Dismantling Structural Racism in Academic Nursing

The recent events related to the Black Lives Matter movement and subsequent protests have garnered national attention that is focused on race, race relations, and racial injustice. The very subject of race can stir up emotions of apprehension, uncertainty, fear, anger, guilt, and shame. Nonetheless, certain realities must be faced, and some truths must be spoken. There is a crisis in race relations in the United States, and while this crisis is now headline news, it has been ever-present in the consciousness of the individuals and communities most intimately afflicted by the unjust conditions. Most Americans believe race relations are bad, although Black individuals (71%) are more likely than White (56%) and Hispanic individuals (60%) to express negative views about the state of race relations (Pew Research Center, 2019).

Historically, the concept of race emerged when the early colonists, in their desire to maintain an economy based on the labor of enslaved Africans, premised that Black and Native individuals were inferior based on visible phenotypic characteristics and ancestry to justify systems of oppression and privilege (Bailey et al., 2019). Consequently, racism is based on a system of structuring opportunity in ways that advantage and value the dominant White population over racialized Brown and Black individuals. Racism is categorical, ubiquitous, and multilayered—that is, it is experienced at multiple levels, from targeted microaggressions to interpersonal interactions and through structural processes. Most, if not all, racialized Black or Brown individuals have been the target of microaggressions by well-meaning or not so well-meaning individuals. The targets of microaggressions refer to them as "death by a thousand cuts" because they are not only psychologically harmful but also have physiological consequences (Anonymous, 2017; Bailey et al., 2019). Interpersonal racism is expressed as intentional overt or covert acts of prejudice, hate, bias, and unfair treatment as the result of one's skin color. Structural racism, the most damning, is less overt, more subtle, and less identifiable than microaggressions or interpersonal racism because it does not necessitate the actions or intent of individuals (The Aspen Institute, 2016). Structural racism permeates institutional norms, policies, and processes and is defined as:

> A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "Whiteness" and disadvantage associated with "color" to endure and adapt overtime. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic, and political systems in which we all exist. (The Aspen Institute, 2016, para. 2)

The focus of this editorial is on structural racism in academic nursing. Structural racism plays a significant role in determining access to opportunities for students and faculty of color. Conversations on race and racism often give rise to discussions about privilege and oppression. The privileges associated with White racial dominance are evident when one looks at the unequal distribution of students and faculty of color in academic nursing. White privilege is the collection of unearned benefits and often unrecognized advantages that accrue to White people by virtue of their race, advantages not based on meritocracy (McIntosh, 1989). McIntosh (1989) envisioned White privilege as an invisible package of unearned assets or advantages that one can count on cashing in each day. The mere fact of being privileged better positions one for success. Camara Jones illustrates this best with her allegory of the gardener's tale: simply put, flowers grown in rich soil with adequate care will flourish, while genetically similar flowers grown in poor soil will wither (Groos et al., 2018; Jones, 2000). Unfortunately, some faculty conceptualize the failure of students of color to make academic progress as an attribute associated with race (as noted in Bennett et al., 2020) rather than consider the structural and ecological factors (i.e., the poor soil) that impact access to opportunities for success (Schumacher-Martinez & Proctor, 2020). Understandably, there are degrees of success, but would not more students be successful if given equal resources and opportunity?

Dismantling structural racism requires an examination of the processes and policies that perpetuate and lead to patterns of exclusion. In terms of students, there are at least three areas of opportunities that administrators and faculty can examine:

- Consider admission policies, like the holistic admission review process, that takes the student's different pre-

paratory experiences into account. Changes in admission policies would allow more students of color to access higher education.

- Engage with communities of color via networks to aggressively recruit students of color. Once recruited, students ought to feel welcome, seen, and supported. A sense of belonging is critical for success. Students learn best when they feel connected, cared for, and their perspectives are valued and respected.
- Ensure sustainable funding for academic support services rather than relying on temporary (soft) funding from external mechanisms (grants and foundation gifts). With temporary (soft) funding, when the funding cycle ends the academic support services cease, leaving the students with inadequate support to continue the program of study.

