2017). By the early 2000s cultural safety started appearing in Canada, yet nursing seems to still widely rely on transcultural nursing or cultural competence, a more anthropological framework developed in the late 1970s. Scholars and organizations who want more health equity urge more criticality in nursing and push for a

concerted shift away from cultural competence toward cultural safety (Curtis et al., 2019; NAHO, 2006). It is also common to see nursing literature group cultural competence and cultural safety together, urging that nurses need them both (Canadian Association of Schools of Nursing, 2013; Health Council of Canada, 2008).

In my practice teaching in three Saskatchewan nursing programs since 2012, it is common for nursing faculty to conflate the language and ideas of cultural competence and cultural safety. While the origins and aims of each are quite different, the similarity of names of these frameworks seems to result in nursing faculty overlooking the criticality which is at the core of cultural safety (Walker, 2017). For white nursing faculty, our supposed "unwittingness" (Scammell & Olumide, 2012) is enabled by our whiteness, by the privileges of neutrality and centrality rather than Otherness. Bell (2020) shares similar concerns regarding nursing education:

> I strongly believe that cultural safety will not be possible to attain without explicit deconstruction of the white supremacist ideology that people in colonial and post-colonial states are socialized into so that people fundamentally understand and become accountable for their (our) oppressive and/or privileged behaviour. (p. 4)

The unwitting conflation of cultural competence and cultural safety by white nursing faculty is problematic because it dilutes the powerful potential of fostering a sense of equity and building criticality in nursing students. An example of this conflation is that in setting learning objectives for students in practice settings, white faculty might prioritize an objective which contains the word "culture" but might not necessarily set criticality and understanding the colonial history and ongoing inequitable colonial context as objectives required of students. Maintaining a selective focus on culture rather than oppression can function to dehistoricize and decontextualize the consequences of colonialism on people's lives.

How might antiracism fit into cultural safety? While "cultural safety education can help early career nurses to resist and disrupt pervasive colonial discourse in the health care arena," (Walker, 2017, p. iii) "anti-racism theory privileges the subject of race and explicitly examines power relations" (Ward, 2018, p. 10). Antiracist/anti-oppressive education must be used intentionally to work toward cultural safety.

Policy Change is Needed

The expectation of registered nurses to engage in critical self reflection is repeated throughout the Canadian Nurses Association (CNA) Code of Ethics (2017). Nursing programs need to prepare our students for such reflection to include critical analysis of power and systemic oppression. In order for nurses to uphold the responsibility to provide "safe, compassionate, competent, and ethical care" (CNA, 2017, p. 8), nursing programs must equip students with tools of antiracism: critical history of the colonial past and present, an understanding of how racism functions and the complicity of whiteness, and how to disrupt the status quo to "create moral communities" (CNA, 2017, p. 5). Under the Promoting Justice responsibility, the code lists "Nurses respect the special history and interests of Indigenous Peoples as articulated in the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action (2012)" (CNA, 2017, p. 15). Call to Action number 24 in the Truth and Reconciliation Commission of Canada (2015) calls upon nursing schools to provide antiracism training.

Indeed, for nursing programs to continue to educate students without providing antiracism education is to continue with the racist status quo. Ibram X. Kendi (2019) asserts that there is no such thing as being "not racist." He elaborates that to call oneself "not racist" is a mask behind which to hide racism. The opposite of "racist" is not "not racist" - it is "antiracist" (Kendi, 2019, p. 20). Therefore it is inadequate to aspire to having not-racist nursing programs.

We need antiracist nursing programs which prepare students to identify and disrupt racism that they encounter in their practice as well as internally (Bell, 2020). Kendi urges the importance of changing policy, asserting that unless policy changes, change is not happening.

What needs to happen for nursing programs to change their policies so that antiracist/anti-oppression curriculum is a required component in line with TRC call 24? As Schroeder and DiAngelo (2011) describe in their project, changing the climate of the nursing school was necessary "to work together to challenge and begin to change the status quo of unnamed white privilege and racial injustice in nursing education" (p. 244). Since antiracism is new and possibly perceived as radical to many nursing faculty, it seems that initial steps must involve building solidarity among nursing faculty through education and ongoing support of each other. "The reality is that doing anti-racism work, addressing anti-Indigenous racism, and applying a critical race lens are difficult" (Ward, 2018, p. 163). It will be helpful to utilize the pathway that Came and Griffith (2017) set out in their work on antiracism praxis. Some elements of their work include unlearning and learning, decolonization, structural power analysis, systems change, monitoring, and evaluation. This is necessary work because racism is a modifiable determinant of health, and we must therefore work to modify it at every opportunity (Came & Griffith, 2017).

The need to equip nursing students with antiracist/anti-oppressive education is urgent and compelling. Patient health outcomes are racialized, and racist nursing practice contributes to the systems which create these outcomes. Nursing education's current focus on cultural difference ignores ongoing colonial and institutional power, and might even function to blame oppressed people for their own oppression. Nursing must teach students to understand hegemonic systems and to be critical of our own socialization into racism - especially white people's socialization

into whiteness/white supremacy/white dominance - so that we can work to dismantle these oppressions both within ourselves and broadly. Such antiracism tools need to become required by nursing program policy. Nursing faculty must begin to learn antiracism so that together we can push for antiracist, anti-oppressive education in nursing programs. As we work to dismantle white supremacy within nursing programs, our programs will become safer for BIPOC nursing faculty and students. White nursing faculty and students will gain skills to examine our own socialization into whiteness, to break the white supremacist patterns we enact, to forge emerging identities and new ontologies through unlearning our present ways, and to work toward racial justice at the invidividual level in our interactions with BIPOC patients, and at systemic levels to eradicate racial health outcomes.

Chapter 2: Positionality Reflection

In this section I use autoethnography to consider my identity and provide my context and my background to this research project. I chronicle the development of my antiracism practice because "we can never understand our own practice until we have some measure of understanding of our place in the execution of that practice. All practice is personal in this sense" (Coia & Taylor, 2009, p. 4). I aim to be mindful of my identity and experience of many privileges that I bring to this research. My white, cis-gender, middle class, able-body has informed my worldview and taught me of how society values these privileged aspects of my identity in contrast to oppressed racial, gender, class, and ability identities. My experience teaching nursing for eight years and in different nursing programs has provided me with some understanding of the context in which my research participants work, common discourses among colleagues, and how curriculum gets implemented. I see myself in the responses of the participants in the Findings section, and I hope that in this section, white readers might similarly see themselves in my story and that through this we may all grow.

Through Leonardo's (2013) work, I recognize the tendency for whiteness to worm its way back to the unquestioned powerful centre, and I hope that although this positionality section focuses on my white perspective, it does so with the criticality we must use in interrogating whiteness. Matias (2016) asserts that "to overlook how whiteness hegemonically positions itself as the apex of humanity will continue to oppress people of Colour while distorting who is *actually* getting oppressed" (p. 72). Thus I aim to not to reify whiteness in telling my story but to account for some steps along my antiracism journey - a journey I understand to have no destination I can arrive at, but a journey of many possible directions, each with its harms and opportunities to make change toward equity.

Although I live the oppression of being a woman in a patriarchal society, my privileged identities frequently shield me from experiencing, identifying, and understanding many aspects of oppression. Thus, this research and the workshop are being delivered in collaboration with and under the guidance of antiracism educators who have both academic expertise and lived experience of oppression. I am immensely grateful for Dr. Manuela Valle-Castro's support and collaboration in this work. Working as Dr. Verna St. Denis's intern in Fall 2019 provided me with rich experience of teaching antiracist, anti-oppressive content to undergraduate education students. This experience of teaching alongside and with the support of an antiracism expert has helped prepare me for this current project. Dr. St. Denis's ongoing teaching and supervision has made my learning possible. I seek to be accountable to these two mentors in this research and in my antiracism work beyond.

In reflecting on my position relative to this research and by way of recognizing myself in the data, I include here a reflection on my path up to this point.

Truth and Reconciliation

As a white community health nursing instructor working in a neighbourhood with many Indigenous people, I was deeply impacted by the fourth National Event of the Truth and Reconciliation Commission which happened in Saskatoon in June of 2012. Hearing survivors sharing their stories and exposing the truth of what happened in residential schools was a powerful experience of communal listening, grieving, and learning. At the time I did not grasp the significance of this event in our community or on this land colonially called Canada or in my own life, but looking back, this emotional and profound experience was probably where my antiracism journey started.

Having heard some bits of this Truth about one aspect of the colonial assimilation

project, I was eager to work toward Reconciliation. There was likely quite a bit of white settler guilt (Matias, 2016; Thompson, 2003; DiAngelo, 2018) underlying this eagerness - I understood the atrocities that my people (white settlers) had committed against Indigenous people on this land, and I knew that we (white settlers) must work to do better, to work for Indigenous healing, to make amends. The language of reconciliation was used in this initiative and I did not question the implications of this word for several years. I started reading and watching and listening to Indigenous authors and speakers. I learned about the Sixties Scoop, the ongoing Millennial Scoop, Missing and Murdered Indigenous Women, Girls and Two-Spirit people (MMIWG2S), and the Indian Act. At that point, I had a few Indigenous acquaintances from my community work, but I did not have any Indigenous friends. Looking back it seems odd that I was focused on reconciliation before having any real relationships with Indigenous people. I wonder how many white settlers are currently in this position that I was in, thinking reconciliation is important, but not being in relationship with any Indigenous people.

As my relationships with some Indigenous people in my life developed, I came to understand colonization in new and more compelling ways. I remember having known about MMIWG2S for years, having attended vigils and public educational events, and knowing intellectually that this was a significant issue. Then one evening I was at a community event with a friend who is Indigenous and as we were leaving she mentioned how she feels about walking alone at night and suddenly I felt scared for her. *Click!* What I knew in my mind about the dangers of being an Indigenous woman in this colonial context finally connected with my heart, and it meant something to me personally. Prior to that moment I had not realized that I was primarily learning about reconciliation intellectually, and that for real change to come, white efforts for reconciliation must engage more than just our intellect. After all, the impacts of

colonization are more than just intellectual for Indigenous people; Indigenous suffering is the consequence of settler comfort and advantage (V. St. Denis, personal communication, February 12, 2021).

If white settler efforts toward reconciliation are not based on relationships with Indigenous people, what are we reconciling and why? I began attending Reconciliation Saskatoon meetings in the community. At this group of around a hundred organizations who gather to work on reconciliation in our city I met a lot of people who are working really hard to bring change to the relationship between Indigenous people and white settlers. At some point I started wondering why reconciling Indigenous people and settlers is the goal. To reconcile is to restore a relationship, but I wondered if we even had a relationship to begin with. Jumping straight to restoring a relationship that did not really exist may be an "out" for white settlers - a detour (olsson, 1997) to avoid the work of being accountable for the harm caused by previous generations to benefit our people.

There can be no reconciliation without relationship. Was there a relationship to return to between Indigenous people and white settlers on this land? I recognize that this very question flattens Indigenous people to a monolith - a dehumanizing way to consider varied nations (Thobani, 2007; Moreton-Robinson, 2015). The numbered treaties indicate relationships as treaties are nation-to-nation agreements, though this too is an oversimplification since the colonial parties did not include in writing everything that was agreed upon orally (Obomsawin, 2014).

Decolonization

Reconciliation has been an important part of my learning, and it led me to decolonization. If reconciliation is about relationship, and if we are to restore the relationship of treaty

understanding, then we must aim to restore the relationship to a presumably healthier state, prior to the Sixties and Millennial Scoops, prior to Residential Schools, and prior to the Indian Act. Since these are all major events of colonization, to restore a relationship to the point prior to these harms must require decolonizing. Decolonizing must reject the ongoing colonial nation-building project of Canada, at the core of which is a colonial notion of whiteness as superior over Indigeneity. Our colonial history could never have happened if Europeans had not believed themselves to be in their very essence superior to Indigenous people (Mackey, 2016).

Language of reconciliation has gained traction among Canadian society and it is necessary to critically examine how reconciliation positions white people. "The desire to reconcile is just as relentless as the desire to disappear the Native; it is a desire to not have to deal with this (Indian) problem anymore" (Tuck & Yang, 2012, p. 9). Tuck and Yang (2012) go on to say that "reconciliation is about rescuing settler normalcy, about rescuing a settler future." They assert (as the title of their 2012 article demonstrates) that decolonization is not a metaphor and that "decolonization is accountable to Indigenous sovereignty and futurity" (p. 35). Decolonizing must confront and dismantle the practices and deeply held beliefs of white superiority.

