

Hearing Our Voices: A Descriptive Process of Using Film for Anti-racist Action in Nursing

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Abstract

Racism in healthcare is real, and it impacts nurses in ways that permeate the culture of healthcare. In the context of increasing social discourse about racism in healthcare, a group of nurses in British Columbia, Canada, felt a moral obligation to expose the social injustice of the systemic racism they had witnessed or experienced. They used film, an arts-based medium, as an innovative tool with the potential to reach an array of viewers, for this nurse activist project in anti-racist action. The creative process allowed for a racially diverse group of nurses to engage in meaningful dialogue about racism in healthcare. The purpose of this descriptive methodological article is to describe how a creative team of novice nurse filmmakers used the nursing process as a framework to carry this project from concept to execution. The stages described include the rationale for developing the film, the process of utilizing this as a means of nurse activism, and the value of using film as a strategy for social activism. Film was used to engage nurses and nursing students in anti-racist work that critically challenges the structural racism embedded in healthcare. Developed as complementary and considered coexistent, the film and this article are best reviewed concurrently.

Key words: Nurse activism, anti-racism, unlearning, arts-based teaching, education

Link to Film: <https://vimeo.com/604375363>

Racism in healthcare is real. It affects nurses in ways that permeate the overall culture of healthcare. Nurses, who often face severe working conditions in the context of the COVID-19 and opiate overdose syndemics, are also plagued with structural, individual, and ideological racism in the workplace (Burnett et al., 2020). Although teaching about race, racism, and health in nursing gained momentum in the late 1990s (Drevdahl, 2001), there continues to be a pressing need to develop deliberate curriculum for the purpose of undoing racism, including strategies to mitigate bias within the structures of the system (Hien et al., 2021; Ricks et al., 2021). There is also a need for healthcare disciplines, like nursing, to question the limitations of research and scientific evidence intended to increase cultural competency, decrease unconscious bias, and decrease racist policies and practices when these tools are often produced by the socio-politically dominant group (Hilario et al., 2018; Sylvestre et al., 2019). Nurses, who comprise the largest group of healthcare professionals in Canada (CIHI, 2021), have an integral role in undoing racism, for example, by encouraging nursing students to engage in processes like reflection, reflexivity, and activism (Burnett et al., 2020). The role of nurses in anti-racist activism is integral to challenging myths and misconceptions such as the existence of ‘racially colourblind’ healthcare workers or notions of a post-racial era whereby the presence of people of colour in positions of power supposedly indicates a conquering of racism (Sayyid, 2017).

In the context of increasing social discourse about racism in healthcare, a group of nurses in British Columbia, Canada, felt a moral obligation to expose the social injustice of the systemic racism they have witnessed or experienced throughout their careers. The arts-based medium of film was selected as an innovative and far-reaching tool for their activism work. Film offered a co-creative process able to engage racially diverse people in meaningful dialogue about racism in healthcare, specifically in nursing, and publicly share these stories.

The purpose of this article is to share a descriptive narrative of the end-to-end process of making a film to be used as a tool of

activism in nursing. We begin by describing the rationale for developing the film, explaining the process of using film as a means of nurse activism, and exploring the strengths and limitations of filmmaking as a strategy for social activism. To contextualize our process, we provide a brief background of some significant recent North American incidents of racism and anti-racist action both within and outside of healthcare with a particular focus on the nursing profession. The nursing process (assess, diagnose, plan, implement, evaluate) is used to structure our description. We recognize that traditionally the decision to use the nursing process as a tool in healthcare arose from a pathologizing and biomedical lens; however, within the context of this paper, it is used as a shared and mutually understood framework within the creative team to guide the project development. Additionally, we acknowledge here and subsequently in greater detail in the appropriate section that a robust formal evaluation of this project’s process and impact were outside of our scope at this time due to limitations in time and resources. We conclude the paper with strengths and limitations of our learnings as novice filmmakers and of our process in using film for nurse activism. A critically reflexive lens was used throughout to address and mitigate power-over and oppressive influences that can impact a project of this size and type. By this, we mean we have intentionally “move[d] between the individual and the social to make visible the mutually constitutive social processes that shape individual experience” (Anderson et al., 2009, p. 287). We expressly name the interconnection of power and oppression within healthcare and how these had the potential to impact our creative process. We request that all readers view our film in conjunction with reading this article to best grasp how this article and the film complement one another because the film and article are intended to co-exist and not to exist in isolation from one another.