In terms of faculty, there are at least four areas that should be further scrutinized:

- Consider why there are so few people of color on academic nursing governing boards, in leadership positions, and faculty positions. The representation can have a powerful impact on people of color's confidence, achievement, and sense of belonging.
- Take into account that people of color who have been hired have been tokenized as evidence of the institution's commitment to diversity. For people of color, it gives the impression of merely checking the box for diversity and inclusion, without doing the necessary work to transform the culture. The institution must invest resources if there is to be a sustained cultural change inherent in its mission and strategy.
- Think about the limited number of faculty positions held by people of color. If hired, is there adequate mentoring and support to be successful in the faculty role? The probability of success increases when mentoring, support, and resources are provided.
- Answer the question "What constitutes a good fit?" Many faculty of color seeking positions have been told when not hired, they were "not a good fit" despite meeting or exceeding the position requirements. Does a good fit mean someone like us, someone who looks like us, or someone who thinks like us? (Flaherty, 2020). What metrics are used to determine a "good fit?" Fit should not be a determinant for hire unless it has defined metrics.

The aforementioned are a few opportunities nurse leaders and faculty should consider when examining processes and practices that perpetuate the exclusion of faculty and students of color in academic nursing. As one begins the examination process, first and foremost acknowledge that different perceptions and realities exist regarding race, race relations, and racial justice. It is essential to create spaces and opportunities for faculty and students of color to have their voices heard. These conversations can be discomforting for the dominant race and make them want to disengage in the process because White privilege has been the normative position and ingrained into every aspect of society. Therefore, dismantling structural racism requires much more than examinations and conversations but should include actionable strategies to dismantle the processes that perpetuate systems of racial oppression and advance racial justice.

References

Anonymous. (2017). *Surviving institutional racism in academe: A faculty member describes some of the lessons she's learned the hard way*. https://www.insidehighered.com/advice/2017/11/17/faculty-member-offers-lessons-shes-learned-about-institutional-racism-essay

The Aspen Institute. (2016). *Racial equity: 11 terms you should know to better understand structural racism.* https://www.aspeninstitute.org/blog-posts/structural-racism-definition/.

Bailey, Z. D., Krieger, N., Agenor, M., Graves, J., Linos, N., & Bassett, M. T. (2019). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet, 389,* 1453–1463. https://doi:10.1016/S0140-6736(17)30569-X

Bennett, M. P., Lovan, S., Smith, M., & Ellis-Griffith, C. (2020). Nursing's leaky pipeline: Barriers to a diverse workforce. *Journal of Professional Nursing.* Advance online publication. https://doi.org/10.1016/j.profnurs.2020.05.002

Flaherty, C. (2020). *A bad fit? Study finds the concept of faculty fit in hiring is vague and potentially detrimental to diversity efforts.* https://www.insidehighered.com/news/2020/07/14/study-concept-faculty-fit-hiring-vague-and-potentially-detrimental-diversity-efforts.

Groos, M., Wallace, M., Hardeman, R., & Theall, K. (2018). Measuring inequity: A systematic review of methods used to quantify structural racism. *Journal of Health Disparities Research and Practice, 11*(2), 190–206.

Jones, C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90*(8), 1212–1215.

McIntosh, P. (1989). *White privilege: Unpacking the invisible knapsack*. https://nationalseedproject.org/Key-SEED-Texts/white-privilege-unpacking-the-invisible-knapsack

Pew Research Center. (2019). *Race in America: How Americans see the state of race relations*. https://www.pewsocialtrends.org/2019/04/09/how-americans-see-the-state-of-race-relations/

Schumacher-Martinez, R., & Proctor, S. L. (2020) Untangling the grip of White privilege in education through consultation and systems change: Introduction to the special issue. *Journal of Educational and Psychological Consultation, 30*(3), 251–254. https://doi:10.1080/10474412.2020.1744447

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The authors have disclosed no potential conflicts of interest, financial or otherwise.
doi:10.3928/01484834-20201020-01