Wanting to understand decolonization led me to antiracism. I now understand antiracism to provide tools for identifying and dismantling the white supremacy at the core of colonialism. As I have been learning antiracism, I have started feeling skeptical about white settlers' readiness for decolonization or reconciliation. Are we ready to deeply consider what these must require of us, particularly to relinquish the position of power we occupy? I have started to see my white settler involvement in reconciliation as having the potential function of assuaging my white guilt while bypassing the work of unlearning my own deeply internalized socialization into white

supremacy. But let me back up.

Through my involvement with Saskatoon Anti-Racism Network I learned about the decades of academic antiracism work of Dr. St. Denis. I decided to pursue a master's degree in antiracist education if I could learn from her. When we initially met, I told her that I was hoping to bring antiracism education to nursing programs as I believe that this is a necessary step to improve racialized health outcomes. We discussed the possibility of my degree involving some curriculum planning such as creating an antiracism course for nursing students. During a reading course she designed, I learned about whiteness, its slipperiness, and its ability to morph to maintain dominance. Through this course I learned why antiracism education must be handled with care, especially in the hands of white educators. Learning about problematic and harmful ways which white people might present antiracism material without even being aware of any issue and while still unwittingly upholding white supremacy has startled me into realizing that nursing programs, taught by overwhelmingly white faculty, are not currently equipped to include antiracism education in our curriculum. I grew interested in seeing where we (nursing faculty and instructors) are at and attempting to assess what our next steps must be to prepare us for including antiracism education in our programs. Therefore, this is my research focus: understanding how white nursing faculty make sense of race, construct identities, and perform whiteness in an antiracism learning context. I hope that through this project, nursing faculty can begin the deep personal and institutional reflection which is necessary in the work of unlearning colonial white supremacy ontologies.

I am very grateful for the white nursing faculty participants who met with me to continue and to contribute to the conversation about antiracism in nursing. This work reflects critically upon the data that my participants provided, and I hope that the analysis of the discourse of the

focus group provides some indication of where we need to go with antiracism in nursing. I say "we" to emphasize that I am not a detached, objective researcher analysing the conversation from a place of neutrality. As a white nursing instructor, I very much see myself reflected in the words of the faculty who showed up for my focus group. By exercising my new and evolving understanding of antiracism, I intend to highlight examples of common patterns of whiteness currently being reproduced in nursing. These patterns are becoming familiar to me through my growing exposure to antiracist literature and the experience I am gaining through teaching, but they are not always easy to identify within myself. Intersectional reflection is necessary for white people who want to engage in anti-oppressive work (Hankivsky, 2014) and I hope that the examples presented in this work prompt white nursing faculty to reflect on some common white discourses within our programs. I believe we must be equipped to understand the ways in which whiteness reproduces itself in nursing through performance so that we can address and dismantle harmful discourses and work toward racial equity within nursing programs and within healthcare more broadly.

Methods

Research Question

How do white nursing faculty produce themselves and racialized Others following introductory antiracism education?

Purpose and Scope of the Antiracism Education Sessions:

-To connect to the social justice values of nursing faculty and support their uptake of antiracist, anti-oppressive pedagogy.

-To provide nursing faculty with language and tools to foster criticality.

-To invite nursing faculty to prepare for, advocate for, and develop curriculum change.

-To encourage supportive relationships between participants to sustain ongoing antiracist, anti-oppressive learning.

Purpose and Scope of the Focus Group:

-To learn how white nursing faculty make sense of antiracism education.

-To examine the discourses of participants to learn how white nursing faculty perform whiteness and construct identities.

-To consider next steps toward inclusion of antiracism curriculum in nursing programs.

Methods

This research project brought together faculty from Saskatchewan's registered nursing programs (University of Saskatchewan College of Nursing and the Saskatchewan Collaborative BSc Nursing program) to learn from Saskatoon Anti-Racism Network coordinated by Dr. Manuela Valle-Castro. Delivery of the Network's 3 module (6 full day) series introducing antiracism to nursing faculty was made possible by funding from Dr. Holly Graham, Indigenous Research Chair at the College of Nursing. Qualitative data was collected through a focus group

interview.

Upon receiving the first module of content, white nursing faculty attendees were invited to participate in the research by joining a small focus group. The focus group questions were sent to participants in advance so they could reflect prior to the group conversation. They were asked:

1. What parts of the training were difficult or uncomfortable?

2. How will what you learned impact your teaching?

3. What are the next steps in your antiracism journey?

4. What materials or support would help you to take your next step in this antiracism work?

Three participants volunteered for the focus group. The focus group interview was semi-structured. Some time was spent discussing participants' reflections in response to each question as well as tangentially related topics. Participants were given time to explain their answers and at times they were asked to expand upon or clarify what they said.

Please note that with the first module of content, nursing faculty registrants were also invited to participate in a pre- and post-survey. There were eleven responses from the pre-module survey and nine responses from the post-module survey. Most but not all of the survey respondents were white nursing faculty, and among those responses was much consistency with the findings from the focus group. Since the focus group yielded richer data, the focus group data was utilized for the analysis which follows.

Chapter 3: Theory and Methodology

The methodology used in this research project is poststructural discourse analysis. This section outlines some key tenets of the theory the research relies on from two branches of scholarship: critical race theory (CRT) and critical whiteness studies (CWS). Then some tenets of poststructural discourse analysis will be highlighted followed by a discussion of methodology.

Critical Race Theory

Critical race theory (CRT) has been formed by contributions from across disciplines (Gillies, 2018). It developed from critical legal studies through the work of scholars of Colour and allies, as Gillies (2018) describes in her account of the history and emergence. “The elimination of racial discrimination as it is intersected with all systems of oppression is a fundamental goal of CRT” (Gillies, 2018, p. 17).

Some tenets of CRT which are of particular relevance to this research project are considered here. First, CRT acknowledges racism as “both invisible and systemic in nature” (McLean, 2007, p. 10). The tendency for racism to be invisible to white people is of particular interest in this research, as I seek to paint what aspects I can see and in so doing to make these aspects more visible to the reader. Since I am a white person, I need to be very upfront with my limitations to making visible the racism of the white nursing faculty participants. But as I am learning to see how whiteness is enacted, I am compelled to try to demonstrate this to any other white people willing to listen and unlearn these ontologies of dominance.

Next, rather than a biological or genetic reality, in CRT, race may be articulated “as a binding yet discursively changing social construction managed through state and other historical institutions tied inextricably to concerns of nation building” (Jupp et al, 2016). The shift from an essentialist understanding of race as biological to understanding race as produced by words and

ideas is a new idea for some of my participants. Understanding how identities are produced and rewarded or oppressed by society is key learning needed among nursing faculty. The social construction of race and racial hierarchy has been created and maintained to serve white interests (Lipsitz, 1998; Harris, 2003; Dyer, 1988).

Another tenet relevant to this research is that "Critical Race Theory seeks to turn the focus away from those who continue to face systemic oppression, to analyzing the factors which provide access to privilege to those in power" (McLean, 2007, p. 12). Throughout the findings section, I aim to direct a critical gaze at the performances of whiteness within the focus group interview. This aim is not to critique the participants as people, but to identify the discursive resources (Wetherell, 2003) they employ from their positions of white racial dominance. Shifting the focus from the oppressed to the oppressor is necessary because CRT aims to "generate an emancipatory society through community engagement" (Gillies, 2018, p. 31).

Critical Whiteness Studies

Branching off from CRT, critical whiteness studies (CWS) "became its own field by the early 2000s" (Jupp et al., 2016, p. 1158). One tenet of CWS which is important in this research is understanding "race as a binding yet discursively changing social construction managed through state and other historical institutions tied inextricably to concerns of nation building" (Jupp et al., 2016, p. 1158). This research understands whiteness to be socially constructed for a powerful purpose; material consequences are distributed along these discursively established racial lines.

CWS understands whiteness to be constructed as the norm in society (Applebaum, 2010). Dyer (1997) talks about seeing the position of white authority in order to undermine it, as well as making whiteness strange in order to study it. I hope that this research sees and makes strange the performances of whiteness by participants so that white nursing faculty beyond this study

may reflect on where whiteness needs to be undermined elsewhere within us.

"White people's investment in whiteness can obscure how white people even with the best of intentions are complicit in sustaining a racially unjust system" (Applebaum, 2010, p. 40). Therefore, as a white researcher analysing the discourse, my insights are limited and need to be developed through ongoing practice. The process of identifying patterns of white performance in the discourse has provided practice which helps me to further identify these patterns internally, and I hope that these findings can encourage more white nursing faculty to practice questioning our performances of whiteness and the impacts of the discourses we produce.

Poststructural Discourse Analysis

Perhaps the most central poststructuralist idea used in this research is the understanding of discourse as productive. Language is not simply a means of neutrally describing reality - rather discourses *do* things (Wetherell, 2003). In discourse analysis, the "criteria for truth (what counts as correct description) are negotiated as humans make meaning within language games and epistemic regimes and, often, locally and indexically in interaction, rather than guaranteed by access to the independent properties of a single external reality" (Wetherell, 2003, p. 12). The meaning made by participants in this research is largely considered according to its work to form identity - both their own identities as white nursing faculty, as well as the identities of racialized Others. As Wetherell (2003) says, identities are "constituted as they are formulated in discourse" (p. 12). The construction of identity is of utmost importance because of the role it plays in racialized health disparities.

> Inequality is not first a fact of nature and then a topic of talk. Discourse is intimately involved in the construction and maintenance of inequality. Inequality is constructed and maintained when enough discursive resources can be mobilized to make colonial

> practices of land acquisition, for instance, legal, natural, normal, and 'the way we do things.' (Wetherell, 2003, p. 13)

Examining what sorts of things the discourses of white nursing faculty do is a worthwhile undertaking so that we can learn how to identify where we are contributing to harm and where to work on our own change and growth. Although this will be challenging, uncomfortable, and unflattering, it is necessary to make an honest assessment of the horrors perpetrated on our behalf and to our gain and to understand how acting out our deeply held sense of white superiority contributes.

The theory of poststructuralist discourse analysis has been heavily shaped by the work of Foucault, who exploded "any simple categorizations of the real and the constructed" (Wetherell, 2003, p. 24). The aim in this methodology is not to analyze referentially to get an accurate description of the world, but with the understanding of discourse as social action (Wetherell, 2003). "Each discourse undergoes constant change as new utterances (*énoncés*) are added to it" (Foucault, 1999, p. 54). This research aims to identify the participants' additions to and repetitions of discourses of identity.

Foucault made quite explicit that in studying discourses he was not interested in speculating about the intention behind the words, but instead focused on *what was said.* He framed his study as an archaeology, examining the archive of what is said and what is sayable (Foucault, 1999). My aim too, is not to speculate about my participants' intentions, but to focus on what they said, what these discourses do, especially in identity construction, and how their discourses connect to broader discourses documented in antiracist literature. I do not seek to critique the participants as people, but to critique the readily available discursive resources they draw upon in the focus group. Discursive resources may be understood as routine and highly

consensual narratives that people have access to through our cultures (Wetherell, 2003). In poststructural discourse analysis, the focus group or interview context is not viewed as self-contained, but as a context permeated by the social, in which subjects may rehearse routines and repeat these resources (Wetherell, 2003).

As Wetherell (2003) outlines, my research seeks to identify and analyze the patterns of the participants' cultural resources and to theorize and explain this pattern. I do not do so from a place of "knowing better" than my participants, nor should my critique be interpreted as ad hominem, for the critique is political rather than psychological (Wetherell, 2003). Once again, this work seeks to identify what is said by white nursing faculty so that we can learn where we need to unlearn.

Processing the Data

I went about processing the data by highlighting instances within the transcript where participants expressed emotion and instances where they verbalized racial discourses that I was familiar with from the existing literature. I extracted each of the identified emotions and discourses onto a concept map grouping similar emotions and discourses together. Quite consistently, when participants expressed emotions, there was a significant discourse (or several) at play by which participants were enacting whiteness. Works by Alana Lentin and Sara Ahmed illuminated connections between emotions and discourses of whiteness. For the clarity of this manuscript, the most straightforward discourses were prioritized for inclusion, perhaps leaving some opportunity to revisit the transcript for more insight at a later time.

Chapter 4: Findings

This section outlines the findings gained from the focus group interview session. Each section establishes patterns in the literature and draws upon examples from data which demonstrate that the discourses of white nursing faculty are very consistent with the patterns noted in critical race and critical whiteness studies literature. In the first section of findings, the ways in which white nursing faculty participants construct self-identity using discourses of Innocence and Superiority are examined. Next, constructions of racial Others are considered. Then participants' responses to and understandings of antiracism education are discussed. The findings section ends with some next steps for antiracism.