Background: Acknowledging Racism in Our World

In describing our creative process, we must first acknowledge the specific context that

prompted and subsequently shaped this project. In 2020, the collective public outcry of largely Black, Indigenous, and People of Colour across North America was a significant and highly visible response to the murder of George Floyd in the United States of America. At the time, the authors of this paper immersed themselves in the works of thought leaders such as Rachel Cargle, Rachel Ricketts, bell hooks, Kimberlé Crenshaw, Layla F. Saad, and Ibram X. Kendi to help deepen our understanding of anti-racist activism. Meanwhile, Indigenous-specific racism in Canadian healthcare has been an ongoing issue, which the George Floyd killing brought increased media attention to (Garland & Batty, 2021). Just one example of Indigenous-specific racism in Canada was the September 2020 death of Joyce Echaquan. A 37-year-old Atikamekw woman located in the province of Quebec, Canada, Joyce recorded and posted to social media the severely racist, stigmatising, and debasing remarks from nurses in the moments preceding her untimely death in hospital (Perreux, 2021). A subsequent inquest into Joyce's death concluded that the healthcare team's racism contributed to her death (Perreux, 2021). Another example of Indigenous-specific racism was the alleged blood alcohol "Price is Right" game reportedly played in emergency departments in British Columbia (Hunter & Marotta, 2020). This game involved nurses reportedly guessing the blood alcohol levels of Indigenous patients, suggesting prematurely that these patients were inebriated. It is important to note here that a subsequent investigation into specific allegations of this 'game' under this title were judged as unfounded. The finding does not mean that similar incidents did not occur; rather, there was lack of objective proof (Turpel-Lafond, 2020). The outcome of this investigation resulted in the *In Plain Sight* report, led by a review team of Indigenous women and published in British Columbia (Turpel-Lafond, 2020). This report described the widespread and pernicious Indigenous-specific racism in healthcare across the province (Turpel-Lafond, 2020).

To properly contextualize these and similar incidents in Canada, it is imperative to define Indigenous-specific racism. The term describes the various iterations of racism and structural, epistemic, relational, and social

exclusion that are experienced by Indigenous people in the area now known as Canada (Reading, 2013). This particular form of racism has been wielded in the service of colonization for centuries. It began when European settlers encroached on Indigenous territories, implemented colonial policies in the interest of decimating Indigenous people, and continue to uphold colonialism and white supremacy today (Reading, 2013; Turpel-Lafond, 2020). In British Columbia, 84% of Indigenous patients, families, and healthcare workers reported witnessing or experiencing Indigenous-specific racism in healthcare service delivery (Turpel-Lafond, 2020). The impacts of this stereotyping, discrimination, and exclusion are the continued perpetuation of trauma, harm, and violence against Indigenous people and communities.

Teaching Anti-Racism in Nursing

It is essential for nursing faculty to attune to the subtle ways relational anti-racism curricula can be unduly dismissed by using terms like "fluff," to describe courses that address racism and encourage reflexivity and self-reflection. This can result in students dismissively approaching such content (Hassounah, 2006). Recognizing these factors is a necessary first step in understanding the value of arts-based methods and the use of film in challenging the dominant voices of race-based oppression in nurse academia and in healthcare. Nurse leaders and educators must be keenly aware that anti-racism work and thus education is not a passive act; rather, it is a framework that can be used to guide deliberate strategies that move beyond traditional education strategies, and it is one that requires deliberate action (Griffith & Semlow, 2020). Traditional strategies used to address systemic racism such as offering organization-wide virtual educational modules may have limited impact. For example, interventions that rely on passive absorption of information such as lectures, reading academic articles, and other activities without taking a critical lens or built-in action have limited impact in eradicating racism (Lightfoot et al., 2021). Likewise, focusing on the individual, cultural sensitivity training and learning about other cultures is not enough to actively

dismantle racism (Burnett et al., 2020). It is with this in mind that we wanted to pursue a novel form of anti-racist nurse activism in the form of a short film (Hassouneh, 2006).