1. How White Nursing Faculty Produce Ourselves

Sara Ahmed (2004) notes that "[w]hiteness is only invisible for those who inhabit it. For those who don't, it is not hard to see whiteness; it even seems everywhere" (p. 1). Intending to trace some outlines around whiteness and thus make it more visible to us whites, this section draws upon patterns of white innocence and superiority present in critical whiteness and critical race literature to categorize the discursive resources drawn upon during the focus group. The discursive resources are commonplace, oft-repeated, routine narratives (Wetherell, 2003) readily available to the participants and to white Canadians more generally. Each piece of data shared in the following sections represents an ordinary example of nursing faculty drawing upon discursive resources consistent with well-established and researched broader patterns of how whiteness gets performed. These discourses are grouped into the overarching patterns of white nursing faculty as Innocent and Superior, although the data frequently could fit into both of these patterns since they often go hand in hand. Following these two broad patterns is a brief discussion of discourses which consider white Complicity.

Innocence constructed in the literature

Critical race and critical whiteness literature frequently identify white/settler "moves to innocence," an idea preceded by Fellow & Razack's "race to innocence" (Mawhinney, 1998; Tuck & Yang, 2012). In moving to innocence, white people demonstrate desire for blamelessness (Thompson, 2003). "Settler moves to innocence are those strategies or positionings that attempt to relieve the settler of feelings of guilt or responsibility without giving up land or power or privilege, without having to change much at all" (Tuck & Yang, 2012, p. 10). Utilizing discursive resources of innocence can act to dodge implications of inequity by focusing on our good intentions and benevolence.

For white people, focusing on good intentions has the effect of defining racism as an individual and conscious problem, thus removing white people's obligation to act toward racial justice (Scheurich & Young, 2002). Thompson (2003) discusses white desire to maintain an identity of goodness: "Although we can acknowledge white racism as a generic fact, it is hard to acknowledge as a fact about ourselves. We want to feel like, and to be, good people. And we want to be seen as good people" (p. 8). Furthermore, according to Scheurich and Young (2002):

> One of the main reasons that education faculty, university faculty in general, and the U.S. White public are able to see themselves as not racist, even though racism and its effects continue to eviscerate the lives of people of color, is that racism is seen as solely a function of what an individual consciously believes. Thus, if an individual faculty member consciously believes that she or he is not a racist, that is the end of the issue for that person and the end of her or his responsibility. (p. 221)

Insistence on a nice, good identity connects to what McLean (2016) says: "Canadians imagine that state rights are acquired because of their own intrinsic goodness, rather than colonial

practices of domination" (p. 6), and the state's supposed benevolence can be understood to legitimize the innocence settlers are socialized into. The construction of the group as intrinsically good and nice may serve the purpose of reinforcing a sense of unquestioned entitlement to the racial privileges white nursing faculty experience. Indeed, as Harding (2018) points out, "The disadvantages experienced by Indigenous Peoples are directly related to the benefits experienced by non-Indigenous Settlers; one does not exist without the other. Settlers need to turn the gaze of research on themselves" (p. 11). In turning the gaze upon ourselves, white settlers must learn to analyze power dynamics of white racial dominance.

One way white people perform our innocence is through an insistence on conceiving of ourselves as neutral in terms of power, speaking and acting as though our whiteness holds no particular consequences which give us power in our society at the expense of BIPOC. After all, recognizing the power of our white dominance, and the vast harms that result from this dominance, would call to question our supposed innocence. Innocent neutrality which has been institutionalized into nursing is problematic and does not recognize the historical and ideological positions that white people occupy (Puzan, 2003). "Whites so internalize their own power and taken-for-granted superiority that they resist self-questioning" (Sleeter, 2005, p. 22).

Let us now turn to the focus group data which may function to evade responsibility by engaging discursive resources of innocence.

Innocence discourses in the data

First, one participant said the following regarding her use of the word *caucasian* on the antiracism education pre-workshop survey: "I was like oh gosh, I sure hope there's no identifiers on that- on that questionnaire because, I was feeling a bit embarrassed about what I'd put because um it was just more of a genuine lack of knowing… I don't want to be um judged based

on that." The shame expressed is unsurprising, as is the worry over being judged, which was a consistent concern throughout the focus group session. Shame may be understood to point out guilt, where there is a crack in the participant's innocent self-conception. Indeed, being judged as an offensive person seems to be one of the biggest concerns of the focus group participants. In this statement, the phrasing of "*just* more of a *genuine* lack of knowing" stands out because these words function to produce the speaker and her intentions as innocent and honest - a sharp contrast to other available discursive resources which cast Indigenous people as dishonest and liars, such as when they are accused of playing "the race card" (McCreary, 2011). Having learned problems with the word *caucasian*, the participant now understands this word and her previous use of it as racist. Therefore this discourse functions to defend innocence by distancing from the action ("I hope there's no identifiers"), then by minimizing the action ("just"), and finally moving toward excusing the action through focusing on intentions. The framing of innocence serves to emphasize a lack of knowledge, implicitly contrasting with a knowing or hateful use of the problematic word. Inclusion of the adjective *genuine* reifies innocence by constructing the white self as honest, pure, and authentic.

Next, in this second piece of data, the innocent discursive resources focus on white benevolent intentions: "I just try to always remember that we- I think we're nice people and we're coming from a good place and hopefully people understand that. That's what I keep repeating to myself." This statement produces the white participants as innocent by prioritizing intention over impact. The innocent construction may obscure the identification of oneself as a complicit participant in racist harm. The statement deflects attention away from any racist harm the group may have participated in and toward their "nice" and "good" (which can be read as innocent) intentions. The introductory antiracism education the group received calls into question

white identity, and this piece of data may be understood as a refusal to engage in such questioning, the result of which may lead to a more complex identity, such as "being an anti-racist racist" (Leonardo & Zembylas, 2013).

The third example of innocence discourse concerned having difficult antiracist conversations with students: "with the student body we have presently, um I'm usually part of the minority of our group so I don't, like, um, typically most of my group is, I don't know, I well, I don't know where they're all from." In the context of the discussion, this statement seemed to be expressing discomfort at having antiracist conversations with BIPOC students. The participant frames herself as a "minority" because of her whiteness yet she does so without naming her whiteness. The word "minority" may be applicable in the numeric sense, meaning that there are fewer white than BIPOC students in the groups, however the word "minority" carries connotations of being in a position of disadvantage. In the context of the focus group discussion about antiracist conversations, such framing draws upon discourses of white innocence by representing the (white) self using language associated with racially oppressed groups. White faculty members leading groups of largely BIPOC nursing students are still in positions of power, both from their instructor status and from their whiteness. What then is accomplished by referring to oneself as a minority? Is the statement demonstrating resistance to antiracist work in the form of moving to innocence? Does the discourse infer that BIPOC could only experience discrimination if they were outnumbered bodily by whites? This statement is included in this discussion to demonstrate how discourses of innocence may avoid the consideration of power imbalances and may undermine membership in the racially oppressive group which comes from being white. The use of language which evokes racial disadvantage produces racial innocence by ignoring the implications of the power white identity wields in

society.

The fourth piece of data draws upon a self-conception of neutrality as a baseline. In the context of a conversation where her fellow faculty member referred to cultural learning sessions as a waste of time, the participant considered her response: "You know sometimes even those comments when people make those to you, do I stay neutral?" In the context of the discussion, this statement equated silence with neutrality, however staying silent in the presence of offensive comments made about a group widely understood as marginalized and oppressed is not neutral when racism is the status quo in our society and institutions. To be silent in response to a colleague's harmful words may be understood as actively upholding the status quo by granting the colleague a free pass on their racism. The participant's phrasing of "*staying* neutral" works to construct neutral as the state she is already in, by default. Thinking of ourselves as neutral is a move to innocence which gets in the way of dismantling the racism in our nursing programs and of working toward racial equity.

The fifth piece of data responds to being asked about next steps in antiracism. The response uses discourses of innocent neutrality by planning to tell students this common idea: "you have to put your biases aside and treat every- do your best to treat everyone the same." Treating everyone the same is a colour-blind discourse (Bonilla-Silva, 2002) which overlooks racist inequity and prioritizes an approach of sameness over an approach aimed at recognizing and opposing oppression. To be able to put biases aside constructs the (presumably white) nursing students being addressed as neutral individuals who happen to carry biases that exist separate from who they are. The person is constructed here as neutral once their biases are set aside. Although the statement expresses a plan directed toward nursing students, suggesting the possibility of setting aside biases implies the speaker's own construction as neutral -- capable of

putting aside biases and acting with neutrality. This construction makes innocent neutrality a base which (removable) biases are then added onto. A problem with this construction is that holding bias and prejudice is unavoidable as these are deeply embedded in our socialization (Sensoy & DiAngelo, 2017). To construct bias as something which can be simply set aside misunderstands how deeply whites are socialized into white dominance, a process explored by Thandeka's (1999) book *Learning To Be White* through white people's accounts of this process. Perhaps further self-questioning of one's socialization into whiteness could lead to identifying this construction of the myth of innocent white neutrality. Rather than telling students to put their biases aside, it could be useful to consider what would shift if the nursing students were encouraged to recognize and challenge their biases from an anti-oppressive focus? What if students were taught to assess how their biases align with racism, sexism, classism, ableism, and homophobia? If someone can identify their biases enough to put them aside, why not work to trouble these biases, to chip away at deconstructing them? Merely putting them aside leaves them sitting there to return to, but if they are harmful enough to merit setting aside, then should we not be aiming to dismantle them?

A sixth discourse of innocent neutrality more explicitly focused on power. During the antiracism education sessions, participants had been put in breakout groups. One participant expressed concern with her group composition because of the power she perceived other group members as having in relation to herself. "Well, I don't- I don't know, like, I guess you could say I even have power, I mean I'm a faculty, but I don't see th- myself as having power." This statement overlooks power from position as a faculty member, power from whiteness, and likely power from more of identities. Instead of seeing the intersectional power and dominance of these identities, the statement only focuses on the administrative power not possessed. Although this

statement does not say the word *neutral*, the implication is of a power-neutral self in contrast with the power of other group members. McLean (2016) cites Leonardo (2009) as noting "that people who occupy positions of dominance will resist learning about their participation in reproducing relations of power" (McLean, 2016, p. 15). Indeed, limiting one's assessment to consider only the power one lacks can function as a move to innocence by precluding recognizing the power one holds. This power-neutral construction could be useful for avoiding the responsibility which comes with power, such as the onus to challenge harmful practices.

In a seventh example, innocence is accomplished through a statement regarding antiracist education: "When you know more you do b- you know, you know more you do better, that kinda thing." The participant seems to have misquoted this saying which is commonly attributed to Maya Angelou: "Do the best you can until you know better. Then when you know better, do better." The participant's version implies that doing better will naturally flow from knowing more. An extension of this thinking might be that we can learn our way out of racism, or that learning is the goal of antiracism, yet critical whiteness literature demonstrates an established phenomenon of white people willingly evading racial knowledge (Leonardo, 2009). While education can (and must) be part of antiracism work for white people, learning must be accompanied by action against racial inequity. Even if some antiracism content is uncomfortable for white learners, the act of learning could be familiar enough to tempt white learners to understand antiracism as merely a learning exercise undertaken for the purpose of self-improvement. If antiracism is a means by which to work toward a racially equitable society, then practicing antiracism must require action beyond acquiring knowledge. Discourse implying that doing better will naturally follow education reproduces the white subject as good, innocent, and benevolent by implying that the only factor keeping the subject from "doing better" is

knowledge. There are, however, many factors keeping white people who learn antiracism from engaging in antiracism work, framed as detours in olsson's (1997) work. The quote attributed to Maya Angelou does not imply that better behaviour will automatically follow learning. Instead, it implores the learner to act upon what they learned. Macoun (2016) says:

> We declare ourselves innocent when we assume that non-Indigenous people are basically benevolent bystanders to racism and colonialism, just requiring additional information or education in order to do good… We declare ourselves innocent when we see ourselves as agents of progressive futurity and not also of colonial institutions and racial power. (p. 86)

Where we (meaning white faculty) do not see our own complicit participation in colonial institutions and racial power, we are willfully misunderstanding ourselves and producing ourselves as innocent and therefore not responsible for working on systemic antiracist change. This complacent inaction is one potential harm of constructing ourselves as innocent.

Each of these examples of white nursing faculty constructing their identities as innocent acts in opposition to antiracist aims of ending racial disparities. Identities of innocence get used by white people to dodge acknowledging our power, our complicity, and our responsibility to engage in antiracist action. "When power relations are not acknowledged in the production of racial identities and the nation, minorities are too readily blamed for the effects of racism" (Schick & St. Denis, 2005, pp. 296-296).

"We need to shake our collective selves free of that convenient illusion that we are off the hook because we know ourselves to be kind, compassionate, and professional in all of our patient interactions regardless of race or privilege" (Thorne, 2020, p. 1). Rhetorical moves to white innocence evade critical analysis of the power that white people hold in our racist society.

Therefore, nursing faculty must learn to identify and disrupt discourses of white innocence. Embedding a power/oppression analysis in the pedagogies of nursing faculty is a necessary next step forward in preparing our programs to include antiracism.

Superiority constructed in the literature

Layla Saad (2020) describes white people's internalized belief in white superiority as the very foundation of white supremacy. This section considers how constructions of white people as Knower, as exceptional, and as heroic each fit into a broader pattern of superiority.

A broad category of Aileen Moreton-Robinson's (2011) chapter in *Whitening Race* describes: "Whiteness as an epistemological *a priori* provides a way of knowing and being that is predicated on superiority, which becomes normalized and forms part of one's taken-for-granted knowledge" (p. 75-76). Thus, utilizing discursive resources of knowing, or of being "the Knower" can be understood as examples of authoritatively superior self-construction. In addition to maintaining the powerful position of white dominance, to construct white people as authoritative Knowers, or as those who know best, may function to preclude white people from experiencing the discomfort of *not knowing*. As discussed in an earlier section, such discomfort is necessary in the antiracist work of challenging white supremacy in education (Ohito, 2016). It might be uncomfortable for white people to disrupt our self-conceptions as authoritative Knowers, to recognize that our knowledge of racism cannot surpass BIPOC knowledge of racism, and to acknowledge that we are in no position to elevate ourselves with the identity of Knower. We must, however, practice this discomfort of *not knowing*, that is, of not occupying the superior, authoritative position of the Knower if we want to disrupt whiteness.

Superiority also gets enacted through constructions of white individuals as exceptional, meaning set apart as different from and morally superior to, all those other (racist) whites. White

exceptionalism also relates closely with white innocence, as Macoun (2016) notes: "We declare ourselves innocent when we assume that we educated white progressives are fundamentally different from other non-Indigenous people" (p. 86). While the discourses of the white Knower may elevate the speaker into a position of general superiority, discourses of white exceptionalism elevate the speaker into a position of superiority specifically over other white people. Saad (2020) defines white exceptionalism as "the belief that you as a white person are exempt from white supremacy. That you are 'one of the good ones'. That this work [of antiracism] doesn't apply to you… White exceptionalism is the belief that because you've read some books on this topic and follow some BIPOC activists and teachers, you know it all and don't need to dig deeper" (p. 70). In other words, it can be used as a detour (olsson, 1997) to excuse oneself from engaging in deeper, more personal actions of an antiracist practice. Audrey Thompson (2003) says "The desire to be and to be known as a good white person stems from the recognition that our whiteness is problematic, a recognition that we try to escape by being demonstrably different from other, racist whites" (p. 9). The superior position of white exceptionalism connects to heroic discourses as well.

> The danger in priding ourselves on our exceptionalism--a standing temptation for antiracist whites--is that we focus on the workings of dominance and privilege in other white people. Privately, perhaps unconsciously, we assume… that we are fine and that it is only other white people who need to change. Advanced forms of white exceptionalism dramatize this difference between ourselves and others. Posturing as lone white heroes, we underscore our willingness to take the initiative in antiracist work and to make sacrifices in doing so, even facing disapproval or punishment. (Thompson, 2008, p. 329)

Heroic white innocence can manifest as white helpers loving and caring (Schick, 2000) or

as a lone white antiracist hero who sees their role as fighting injustice (Thompson, 2008). Schick (2000) discusses caring white teachers' performance of identity as a way of professing innocence. The role of a hero may be understood as protecting innocence while elevating one's status to superior to all the common, non-heroic others.

Superiority discourses in the data

The first piece of data draws upon the discursive resource of being the Knower: "We know more than we think." This platitude was spoken by a white faculty member participant among other white participants as they articulated their next steps in antiracism work and it sets the speaker and her peers up as authoritative (white) Knowers in their essence. Consider in contrast Haggis's (2004) critical approach in the book *Whitening Race,* which questions one's knowledge and its power in conjunction with whiteness by asking: "how do I break my complicity in the colonising moves of knowledge production in terms of my own intellectual praxis?" (p. 49). The participant's affirming words likely aim to encourage herself and her peers but can be considered to function to construct an identity of superiority. I am not asserting that the participant's sentiment of *knowing more than we think* is irrelevant or problematic in other contexts, but in this focus group about white faculty responses to antiracism education, for a white person to affirm herself and the group - all white people - with these words serves as a "detour" of denial (olsson, 1997), taking away from the work of antiracism by potentially allaying white guilt or uncertainty. A more accurate statement could be "we know more about racism that we are willing to admit"; indeed, white people entering racial discourse enter from a different place than BIPOC, but rather than lacking racial knowledge, we "consistently evade a racial analysis" (Leonardo, 2009, p. 108).

This second piece of data utilizing superiority discourses demonstrates an instance of

white exceptionalism:

> That's what makes me angry, it makes me angry sometimes. It's like, sometimes people who, like there was, it was such a lovely group of people, that antiracism seminar, but the people that maybe really needed to be there don't come to those things.

In distinguishing the workshop attendees as separate from those who "really needed to be there," the implication is that those who did attend did not *really need* to be there. This is a classic example of white exceptionalism, positioning oneself as a "good white" (Thompson, 2003). The anger expressed can be understood as a righteous anger which further emphasizes understanding oneself as exceptional.

The third discourse of superiority also demonstrates exceptionalism. This point in the focus group discussion was about the kind of support the participants would like for antiracism work:

> Yeah I think for me it would also be helpful to have like um, sort of a support group, cuz, not that my fac- my colleagues aren't thinking about these things too but, um, you just kind of feel like you're on an island all by yourself and you don't know where to go next and it'd be nice to have a group of people to run things by.

Again in this instance, the participant is setting themselves apart from their colleagues, this time using the imagery of an isolated island. This image performs identity as being 'different and alone' thus becoming the exception -- the only good faculty member who cares about antiracism. Although it seems unlikely that this participant is the only one in the program working on antiracism since others attended the education sessions, the veracity of this statement is of less interest than the effect of what these words are doing to perform white subjectivity.

Another example of exceptionalism, this fourth piece of data sets the speaker apart from

their colleagues by asking: “If I don’t have those [antiracist] conversations and show that they can happen and make mistakes with my students then they’re never going to have those conversations, right?” This statement’s discourse performs exceptionality by depicting the speaker as the only person who will have these conversations. The statement also performs a safe and innocent white antiracist hero construction, competent in having these conversations. McLean (2016) asserts that “teacher performances of the white savior/antiracist hero both embody a desire for safety and innocence” (p. 67). In seeing the potential for this comment to construct an antiracist hero, let us not dismiss the importance of antiracist educators speaking up, nor overlook the participant’s insight that difficult antiracist conversations might not happen if they do not initiate them. Again, the veracity of the participant’s statement is of less interest presently than what this statement does performing white exceptionalism identity.

The final piece of data demonstrates superiority through a heroic self-construction. To prepare for this data, let us consider Bonilla-Silva’s (2002) observation: “A common way of stating racial views without opening yourself to the charge of racism is apparently taking all sides on an issue” (p. 50). In his study, respondents used the pattern of “yes and no, but” to soften racist statements into more acceptable phrases. The rhetorical move of taking “all sides” of an issue may function to present a “non-racist alibi” (Leonardo & Zembylas, 2013) by claiming to occupy an innocent and superior position.

During the antiracism education that participants attended there was one particularly raw and emotional session during which a presenter shared about her health-related experiences as a Two-Spirit Nēhiyaw woman. Her vulnerable storytelling evoked powerful emotions as she shared about the various intersections of her identity and what they meant for her access to health. When reflecting on this vulnerable storytelling, a focus group participants said:

> She was explaining the stories, and I get that that's important … but how do you protect people when you're not in the same room? … I was just worried that people were alone and not having supports and because it was a really-, it was hard to listen to that story of that lady in the circle. She was really upset.

This expression of the antiracist storytelling being "important, but" fits as an example of Bonilla-Silva's (2002) rhetorical move to innocence though occupying all sides of the issue. The statement first establishes itself in the territory of innocence before wading into murkier territory. Despite all of the attendees being adult learners, the statement functions to imply that the (innocent, mostly white) learners needed protection from the emotional stories of harm experienced by a queer Indigenous woman in health care context. Why would protection during this content be necessary? The statement is framed in terms of protecting learners from the presenter's emotional retelling, and it seems to say that (white) learners should be protected from feeling uncomfortable about the racist harms we are complicit in.

Protection might be the opposite of what white learners need, as Ohito (2016) examines in her article about "the utility of discomfort in the pedagogical upsetting of the status quo" (p. 455). If this statement is talking about protecting white learners from discomfort, she thus may be, consciously or not, protecting the racist status quo. While discourse of "protection" appears to demonstrate a heroic innocence, protecting from discomfort is not consistent with Ohito's antiracist pedagogy.

Schick and St. Denis (2005) say that "this is the assumption of superiority that whiteness permits: what we have and who we are is what the world needs, whether it wants it or not" (p. 308). It is imperative for white nursing faculty to identify and uproot such assumptions of superiority. Such discourses come from deeply internalized, deeply socialized messages, and

recognizing them within ourselves is a necessary step in disrupting our performances of whiteness.

As complicit/guilty

While the data discussed previously constructs white nursing faculty using discourses of innocence and superiority established in antiracism research, this section examines discourses considering the self as complicit. For white settlers to understand and produce ourselves as complicit may demonstrate some understanding of our participation in white supremacy, recognition which must happen for us to unlearn our harmful ways of performing whiteness. Such recognition can be destabilizing; Thompson (2003) speaks of such realizations bringing feelings of thrownness:

> Born into a racist society, we find ourselves thrown into a situation – caught up in a tangle of racial meanings that are not originally of our own making. This thrownness is part of what frustrates well-meaning whites: we did not choose to be born white in a racist society. We do not now wish to choose whiteness or racism, but there they are, part of our world; so we try to distance ourselves from them, to show that we would unchoose them if we could… Since the past cannot be changed, we insist on being allowed to feel good about ourselves. Yet this is a solution only if the problem is white helplessness rather than racism. Taking on the alleviation of white guilt as an antiracist project keeps whiteness at the center of antiracism. (p. 24)

Thompson articulates the importance of not centering whiteness in antiracism work. Realizing our complicity in racism must become part of our identity production in a way that does not trap us in guilt-ridden inaction. Guilt or shame can serve to point out where an understanding of our complicity may be emerging. “While guilt is often a sign of a much-needed

shift in consciousness, in itself it does nothing to motivate the responsibility necessary to actively dismantle entrenched systems of oppression" (Walia, 2012, n.p.). Although guilt may be a common reaction to realizing our complicity in white supremacy, it is important to not remain stuck in guilt but to use it as a flag pointing to where we need to do further reflection, processing, and unlearning.

Two pieces of data drew upon discourses acknowledging complicity during the focus group. The first occurred when a participant reflected on an exercise aimed at critically examining the way in which nurses discuss race-based risk factors. Workshop attendees were asked to provide examples of disease risk factors which get associated with racial categories. One participant said: "I ended up putting something on there about um Indigenous people and addiction, and then I was like oh my gosh, I am so, that's so mean." While this language framing the action as "mean" maintains a problematic understanding of racism as an individual, intentional, moral act, the statement also expresses a significant realization of how the repetition of risk factor statistics can cause racist harm. This statement continued on to express discomfort at what had been said, which was expressed as guilt.

When asked to talk more about feelings of guilt associated with race-based risk factors activity a participant said: "For me I think it was just like oh my. I'm contributing to this. (The other participants nod.)" This expression of concern demonstrated connection with the content in a personal way. It was evident that in contrast with the previously identified constructions of white nursing faculty as innocent, the speaker is not blameless. The surprise ("oh my") at realizing her contribution to systemic racism demonstrates that she was not expecting this - likely she is not used to thinking of herself as someone who is complicit in racism.

While these two discourses of complicity demonstrate significant and new understanding

that has potential to lead toward further antiracist reflection and practice, these are very initial starting points. White nursing faculty have a long road ahead of us, and we will need commitment and determination to continue from these very initial realizations of our complicity to taking action toward deconstructing white supremacy and building racial equity. Sustained efforts by white people in solidarity with BIPOC must be ongoing and long-term commitments we continuously act upon to bring the social change so desperately needed.