Public Perception of Nurses: Our Rationale for Creating This Film

One of the challenges with critically analysing racism in nursing is the widely accepted conflation of nursing with compassion and the commonly held view of nurses as altruistic compassionate beings (Summers & Summers, 2014). The nurse angel and hero archetype has been especially powerful and pervasive throughout the COVID-19 pandemic (Mohammed et al., 2021; Stokes-Parish et al., 2020). Within this context, the authors of this article sensed a need to ‘think outside the box’ and generate conversation in a way that would push nurses and healthcare leaders beyond the stuck thinking inherent in the all-too-common and far too reductive question, “How could nurses be racist when they are so caring?” As creators, we wanted to move beyond our usual channels of meetings and written statements; thus, our rationale for creating this film was that we were drawn to the power of arts-based dialogue and specifically film.

Art-Based Anti-Racist Action in Nursing

The value of using an arts-based approach lies in constructing a different narrative, making room for ways of knowing and learning that exist outside of Eurocentrism and sharing different stories from the voices of those who are often silenced (Griffith & Semlow, 2020); in this case, the voices of racially diverse nurses. Teaching methods like theatre and storytelling can be a novel method that encourages critical thinking, reflection, and active participation of both student and teacher (Manzi et al., 2020). Application of film as a tool can be valuable in helping nursing students reflect on their values and beliefs, and also, in challenging the dominant ideology that underlies both academic and healthcare systems that are deeply entrenched in Eurocentric values (Kagan, 2009).

A key first step in exploring the ways in which to engage in anti-racist action is to ask how we could envision new practises,

policies, strategies, and solutions (Griffith & Semlow, 2020). Recent academic literature supports that art can be used to help nurses unlearn misinformation and broaden narrow ways of thinking (Griffith & Semlow, 2020). Such pedagogical methods can stretch nurses beyond personally held values and beliefs. We were drawn to arts-based methods as a tool to help nurses enhance flexibility in their thinking and to find creative approaches to eliminate and mitigate the health effects of racism (Griffith & Semlow, 2020). The result is ideally a transformative learning process (Chien & Yang, 2019). Arts have historically been key in the struggle to achieve equity, prominently in the United States, but also across the globe (Griffith & Semlow, 2020).

We concluded that an anti-racist framework could easily dovetail with arts-based methods to increase the knowledge and skills among viewers required to facilitate both an understanding and cultivation of anti-racist action. It was important to us to choose a creative and iterative process that could impact both direct care to patients and the larger structures embedded in our healthcare systems such as policies and routine practices (Griffith & Semlow, 2020). Our assessment was that gathering to create a film with activist roots would offer the opportunity to start the conversation where we thought it needed to begin - not at, “does racism exist in healthcare?” but at, “racism exists, now what?”

It is important to note that the history of nursing is rooted in social and political activism. Distinctions must be made from activism as an action in contrast to awareness, engagement, or advocacy (Florell, 2021). Activism is rooted in values-based actions to solve social and political issues (Florell, 2021). At the core of this is the nursing value to act based on a commitment of health for all and continual improvement of the conditions in which care is delivered (Falk Rafael, 1997). While this project was not formal research, the goal was to use nursing narratives to foreground the existence of racism in healthcare and nursing and to elicit dialogue for the purpose of change. The project was not part of a formal employment role. Our unpaid actions were initiated to bring about change because racism innately impacts health.

Film is a unique form of communication because it intricately links the creators, those who appear on the film, and the future viewer. Our hope was that creating a film about racism in healthcare would offer, from its inception to subsequent views, generative and cumulative opportunities for deepening anti-racist conversation, action, and ultimately, transformation. Our goal has always been to eradicate racism by generating cognitive dissonance between nurses' beliefs and the reality of a racist healthcare system.

The Project

Situating Ourselves

Arts-based work is a subjective experience influenced by the individual contexts of creators and the audience. Situating ourselves in relation to the power and oppression discussed in this film was a crucial part of our creative process and the final version of this film. Our individual backgrounds and experience are shared in the film and in our written biographies included on the film's website. The three people involved in the original process of creating this film are all nurses who work in various nursing positions in the Lower Mainland, British Columbia.

Michelle Danda is a doctoral nursing student at the University of Alberta. She is a mother of four young children and a full-time informatics nurse. She identifies as a person of colour, with one of her parents, her mother, immigrating to Canada from the Philippines, and her father, a refugee from the former Czechoslovakia. Both of her parents were born during World War II. She grew up in the 1980s and 1990s in Southern Ontario and Southern Alberta. She has previously contributed to the conversation of racism in healthcare in contributions to the *Canadian Nurse* and opinion editorial pieces to local newspapers. Her partner is Metis, and her children identify as Indigenous and Filipino Canadians. Her nursing career began in 2008, with focus in mental health and substance use.

Jessica Key is a citizen of the Musgamak'w Dzawada'enuxw Nations as well as a settler of British and Irish origin. She is a Registered Nurse who currently works as

an Indigenous Patient Care Clinician, where her work is focused on increasing adoption of Indigenous Cultural Safety in acute care settings, anti-racism and decolonization in health care, and supporting and advocating for Indigenous clients and families. She is currently completing a Master of Science in Nursing at the University of British Columbia where her area of interest is the application of Indigenous Cultural Safety in acute mental health care settings. Jessica is also a founder and director of Akala Outdoor Education Society, which is a non-profit organization that develops and delivers on-the-land-and-waters education and training programs for Musgamak'w Dzawada'enuxw youth to support holistic wellness, cultural connection, and inter-generational healing.

Claire Pitcher is a Registered Nurse with expertise in child and youth mental health and substance use. Her career and research have focused primarily on promoting equitable access to healthcare services. She grew up in Prince Edward Island and on Vancouver Island as a descendent of Irish and English settlers, and she feels a strong connection to the land and her ancestors from rural farmland P.E.I. and remote fishing villages of Newfoundland. As a white woman and the mother of a mixed-race child, Claire understands it is her responsibility to acknowledge and to be accountable for the privilege she has access to within our white supremacist systems. She humbly engages in anti-racist work with a goal of eradicating racism while amplifying and compensating BIPOC voices and works.

Description of the Process

From the outset of this project, we used a five-stage framework that aligns with the nursing process: Assessment, Diagnosis, Plan, Implementation, Evaluation. We chose this structure because, as nurses, it provided us with a shared language and foundation upon which to build out this project. By sharing the details of our process here, we hope to encourage other nurses to choose film as a form of activism. We acknowledge that the nursing process may for some be perceived as taking a biomedical or reductive approach to the complex issue of systemic racism. However, we contend that the core of the

nursing process is not necessarily pathologizing or biomedical. Rather, the nursing process is an organizational tool with which a critical lens was used to explore the larger issue of systemic racism. The nursing process both united us as filmmakers and as nurses; it guided our creative work as it guides our nursing work. We will thus describe each stage.

Assessment

As we started this project, we wanted to intentionally resist perpetuating tenets of white supremacy culture such as urgency and valuing the written word above all else (Okun, 2021). We discussed how to best engage in anti-racist action using a method that was both thought-provoking and inherently subjective, allowing us to directly share our experiences. Our assessment phase lasted several months. During this time, we engaged in an iterative process guided by formal and informal dialogue with each other, other nurses, and experts in anti-racist action via video meetings, texting, shared writing, phone conversations, and sharing media and academic articles of interest. We zeroed in on an understanding of what issue we were trying to tackle and how we wanted to move ahead creatively. The issues we identified, as stated in the following section, were the existence of racism in healthcare, the frequent lack of acknowledgement of it by those who work in healthcare, and the lack of a venue for those witnessing or experiencing it to tell and share their story. Part of this process involved identifying several project priorities including the need for funding to compensate film participants for their time and the need to engage an external content consultant to help us identify our own knowledge gaps and biases.