2. How White Nursing Faculty Produce Racialized Others

While the first section discussed discourses of white innocence and white superiority utilized by the participants in constructing self-identity, this category explores how white nursing faculty spoke about racialized Others during the focus group session. A challenge in identifying these identity constructions is how participants' sought to avoid identifying race. Although the white nursing faculty participants may have avoided naming race, their language characterized non-white racial Others by other mechanisms which identified difference. Racial Others were implicitly constructed as hypersensitive. Indigenous people were identified as racial Others. This category examining how white nursing faculty produce racialized others was limited by liberal discourses of colour blindness.

Naming or avoiding race

Generally our desire to remove race from our vocabulary can be understood as an attempt to construct ourselves as "not racist" (Lentin, 2018; Leonardo, 2009). Those who claim "not racism" act to distance themselves from racism and yet this claim itself, Lentin (2018) demonstrates, is a racist act. "The demand to not be reminded of racism is what drives 'not racism'" (Lentin, 2018, p. 11). Therefore when we (white people) remove the word "race" from our vocabulary, we might achieve the purpose of avoiding action or accountability against

racism. Avoiding naming race could serve as an example of Leonardo and Zembylas's (2013) "non-racist" alibi which claims to occupy the innocent territory of non-racist as though being in this location could preclude us simultaneously being in racist territory.

Considering the colour blind norms of our society (Bonilla-Silva, 2002, Lentin, 2016), it is not surprising that nursing faculty participating in the focus group demonstrated colour blind discourses. One participant explained a reluctance to name race in an activity during the antiracism education session which generated examples of how health risk factors get racialized: "I didn't wanna stick a, I don't know, a, well I don't even wanna use the word race anymore, but I didn't want to stick that with a comment, right?" The antiracism module the participants attended included content debunking race as a biological category, therefore this statement can be understood to demonstrate some learning: the participant now realizes that contrary to her previous understanding, racial categories are not biological truths. However, the antiracism session must not have clearly and effectively taught learners the critical idea of race as a social construct - a force which has real impacts on people's lives and must be named. "We cannot do away with race, unless racism is 'done away'. Racism works to produce race as if it was a property of bodies (biological essentialism) or cultures (cultural essentialism). Race exists as an effect of histories of racism as histories of the present" (Ahmed, 2004, Point 48). Since our teaching resulted in the unintended consequence of learners removing the word "race" from their vocabulary, we must reconsider how to not only debunk race as biological but also how to teach race as a social construct through which to understand racialized health disparities in Canada. After all, it seems impossible to identify and dismantle racism without identifying race.

Although the participants in this focus group were explicitly recruited based on their whiteness and their attendance at antiracism education sessions, the participants generally

avoided racial language. There was only one point during the focus group at which a participant referred to herself as white. Specifically, she referred to herself as someone with a "white background", language which adds indirectness or distance between the speaker and her whiteness. Perhaps this distancing is a form of the identity suppression which white people have been found to use as a mechanism to cope with the anxiety of racially-charged discussions (Marshburn & Knowles, 2018). There was one point where this same participant mentioned her students of Colour. No other participants referred to the races of their nursing students or of themselves in direct terms, but instead tended to use coded language. Schick & St. Denis (2005) note Sleeter's (1993) findings, that:

> White teachers in her study explain racial inequality in a similarly raceless fashion -- by not acknowledging their students of colour or not questioning their own racial privilege. They accomplish the disappearance of race either by denying outright that race matters or by using code words and phrases, like 'immigrant' or 'inner city,' when referring to students of colour. (p. 305)

Regarding code words that white people use, Leonardo (2009) says, "Whites know how to talk about race without actually having to mention the word, opting instead for terms such as 'ethnicity,' 'nationality,' 'background'" (p. 113). These code words align with the ways in which white people avoid direct racial language when expressing their views (Bonilla-Silva, 2002).

White nursing faculty who attended optional antiracism education sessions and then volunteered to participate in a research focus group have already demonstrated a certain level of interest in and commitment to antiracism. Therefore, if these participants, who have demonstrated some engagement and commitment, tend to avoid referring directly to race in this context, then how much more widespread is the avoidance of acknowledging and discussing race

across nursing faculty more broadly? Inability to use racial terms highlights a significant need for further antiracism learning and practice among nursing faculty. As Schick and St. Denis (2005) write, “without acknowledging racism and race privilege in curricular practices, the effects of colonization continue” (p. 296). Nursing programs have a long way to go in developing antiracist competence among nursing faculty (Bell, 2020).

Difference without naming race

Although the nursing faculty avoided directly naming race, they did still speak about their (presumably BIPOC) nursing students. This was achieved by referring to identifiers of racial Otherness or difference with the unstated assumption that “different” means different from white. This way of discussing difference reproduces whiteness as the default or the norm. Here are some instances of markers of difference which carry racial implications which participants used instead of directly identifying race.

“Perhaps minority students, different cultures, you know, international, you know, whatever combination.”

“They come from out of the country, they come- and I do realize that they are coming from different cultures.”

“I don’t know where they’re all from… Different cultures, a lot of immigrant students, a lot of different- so it’s really hard to know, um, this- um- I don’t know where.”

What is achieved through these ways of marking racial difference according to where students are from? Focusing on the difference of where students are from rather than students’ racial identity seems to function to enable maintaining the practice of not naming race. Constructing the student Other’s difference as about culture, immigrant status, or country of origin, avoids naming the white Canadian norm against which this difference is marked. Schick

and St. Denis (2005) explain:

> In the prairie context in which our work is set, having white skin privilege has generally meant that one does not have to think about one's own racial identity: race and culture are things other people have as departures from the norm. One privilege of whiteness -- to pass invisibly for the norm -- depends on marginalized identities against which the norm can be compared. A dominant group is positioned to define itself as a blank, unmarked space vs. a marked outside 'other'. The unmarked norm is the space of privilege, an identification that gets to define standards according to itself. (p. 299)

Schick and St. Denis are scholars of education, yet their analysis of whiteness and difference is applicable to nursing. Coleman (2020) points out that:

> Although nursing recognizes some of the inequities faced by people of color, it largely treats cultures of color as 'other' or 'interesting curiosities,' rather than acknowledging the prevalent dynamic of white privilege as a driving force for these inequities in health outcomes. (p. 643)

The Othering which the discourses achieved during the focus group subtly constructs whiteness as normative by assuming that "white people are people, and the members of other racial groups are people to the extent they resemble white people" (Morris, 2016, p. 952). Morris goes on to explain that "all other racial categories are contrasted with whiteness as deviations from the norm. As a result, whiteness sits at the center of racial categorization" (Morris, 2016, p. 952). Throughout the focus group session, the geographic Othering employed also served to produce difference in contrast to the unstated norm of being "from here" -- an idea connected to assumptions of nursing students being white, and that Canada is a white country.

Racial Others as hypersensitive

At some points in the focus group, participants subtly produced racially Othered students in ways that could be understood as deficit discourses, as demonstrated in this example:

> I've found there are many students from different cultures that they- they're- I've learned, cuz I always think, well like you shouldn't be intimidated of me. I'm not like, not really strict and I'm not that mean, I'm not mean (face grimacing). Like, you know, like they should feel comfortable.

Using the phrasing "they shouldn't be intimidated" projects any intimated feeling experienced by the white faculty onto the students and lays the onus of not being intimidated onto (presumably BIPOC) students. It blames them for discomfort they might experience which delegitimizes such discomfort and therefore constructs BIPOC students as hypersensitive and as less capable. This construction infers student hypersensitivity as deficiency as though these students are manufacturing false sources of discomfort. The statement positions the speaker as not implicated in student discomfort, enabling the dismissal of BIPOC student concerns as hypersensitive reactions to assumptions that nursing education and those who provide it are innocent, blameless, and neutral.

Thompson (2003) discusses a relevant instance of white parents of students at an American school being outraged at the thought of BIPOC parents gathering separately from the white parents to have a safer space for discussion. The white parents expressed resentment at the thought of BIPOC parents not feeling safe discussing their concerns in the presence of white parents. Similar to these white parents, the white faculty member who stated that her students should feel comfortable around her takes a scenario that could be unsafe for BIPOC -- a scenario where BIPOC could experience racism enacted by white people -- and asserts that BIPOC *should*

feel comfortable around her. Such an assertion shows white ignorance, which Leonardo (2009) asserts must be problematized "to increase knowledge about their full participation in race relations" (p. 107). While this participant's words serve to produce her BIPOC students as deficient in comfort, they simultaneously produce her as "not mean," as trustworthy, and as innocent.

Another example of a participant constructing BIPOC students as hypersensitive is: "I've had students uh, write reflections or appeals or anything like that and they've thrown out the word racism and I've had discussions with students about it." What does this statement do in saying the students have *thrown out* the word racism? This phrasing has the effect of making the students' allegations of racism less serious, or worthy of being dismissed. This phrasing could be accurate if BIPOC students were *throwing out* the word racism to gauge white faculty reactions -- to assess if their concerns would be seen as genuine, which could tell students if bringing forward a more formal complaint would be worthwhile. Or perhaps in these instances BIPOC students were attempting to start a process of redress but their concerns were seen as them *throwing out* the word.

The BIPOC students who disclosed incidents of racist harm they experienced were labelled with the aggressive language of "throwing," as though to reverse the roles of victim and offender, which has been established as a common move by perpetrators of wrongdoing (Freyd, 1997). The phrase "thrown out the word racism" may function similar to the language of "playing the race card" which McCreary (2011) found to serve as a route by which teachers dismissed accusations of racism against students. "Through this construction, teachers conveyed the racial problem as originating in the propensity of marginalized people to wrongly portray themselves as victims of prejudice" (McCreary, 2011, p. 22). Although the participant's

language perhaps sounds more casual than the language McCreary analysed, it functions to similarly soften, undermine, or delegitimize student concerns.

How Indigenous people are produced

According to Schick and St. Denis (2005):

> On the Canadian prairies… the largest population produced as 'Other' are First Nations people. In this Canadian prairie context Aboriginal peoples form the greatest critical mass to challenge normative practices of a dominant white culture. The 'other' is typically understood to be Aboriginal peoples, even though other visible minority groups also make the area their home." (p. 297)

Indeed, participants used the word *Indigenous* 22 times during the focus group, referring to Indigenous people far more than any other racial category, including white. Perhaps of note, despite the racial context in which the focus group participants are situated as nursing faculty and their frequent mention of Indigenous people, Indigenous nurses/faculty/students were not mentioned during the focus group. Indigenization and the inclusion of Indigenous course content in nursing education were constructed as important. One participant mentioned "cuts to some Indigenous programs" within nursing education as seeming like "such a step backwards." A participant mentioned that there is a push for Indigenous course content, "and Indigenous is important but there's so many other factors to antiracism." She went on to critique the inclusion of Indigenous content just for the sake of checking a box. Although the participant did not name this limited inclusion as tokenism, perhaps that is her concern. Fridkin, Browne, and Dion Stout (2019) frame tokenistic Indigenous inclusion as paradoxical because while it is problematic if the inclusion stops at tokenism, tokenism can be an important step toward improvement and deeper inclusion of Indigenous people. In their framework, recognition and representation of Indigenous

peoples is central, with layers of more meaningful involvement rippling out from the center outward, toward equity and decolonization.

This same participant who mentioned Indigenous inclusion as important later expanded: "I understand the Indigenous issue's [sic] important but I just think that uh, it just needs to, it's so much broader than that and um incorporating other aspects like gender diversity, and um, I'm blanking what else, but like other culture, like immigrant, refugee, like all different things, not just targeting Indigenous cuz that seems like the big one and it's important but everything's important." While it had previously seemed that the participant was concerned about tokenistic inclusion of Indigenous course content, this statement seems to frame inclusion of Indigenous content as one of many important topics, listed in a way which seems to pit the topics against each other as separate and competing for attention. The framing of Indigenous content as "issues" functions as a discourse of Indigenous deficit. After all, why is the inclusion of Indigenous content framed as Indigenous "issues"? What issues arise in including Indigenous content? Putting the words "Indigenous" and "issues" beside each other is a move to innocence, ascribing blame to Indigenous people for having issues (which may otherwise be called racialized health outcomes), rather than recognizing colonial occupation and policy as the guilty source of the "issues." In this way, focusing on "Indigenous issues" seeks the avoidance of critical accountability consistent with previously discussed moves to innocence.

The ambivalence of this participant's statements may serve a purpose of trying not to appear racist by establishing that Indigenous content is important while going on to compartmentalize Indigenous content as one among many separate issues which are also important. This rhetorical move can be compared to findings of "I'm not racist, but" from Bonilla-Silva's (2002) article in which he explains that directly racist views are not allowed by

society, therefore whites have developed concealed ways of expressing them. Stating that including “Indigenous issues” is important can be read as a defense against the rest of the statement, which goes on to imply that perhaps in relation to all the other “issues” out there, we have been focusing too much on Indigenous ones. Such sentiments seem to echo the white settler resentment that Schick (2014) found in response to inclusion of treaty education in Saskatchewan; resistance that Schick attributes to both being produced by and simultaneously producing white supremacy.

Another participant mentioned uncertainty about “when it comes to Indigenization and like is it First Nation, is it Indigenous people, like I don’t even know, and depending on who you talk to you might get a different answer so for all those things, so I am trying my best to use appropriate, current terminology and those sorts of things.” The assertion that of “trying my best” seems to serve in constructing innocence and earnest perseverance despite the impossible circumstances of never being sure of what words to use. Rather than understanding Indigenous people as vast and varied and as not necessarily agreeing to fit their identities neatly into one overarching term, the statement seems to seek a single correct word to describe an amalgam of many peoples. The statement can be understood as a move to innocence in which Indigenous people are again the problem or the source of this linguistic confusion, letting colonial domination through language and policy off the hook. Nursing faculty with similar concerns could learn much from reading Moreton-Robinson’s (2015) work arguing for a shift from focusing on cultural difference to focusing on cultural densities which are complex beyond the knowledge that has been produced about Indigenous peoples.

The ways in which participants constructed Indigeneity during the focus group relates to Harding’s (2018) assertion that “The power of decision-makers who are predominantly White,

and have been socialized to not talk about race or colonial realities, makes one wonder how Indigenous-specific racism can ever truly be addressed" (p. 5). In order for white nursing faculty to work toward developing an antiracist practice which addresses Indigenous-specific racism, we must learn more complex understandings of Indigenous people (and Black people and People of Colour), and we must learn to talk about racial and colonial realities, without regarding that learning as an imposition.

3. How White Nursing Faculty Make Sense of Antiracist Education

Having discussed how white nursing faculty construct themselves and racial Others, this third category of findings identifies how nursing faculty responded to and made sense of the antiracist education session during the focus group. Instances of incoherence will be discussed, followed by responses of discomfort. Indications of the level of commitment nursing faculty expressed toward antiracism and finally the construction of antiracism as a topic or a list of Dos and Don'ts are considered.

Incoherence

In his analysis of data obtained through interviews with Americans, Bonilla-Silva (2002) provides several examples of incoherence among white interviewees when discussing potentially anxiety-raising topics. Bonilla-Silva (2002) says:

> Rhetorical incoherence (e.g., grammatical mistakes, lengthy pauses, repetition, etc.) is part of all natural speech. Nevertheless, the degree of incoherence increases noticeably when people discuss sensitive subjects. And because the new racial climate in America forbids the open expression of racially-based feelings, views, and positions, when whites discuss issues that make them feel uncomfortable, they become almost incomprehensible. (p. 58-59)

Here is an example of how this phenomenon of incoherence presented itself through one participant's answer:

> I actually didn't think of that first off either, [addresses another participant], but definitely that was an awkward - cuz that - I was definitely, when I was, I was like, what do I put? And I think I - mine was kind of vague, cuz I think I just, I didn't put any, I just said, like access to nutrition because that's some- and I didn't wanna stick a, I don't know, a, well I don't even wanna use the word race anymore, but I didn't want to stick that with a comment, right?

Bonilla-Silva (2002) explains that such incoherence results when white people talk "about race in a world that insists race does not matter" (p. 62). This example serves as an indication of discomfort, anxiety or uncertainty arising from discussing sensitive subjects during the focus group, and highlights the need for more practice to gain competence at racial literacy. Rogers and Mosley (2008) describe the building of racial literacy as involving:

> a set of tools (psychological, conceptual, discursive, material) that allow individuals (both people of color and White folks) to describe, interpret, explain and act on the constellation of practices (e.g. historical, economic, psychological, interactional) that comprise racism and anti-racism. (p. 110)

Their "findings suggest that becoming racially literate is an interactive process that includes both support and challenge" (Rogers & Mosley, 2008, p. 125). To gain racial literacy, nursing faculty need to create opportunities to intentionally build racial literacy among faculty and then within classrooms.

Discomfort

Participants discussed their feelings of discomfort in response to the antiracism education

session frequently throughout the focus group, starting in response to the first focus group question which asked about discomfort they felt during the education. As Janet Smylie said at the *Urban Indigenous Forum: Addressing systemic racism in health care webinar* (2020), cultural safety training that makes settlers feel good after is probably not effective. Discomfort is a necessary and important element during antiracism education (Ohito, 2016). A significant aspect of the white nursing faculty participants' discomfort connected to their fear; fear of offending, fear of appearing racist, fear of being embarrassed, and fear of saying "the wrong thing" all presented themselves as concerns which depend on an underlying fear of being subject to moral judgement. Such a focus redirects attention away from the problem of racially inequitable outcomes, and centres white comfort as the concern.

One participant identified: "that fear of saying the wrong thing… Due to the facilitation it made it easier but I still found- I was still worried, um, that I might say something harmful, and also nobody wants to be embarrassed about what they say either." This statement named fear of causing actual harm, where *the wrong thing* is harmful words. This was a significant instance in the focus group where a participant actually acknowledged the possibility that their own words could cause racist harm. Alongside the fear of harming is a fear of being embarrassed, where *the wrong thing* is a faux pas, or perhaps saying something that is on the Don't Say list (see below).

Another instance of discomfort as the fear of offending is apparent in this participant's statement:

> You guys made us feel really comfortable with that, [researcher]. But um, I still didn't want to offend anyone within my group because I know for example, the group I was in, I think I might've been- and maybe you guys set it up that way too, but I might've been one of the only people, one or two people with a white background or white.

In this statement, the fear of offending "anyone" happens despite and in contrast to the comfort that this participant notes. The "anyone" mentioned here implies the BIPOC members of the group, but consistent with the tendencies noted in a previous section, the statement does not explicitly identify this. The statement functions to construct *offending* BIPOC as the primary mistake to fear committing as a white person in this group context. Let us consider the construction of *offending*. For white people, maybe the worst outcome that we are likely to experience in antiracism work is feeling offended, and so perhaps we imagine this would also be the worst experience for BIPOC. When racial oppression is framed as committing an *offense* it can obscure the power behind the offending words, the power to produce harm, the power to repeat and legitimize harmful discourses which impact the actual lives and wellbeing of BIPOC. In discussing the meaning and connotation of the word *offend*, Australian scholar Sorial (2017) notes the ambiguity in the legal language -- that to *offend* does not necessarily mean to harm. Part of the reason for ambiguity in the language is that *harm* may be defined in different ways. Although offensive statements could cause harm, Sorial (2017) says: "I may feel offended or insulted by disparaging comments about a meal I went to some effort to make, or I might take offence at judgmental comments about my parenting. But I am not harmed by any of these statements" (p. 176). The statement uses the ambiguous language of offense rather than using language which acknowledges the racist harm that white people may cause "unwittingly" (Scammell & Olumide, 2011). Centering the focus on offending rather than focusing on racist harm leaves some room for white people to evade responsibility for our words.

A different aspect of discomfort mentioned during the focus group related to a participant's perceptions of dynamics in the group, in which comfort over discomfort was selected: "I didn't feel comfortable challenging them on [actions which had happened prior to the

workshop] at all, whatsoever, and it was hard for me to give them advice, so I just kind of stayed silent." In this statement, the options presented are challenging, advising, or remaining silent. It is quite interesting that the statement does not express that uncertainty about what to say, which may have unravelled a construction as a white Knower. Instead, the discomfort named is that of speaking up, which was avoided by staying silent. Silence was the comfortable option but perhaps in this situation silence was what Lentin (2018) would recognize as the participant claiming the "not racist" option -- different from the antiracist option. When white people invoke the claim of "not racism," we enact not merely denial but active racist violence (Lentin, 2018). Similarly, in this situation the statement recognizes "challenging them" as an action which might have been taken if discomfort had not prevented it. Where "challenging them" might represent an antiracist option, and condoning their problematic actions might represent a racist option, staying silent on the matter seems to align with the violence of "not racism" since it maintains the status quo by failing to challenge it. Claims of "not racism" aim to protect the claimant's acceptability, and this instance of silence was chosen for similar effects.

This final example of discomfort occurred when participants were discussing the possibility of practicing facilitating antiracism conversations during future education sessions. One participant was willing to entertain the idea "as long as it's safe. Cuz I'm getting to the point where I just don't want to say anything." Here comfort is framed as safety. Indeed, she continued: "But I still want to feel comfortable." Harding (2018) says, "In my own experience, this notion of the need for safety and comfort in learning environments has stunted critical analysis discussions and inhibited the advancement and understanding of critical inter-racial realities" (p. 19). When white participants are unwilling to experience discomfort in antiracist learning, our critical understanding will be inhibited.

One participant recognized when reflecting on her biggest learning in the workshop:

> Whenever I felt discomfort, pretty much every time I think, I don't know, I can't say that for sure I guess, but um, I did feel motivated. Um, I did feel motivated to change um, to learn more, um, so. I mean I guess that's one of the goals is to make people feel uncomfortable, right? Um, but I must say that that worked for me, for the most part, yeah.

Although there is a recognition of the necessity of feeling uncomfortable (Ohito, 2016) throughout this learning, one's whiteness as a factor necessitating discomfort is not acknowledged. Recognizing one's dominant position and complicity in a system which privileges white people while oppressing all non-white people is necessarily uncomfortable. Ohito's (2016) framing of discomfort as a means of puncturing white supremacy in education is a possible mechanism to understand how discomfort is useful and necessary, expected in anti-racist education.

Commitment

Throughout the focus group session, participants expressed several sentiments indicating their level of commitment to continuing to learn and practice antiracism. One participant asked, "how do I protect my students in the classroom… if I do bring these things up?" The hesitancy in the wording "if I do" seems to imply that acknowledging the harm enacted upon Indigenous people is optional in nursing curriculum, or that one may simply choose not to.

One participant listed the reasons why she did not complete the pre-workshop readings package:

> I was really super busy with my- all my workload, and um, and I actually kind of temporarily forgot about it so I was so glad when I could make the time but I didn't have time for the pre stuff... I'll have to go back to it.

Engaging with anti-racist education requires prioritizing commitments, including leaving time for reviewing and reading assigned materials.

When discussing next steps in their antiracism journeys, a participant said: "Yeah, I don't wanna s- commit to having to run things or I don't wanna join a group, I'm afraid to join a group and then have like, more work on my plate. I can't handle that." While knowing one's limits and setting boundaries may help avoid the burnout that is especially common in social justice work (Chen & Gorski, 2015), this sentiment constructs antiracism engagement as something one might only be willing to engage in if it will not add work to one's "plate." To construct antiracism work as optional is a privilege only white people are afforded while at the same time BIPOC are being epistemically exploited into educating white oppressors about racism (Berenstain, 2016).

About what support they would like, the participants discussed an email they could receive and asked about making it "Fun? Like with a beautiful picture, like make it enjoyable… just make us a flippity every two months and we'll be happy." This statement prioritizes white comfort in antiracist learning, understanding antiracism education as a happy object, or an object that could point white subjects toward happiness (Ahmed, 2010). The requirement of making antiracism palatable, fun, happy, or beautiful for white people as though it is an experience to consume demonstrates white centering. To consider the oppression which antiracism education uncovers while at the same time trying to imagine such content as producing happiness seems wildly incongruent. Why should the happiness of white people be prioritized, or even considered in antiracism education? Such a conception as communicated in the statement above indicates a level of commitment of only being willing to engage with antiracism learning as long it does not cause discomfort. "Antiracism cannot proceed when the demand to remain comfortable is a prerequisite for engagement" (V. St. Denis, personal communications, February 17, 2021). The

data above was phrased as a request, demonstrating the underlying assumption that the organizers of the antiracist workshop would be maintaining the learning for the workshop participants on an ongoing basis. It does not seem that this speaker sees herself as responsible for or committed to continuing the ongoing learning and investment necessary (Thompson, 2008) for white people to practice antiracism, especially not if the process will feel unhappy.

As a list

White nursing faculty constructed antiracism education in a particular way. At times, they made antiracism education out to be a list of *Do*s and *Don't*s. For example, a participant said: "You shouldn't use yellow emojis" and went on to explain, "I always thought I was using those as like, being like, neutral, right?" but that was where the explanation ended. This statement functions to produce antiracism as a series of rules, of *Do*s and *Don't*s. While yellow emojis may be problematic in how they produce whiteness (or at least lighter skin) as neutral or default, providing such a rule without critical analysis about what exactly is problematic about using yellow emojis likens antiracism to a list to memorize rather than a pedagogy or lens or approach to live by. Of course it is important to be critical of our assumptions; this individual's efforts to learn are apparent. Indeed, using yellow skin tones as a default might contribute to harmful discourses which ought to be questions. However, constructing antiracism as a list of rules misses the deeper criticality which is needed to practice antiracism.

Continuing the discussion about emojis, a participant asked: "but, like how does a person keep up with all these things?" To focus on *keeping up* continues to frame antiracism as not only a list, but an unending list that one is expected to know. Rather than consider the possibility of learning the broader patterns of oppression and developing a race analysis, the focus is on being told specific actions to do or to avoid, and worries about performing accordingly.

Another participant wondered if using white emojis would also offend some people. “I’m just so overwhelmed with trying not to offend people.” Rather than questioning the racial power dynamics that could be at play when considering emoji use, such as the centering of whiteness and whiteness as neutral/default (Morris, 2016), this statement focuses on what might *offend* someone. The statement does not identify which people to avoid offending, and this act of colour blindness functions to obscure the ways in which BIPOC and white people would be impacted differently by this action. The impacts are further obscured by the wording. While BIPOC could be offended by which emoji gets used, they also experience actual harm from the centering of whiteness and the production of whiteness as neutral on an ongoing basis. Meanwhile, white people could potentially feel offended about emoji use, but since our racialization is a source of privilege, feeling offended about racial matters is not a source of actual harm for us.

Similar to the discussion about emojis, a participant stated the following about antiracism conversations: “As you learn more you’re like, well I can’t say that and I can’t say that, and I was like, can I say this? I don’t know.” Here again, antiracism is framed as a list of things one is not permitted to say. Framing antiracism as such a list or as a topic might preclude understanding it as a lens or a pedagogy upon which to base one’s practice. Further evidence of understanding antiracism as a topic is demonstrated in these next examples.

A participant explained how she sees herself using what she learned in the workshop: “I think I see it being something I’ll bring in, like more specifically in my post-conferences and stuff in uh, for clinicals, something I’ll bring as a discussion topic moreso.” For antiracism to be produced as a discrete topic to discuss with students perhaps once or twice is quite a limited construction.

“Time wise it’s a big thing for me, okay now I gotta move on to teach asthma so um, you

know." The "you know" seems to imply constraints such as limited time. This statement conveys uncertainty about fitting antiracism into the teaching because of competing topics. Rather than seeing asthma as an opportunity to provide an antiracism lens, such as questioning why on-reserve asthma diagnosis is low (Crighton, 2010), the statement demonstrates a characterization of antiracism as a discrete topic to teach and then move on and perhaps stop considering. In anticipating how to bring antiracism into teaching, one participant directly said that "There is a lot of competing demands." Instead of conceiving of antiracism as merely content to deliver, we must come to understand it as a frame through which to deliver nursing education. Sensoy and DiAngelo (2017) use the analogy of socialization into one's culture as a pair of glasses which is shaped by society on macro (the lenses) and micro (the frame) levels. If we regard the ways in which white people perform our whiteness as a result of our socialization, we can then work to identify and challenge the whiteness in these lenses, and to actively reconstruct our frames to build antiracism into our whole perspective on and approach to teaching.

What is the significance of nursing faculty understanding antiracism as a discrete topic or a list? Antiracism education may be understood as a transgression of the status quo, and McLean (2016) says, "Teaching to transgress is a process that requires teachers and students to resist the desire to have definitive answers (hooks, 1994)" (p. 16). Perhaps understanding antiracism as a list or a topic holds appeal because of the certainty these constructions bring. The certainty of having definitive answers may not accompany antiracism work. Indeed, uncertainty may be a more useful goal to aim for in our teaching; in his anti-oppressive work, Kumashiro suggests preparing teachers "to be a lot less certain about what and how they are teaching, and to view this uncertainty as a useful element of teaching and learning" (p. 113). Instead of certainty, nursing faculty must aim to develop criticality, as the next section will explore.

4. What are the next steps for white faculty to move toward active AR practice

In exploring the next steps for white faculty to move toward antiracism, this fourth and final category of findings looks at instances in which participants point to where their growth is needed. First, the necessity of developing antiracist criticality is explored. Next, quotes where participants identified their own needs for support are considered. Then an example of the humility that white people need for antiracism work is discussed.

Developing criticality

The most important next step for nursing faculty wanting to practice antiracism may be developing the criticality that is necessary in antiracist, anti-oppressive education. Of the four approaches in Kumashiro's (2000) anti-oppressive education framework, the approach that the nursing faculty require the most growth in may be "Education that is Critical of Privileging and Othering" (p. 35). Within this approach, Kumashiro (2000) argues that learners must:

> Examine not only how some groups and identities are Othered, that is, marginalized, denigrated, violated in society, but also how some groups are favored, normalized, privileged, as well as how this dual process is legitimized and maintained by social structures and competing ideologies. (p. 35-36)

The criticality Kumashiro discusses in this framework is the most apparent need in analysing the discourse of the focus group session. How nursing faculty constructed themselves and Others during the session points to some important next steps needed in the participants' learning. Although the small amount of data gathered in this session is a very limited set and does not claim to represent nursing faculty more generally, the identified patterns of self- and Other-construction are consistent with discursive repertoires present in antiracist literature (Bonilla-Silva, 2002; McCreary, 2011; Thompson, 2003; Schick, 2000). The use of discourses of

innocence and superiority are consistent with national narratives, and "resisting discomfiting national narratives as a way of regaining white space is not a simple act done by uninformed people" (Schick, 2014, p. 100). Much work is needed for nursing faculty to learn and practice the antiracist work of identifying and disrupting these harmful constructions.

It would be useful for white nursing faculty learning antiracism and developing criticality to conceive of power as Foucault (1980) described it; power circulates in a net-like formation and we ourselves are undergoing and exercising this power (p. 98). Developing our capacity to analyse power fits as a component in Kumashiro's criticality approach since learners must be critical of privilege and oppression. One example of a participant's statement that is missing an analysis of power or a criticality of privilege and oppression is:

> I'm trying to keep the playing field even for everybody at- because yeah, you start to feel like it's looking bad… I find it very tricky to- you know, to be, um, to make sure that you're always being fair. And then now I find that I've almost gone the other way and I'm overcompensating the oth- like, um, the minority students, I find I'm- give them more- more opportunities, like give them the benefit of the doubt more because I don't want to be seen that way. But, so- and I know that's not right either. Because I should hold everybody to the same expectations, but I don't know how to balance it.

She is concerned about the optics of providing advantages to students who experience oppression. In whose eyes is she concerned about "looking bad"? Presumably not the BIPOC students. Her statements show that her perspective prioritizes equal or same treatment rather than equitable treatment. While equitable treatment of students opens the possibility of acknowledging or addressing power imbalances caused by oppression, equal treatment implies uniformity and gives the false expectation that all white students are capable. Stating that she

gives her minority (presumably BIPOC) students opportunities or the benefit of the doubt could hint that she has some intuitive understanding that these students face the barriers of oppression -- that the power of white supremacy is continuously working against them. In absence of a critical anti-oppressive lens which could frame these opportunities as working toward equity for students who experience oppression, the concern in the statement is the perception of fairness, a means by which the concerns of white students may be centered. If one cannot "see" race or is unwilling to name race as an influencing factor in one's students' lives, the prioritization of fairness may default to meaning fairness in the eyes of her majority/dominant (white) students and peers. White students cannot be the judges of what is fair as their possessive investment in whiteness (Lipsitz, 1995) obscures their objectivity. Schick (2014), for example, notes resentful discourses in which white Canadian university students frame themselves as disadvantaged and attribute success of Indigenous students to a "lowered standard or, once again, 'taking advantage' of the system" (p. 96-97). Harding (2018) discusses the need for criticality here: "Even with racial difference being discounted as not scientific or valid, these inequality measures continue to be organized, differences understood, and realities segregated to a significant degree by race" (p. 22). Since health outcomes are worse for racially oppressed groups, nursing faculty must develop a critical antiracist lens to see the significance and implications of the social construction of race and work to address racial inequities in our classrooms. For white faculty to build our antiracist practices, we will need to better understand the difference between teaching with an *equality* approach and an *equity* approach. We will need to gain a deeper understanding of the historical and present day operations of colonialism and its impacts, of privilege and oppression, and of power. We will need to strengthen our ability to identify how our whiteness operates to position us as superior and dominant so that we can work to unlearn these ways of

being and dismantle the very construct of white supremacy.

Asking for help

At several points during the focus group, participants identified the areas where they need help on their antiracism journey. When discussing the research question which asked participants to identify the next steps in their antiracism journeys, one participant said: "So that was one of the questions I had in [the research question], just exploring some things like that, so that my classroom and even my clinical groupings could feel safe for s- for all students, but, I don't know." This statement captures uncertainty about how to safely apply antiracist learning in the classroom context, and this uncertainty is justified. While Harding (2018) points out how the need for safety and comfort in the classroom may stunt critical analysis, she also cites Sue (2015) noting "that there can be 'disastrous consequences (anger, hostility, silence, complaints, misunderstandings, blockages in the learning process etc.)' (p. x) when discussions about race are not handled well by teachers and trainers" (p. 19). Indeed, the statement highlights the need for further training and practice building competence at facilitating antiracist discussions in the classroom setting.

In responses to the fourth research question which asks what support they need for their next steps in antiracism work, a participant said: "I'd love to have somebody to come into my classroom with me and co-facilitate a discussion so that I could get better at facilitating… if somebody could come back with me that [sic] was really experienced and knowledgeable then help me facilitate the classroom discussion, then I think I would get more comfortable and get better at it I guess." While Bell (2020) notes that "there is literature documenting the ineffectiveness of white nursing faculty in talking about, teaching, or challenging racism in their classrooms and their confessions that they avoid this responsibility to avoid feeling

uncomfortable" (p. 8), the participants in this focus group seem to have some understanding that uncomfortable and challenging conversations are necessary in antiracism work. A more specific assessment of the support one participant seeks in facilitating involves challenging conversations: "[her students] brought in comments about racism and whatnot, and then um, but then the conversation goes dead. Because there's that silence and that's where I'm not effective in challenging further I guess." This statement recognizes that antiracist teaching and conversations can be difficult and require competence. Developing this competence is necessary for nursing faculty to deliver antiracism content in our classes and our programs more broadly. In antiracism literature in teacher education, silence has been noted as a means by which white students resist learning information that challenges their worldview (Lewis Grant et al., 2018), and as a weapon used to withdraw from meaningful conversation about race (Dunne et al., 2018; Evans-Winters & Hoff, 2011). Thus, antiracism training for nursing faculty must equip them to respond to such student silences.

Since the participants have received only a small amount of antiracism training in their work as nursing faculty (only one third of an introduction at the point in time of this focus group), they may not have a solid enough foundation in the theory to confidently identify the common patterns of resistance, dominance, and oppression which arise during challenging antiracist learning. Although conversations in which we challenge people are uncomfortable and difficult, the participants seem to recognize their necessity: "You don't want to make someone feel bad. So how do you challenge without making them feel bad? So that's again a skill I guess I would like to develop." Another participant described having a challenging conversation with a colleague who had sent her an outdated video to include as Indigenous content: "yeah, then there's always like second guessing. I don't know if I know enough to say that this shouldn't be

in my course. I don't know, I just get so confused." Perhaps with more training, learning, and unlearning, the participants could strengthen their skills and increase their capacity to overcome the fear of taking a stand against racism. Bell's (2020) recent article about white dominance and antiracism in nursing education provides this insight:

> The application of the critical anti-racist, anti-discriminatory, post-colonial and intersectional perspectives that have been theorized or contextualized by nurse scholars for the nursing profession (see Blanchet Garneau et al., 2018; Van Herk et al., 2011; McGibbon & Etowa, 2009; McGibbon et al., 2014; Walter, 2017) relies on the abilities and literacy of nurse educators. Where critical perspectives are present in curriculum and in assigned course readings, the depth to which students understand and take them up in practice will certainly correlate to some degree with the extent of familiarity and comfort their nurse educator has with the material. While the few studies on nurse educators reviewed in this paper cannot represent all educators, they do provide evidence that some nurse educators are not prepared to adequately deliver this content, nor embody its precepts. (p. 9)

Therefore white nursing faculty need further training and ongoing support to improve racial literacy and antiracist competence. Our antiracist practices and competence must be developed to a point where nursing faculty include antiracism in our pedagogy, where it influences all of our teaching, not just when we teach about culture.

Humility

To develop the antiracist practice and pedagogy which is necessary for providing culturally safe care, white nursing faculty must forego the privileges of constructing a neutral, innocent, exceptional self-identity, and work to expand our viewpoints. According to Sleeter

(2005):

> White people are aware of the efforts they and their families and friends have made to better themselves, and they are aware of the problems they encounter in everyday life. It is in their interest to assume that the problems they face are not unique and that the efforts all people make pay off according to the same rules… Spending most of their time with other white people, whites do not see much of the realities of the lives of people of color nor encounter their viewpoints in any depth. Nor do they really want to, since those viewpoints would challenge practices and beliefs that benefit white people. (p. 253)

In working to develop antiracism among nursing faculty, the task ahead is vast. In light of the magnitude of the work ahead, perhaps the most hopeful and motivating quote from the focus group was when a participant was talking about the progress she has made in her teaching "And I feel like I still have a long way to go." This example of humble self awareness is what we white nursing faculty will each need as we build our antiracism practice which will assist us in striving for cultural safety within our practice. As Harding (2018) says, "Changing any socialized thought process is not easy and requires a unique pedagogy because of this aversion of Settlers looking at ourselves" (p. 14).

Chapter 5: Implications

If building antiracist education and practice in nursing is necessary for providing culturally safe care, then where do we go from here? What course of action do these findings and the literature point toward? Coleman (2020) offers these recommendations for nursing programs to address racialized health inequities: adopt an explicitly antiracist approach, include everyone, institute a power and privilege course for all incoming students, implement intersectionality as a core competency, foster community-academic partnership, utilize transdisciplinary resources. To this list, I would add that nursing programs must deepen our understanding of cultural safety to include antiracism. We must work to embed a requirement of developing antiracist skills in our understanding of how cultural safety is to be practiced since antiracist skills are necessary if white nurses and white faculty are to practice cultural safety. To prepare for taking up Coleman's recommendations which are at the program level, this section will consider next steps at the nursing faculty level. Bell's (2020) recent article reviewing white dominance in nursing highlights that "developing an anti-racist identity... relies fundamentally on a commitment to humility, vulnerability and relentless reflexivity" (p. 8). This section frames some next steps for nursing faculty to build an antiracism practice according to these three fundamental commitments that individual faculty need as a foundation from which to push for program level change.

Relentless Reflexivity (& Criticality)

In this section, the deepening of criticality and of reflexive practice are understood to feed each other. One needs critical tools to grow a reflective practice, and developing criticality must require reflection. "Despite good intentions and a growing body of critical nursing literature that demonstrates racial literacy and responsible reflexivity, it seems we, as a group of mostly

white educators and scholars, are still missing the mark" (Bell, 2020, p. 7). How then must we white nursing faculty work on developing our capacity for reflexivity and critical thinking? After all, nursing students' understanding and uptake of critical perspectives will correlate to how familiar and comfortable their educators are with such content (Bell, 2020).

Scheurich and Young (2002) say that

> Faculty must develop a more sophisticated understanding of racism that moves well beyond the individual level and be able to apply that understanding to their own personal and professional practice. Then White faculty must begin to put these understandings and their opposition to racism to work--to do antiracist work, that is, efforts that work in opposition to racism (p. 235).

Their call for both a more sophisticated and a more personal understanding of racism aligns with a push for the complexity which comes with criticality. The ongoing action they call for in their urge to do antiracist work may flow from white nursing faculty's personal reflection.

For nursing faculty to develop critical and reflective antiracist skills, we must be equipped through professional development with tools to analyse power, privilege, and oppression, and we must also learn language needed for this work. Faculty must learn how race is socially constructed rather than understanding it as a biological or genetic truth (Duster, 2015). We must understand that racism is more than just intentional, interpersonal actions by learning its systemic nature and historical and ongoing role in the founding of Canada and the Canadian healthcare system (Thobani, 2007). We need to learn the patterns of how whiteness works (such as through liberal racism as demonstrated by McCreary, 2011) to construct identities, how resistance to antiracism manifests, and how to identify the patterns of oppression and domination as they show up in our work and in ourselves. We need to learn to identify what our language as

white nursing faculty *does* to contribute to racist harm rather than excuse ourselves by returning the focus to our intent.

Bell (2020) found that "a particular focus on studies of nurse educators demonstrates a stark need for personal and professional development towards effectively delivering anti-racist pedagogy and a deconstruction of white normativity and dominance amongst white faculty" (p. 1). In addition to the above listed professional development, nursing faculty must work to apply the learning personally through reflection and personal antiracist action. "The development of anti-racism in white nurse educators specifically needs to be directed as much, if not more, to our internalized white supremacist ideology and persistent racial privilege as it is to the development of pedagogical skills" (Bell, 2020, p. 9). Tools developed by BIPOC antiracist experts may be of particular interest in this reflection, such as Layla Saad's (2020) *Me and White Supremacy Workbook*, which provides readers with education and questions to journal about over 28 days reflecting on their own participation in many facets of white supremacy.

Vulnerability (& Discomfort)

As noted in the findings section, the criticality and reflexivity white nursing faculty must develop will necessitate some discomfort for us. Bell (2020) highlights that "white faculty in these studies illustrate a desire and willingness to maintain the status quo by admitting they do not take on anti-racist practice because they do not want to be uncomfortable" (p. 8). Antiracism work entails discomfort (Ward, 2018), as it must if it is to go beyond an intellectual level (Ohito, 2016). Rather than seeing this discomfort as an experience to be avoided, white nursing faculty can learn to welcome discomfort by recognizing its power to "puncture the dominance of White supremacy" (Ohito, 2016, p. 455). Ohito further discusses the vulnerability that welcoming this discomfort entails, particularly in the post-secondary education setting.

We need to be willing to engage vulnerably if we want to grow in our capacity for antiracism work. For white people, challenging our (perhaps traumatizing) socialization into whiteness is vulnerable work (Thandeka, 1999). Our willingness to be vulnerable must extend beyond vulnerability with other white people, or in an antiracism education context. We must also learn to be vulnerable in our everyday lives, when engaging with our BIPOC colleagues and students, to listen even when we fear what they might say and how we will feel. This vulnerability can help us work toward humility.

Humility

In their work teaching social justice education, DiAngelo and Sensoy (2014) cite lack of intellectual humility as one of the primary means of resistance to uptake of the material. White settlers are socialized into what Mackey (2016) terms *settler certainty*, and disrupting this certainty will require white settlers to learn and practice ontological uncertainty. The more comfortable white people are in the role of being the Knower, the more work we must put into learning the humility of ontological uncertainty.

An example of one practical action we can take to practice humility is to seek out and utilize the work of BIPOC scholars within and beyond nursing literature (Coleman, 2020). We must deliberately seek to raise up the scholarship of BIPOC rather than defaulting to relying upon white scholarship only. Another example of a practical application of humility is Coleman's (2020) recommendation that nursing faculty receive yearly antiracism training. To assume that one round of introductory antiracism content is enough does not demonstrate humility at the program level.

As we move forward in antiracism work one step at a time with our eyes fixed on the goal of eliminating racial disparities, may we white faculty embody the words of one participant during the focus group: “and I feel like I still have a long way to go.”

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Appendix A

UNIVERSITY OF SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB) 08/Aug/2020

Certificate of Approval

Application ID: 2028

Principal Investigator: Verna St. Denis Department: Department of Educational Foundations

Locations Where Research Activities are Conducted: All data will be collected electronically and over video conference., Canada

Student(s): Sharissa Hantke

Funder(s):

Sponsor: University of Saskatchewan

Title: Integrating Antiracist, Anti-oppressive Education in Nursing Curriculum

Approved On: 08/Aug/2020

Expiry Date: 08/Aug/2021

Approval Of: Behavioural Research Ethics Application

Recruitment emails

Focus Group Consent form

Online Survey Consent form

Mental Health Resources sheet

Pre and Post workshop Survey

Acknowledgment Of:

Review Type: Delegated Review

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board (Beh-REB) is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TPCS 2 2018). The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this project, and for ensuring that the authorized project is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month prior to the current expiry date each year the project remains open, and upon project completion. Please refer to the following website for further instructions: https://vpresearch.usask.ca/researchers/forms.php.

Digitally Approved by Stephanie Martin
Vice-Chair, Behavioural Research Ethics Board
University of Saskatchewan

Appendix B

UNIVERSITY OF SASKATCHEWAN

Focus Group Participant Consent Form

You are invited to participate in a research study entitled: Integrating Antiracist, Anti-oppressive Education in Nursing Curriculum

Researcher:
Sharissa Hantke, RN
Graduate Student
College of Education
sru582@mail.usask.ca

Project Supervisor:
Dr. Verna St. Denis
Faculty
College of Education
vls170@mail.usask.ca

Purpose and Objective of the Research:

Graduates of nursing programs urgently need skills to identify and respond to racism in their practice. Before antiracist and anti-oppressive education can be included in nursing curriculum, faculty must learn it. This research project will partner with a community organization (Saskatoon Anti-Racism Network) to deliver a pilot workshop on antiracism to the University of Saskatchewan College of Nursing faculty and staff. This research will explore which aspects of the workshop's content impacts participants and prepares them to integrate antiracist, anti-oppressive education into their work and teaching.

Procedures:

- The 3-6 participant focus group will meet through videoconferencing over the most recent licenced version of Zoom twice between August 14 and October 31, 2020. Any participants who attended the workshop on August 13-14, 2020 are eligible to participate in the focus group.
- The student researcher will conduct the focus group.
- These sessions will be video-recorded and transcribed by the student researcher.
- Focus group participants should expect to spend a total of 3 hours in sessions. There is the possibility of an additional meeting if the group decides to meet again or if further data is needed.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

Risks associated with participating in this study are:

- Emotional: the subject matter may bring up uncomfortable feelings.
- Should you consent to participate in the workshop, you are free to leave at any time.
- Risk will be addressed by providing opportunities to process difficult emotions during the sessions and to debrief at the end of each session. Participants will be given information about mental health resources.

Potential Benefits:

- Participants may gain familiarity with discussing matters of racism/oppression. This may prepare them for future inclusion of antiracist nursing curriculum.

Confidentiality:

- The data collected will be disseminated in the graduate student's master's thesis.
- If any direct quotations from participants are used, all personally identifying information will be removed prior to publication and/or presentation.
- Consent forms and pseudonym master list will be stored separately from the data so that it will not be possible to associate a name with any given set of responses. However, because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to other people on the basis of what you have said.
- Since the meetings will occur over videoconference, you may not be fully de-identified since participants may be able to be identified by their image.
- If any participant would like to join only by audio/phone and keep their video off, they are permitted to participate in this way.
- The researcher will undertake to safeguard the confidentiality of the discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion outside the group, and be aware that others may not respect your confidentiality.

The pseudonym I choose for myself is: _____

Agreement:

- Participants agree not to make any unauthorized recordings of any part of the meetings.

Storage of Data:

- Videoconferencing will be recorded from Zoom directly onto the researcher's computer, encrypted and password protected. Please see Zoom's privacy policy. The Zoom to be utilized is registered in Canada and thus uses servers in Canada to store data. Because of the use of this platform, privacy of data cannot be guaranteed.
- All recordings will be saved directly onto the student researcher's computer (not into cloud storage), encrypted and stored under password protection.

- All electronic data will be encrypted, password protected, and stored on a USB drive during analysis, but moved to a USask system for long-term storage (for 5 years post-publication).
- Identifying information (e.g., Consent Forms, Master Lists) will be stored separately from the data collected. The master list including pseudonyms will be destroyed when data collection is complete and it is no longer required.

Right to Withdraw:

- Your participation is voluntary and you can participate in only those discussions that you are comfortable with. You may withdraw from the research project for any reason, without explanation or penalty of any sort. Should you wish to withdraw, you may leave the focus group meeting at any time; however, data that have already been collected cannot be withdrawn as it forms part of the context for information provided by other participants.

Follow up:

- Results from the study will be distributed to the College of Nursing to make available to their faculty and staff.

Questions or Concerns:

- Contact the researcher using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: ethics.office@usask.ca; 306-966-2975; out of town participants may call toll free 1-888-966-2975.

Consent:

Continued or On-going Consent:

- At the beginning of each session, participants will be reminded of this consent form and of their right to withdraw at any time.

Signed Consent:

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this consent form has been given to me for my records.

_____	_____	_____
Name of Participant	*Signature*	*Date*

_____	_____
Researcher's Signature	*Date*

Please send signed copy to the researcher

Verbal Consent:

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Name of Participant	*Researcher's Signature*	*Date*