Diagnosis

In our journey through the assessment phase, we reached a shared conclusion that we were seeking an opportunity to start the conversation where we thought it needed to begin - not at, "does racism exist in healthcare?" but at, "racism exists, now what?" We further concluded that the most effective way to actualize such a conversation

would be to assume a leadership role in the conversation. Our diagnosis was threefold:

1. A glaring issue existed - systemic racism in healthcare;
2. Nursing as a profession was failing to substantively acknowledge systemic racism;
3. So long as we nurses failed to acknowledge the existence of racism in a robust and action-oriented manner, we would not be able to meaningfully engage in eradicating racism.

Plan

Initial planning and development took place in the summer of 2020, while the actual filming did not take place until July 2021. An initial brainstorming meeting took place to discuss the film's format, length, and focus. A proposal was submitted to the University of British Columbia School of Nursing (UBC SON) to seek a small amount of funding for the project. It was understood from the outset that this project would largely be time in-kind of the three filmmakers with funding targeted at paying for professional filming, a content consultant, and honorariums for film participants. During that year, the team met regularly to develop and crystalize our shared purpose and message of the film. We ensured the creative process stayed true to our anti-racist values, which largely meant highlighting the voices of racially diverse nurses identifying and challenging systemic racism in the British Columbia healthcare system with the ultimate goal of helping to eradicate racism.

The participant recruitment process was important to ensure that we included a diverse range of nurses to foreground their experiences, while also ensuring the mental and emotional labour of engaging in this dialogue did not fall solely on racialized nurses. The group of participants the creators invited to participate in the film were selected based on our shared personal and professional networks. We were thoughtful in how and who we engaged in our creative process despite this not being a formal research project. A Black content consultant was included to help balance our creative team and provide an expert critical anti-racist lens on our process

and final film. The role entailed providing input in crafting the discussion questions that guided the filmed conversation, providing a review and critique of the drafts of the film, and compiling relevant resources to inform the work. A videographer known to the team was selected; his work with the team on a previous collaboration had deeply informed the initial conversations about this second film.

The creators initially communicated with each participant individually to discuss the project, provide context for our work, and welcome participants into the collaborative creative process in a way that aligned with our shared values and intention of the project. The entire group of film creators and participants first met through an online, virtual “meet and greet” facilitated using Zoom. The meeting gave all participants the opportunity to introduce themselves and learn about each other’s experiences as nurses and as targets or witnesses of racism. During this meeting we collaboratively set a date and time for filming that accommodated all. The value of making these procedural decisions collaboratively rather than in a hierarchical manner was a means to embrace the practice of anti-racism action.

Implementation

Filming commenced in the summer of 2021. At that time, the COVID-19 pandemic restrictions in the Lower Mainland were such that filming could take place in person in a large room with appropriate precautions taken such as masking when not being filmed. The filming space was accessed in partnership with the UBC SON, which was made possible because one of the film's creators is an adjunct faculty member with the school.

Extensive editing occurred following filming. The editing process involved a series of stages in which the videographer and one of the film's creators wholly reviewed the footage numerous times. Akin to a content analysis, this process was repeated until they felt steeped in the content, enabling them to identify themes across the dialogue. At this stage, the primary editor made extensive detailed notes, including timestamps, creative and thematic threads, and identifying the speaker on each of the topics. A rough cut was made and sent to the content consultant for

feedback drawing on their expertise in anti-racist work. Key pieces of feedback at this stage included ensuring each participant was given equitable space in the film, and further highlighting the voices of non-White passing participants. To address this input, the editor reviewed all the footage again and tracked the length of time each person appeared in the rough edit, and the necessary changes were made to provide more equitable coverage of the film's participants.

After incorporating the content consultant's feedback, the creative team concluded that a substantial land acknowledgement at the beginning of the film could be a powerful tool to set the tone of the film. A thorough and intentional land acknowledgement was thus written and recorded to situate the film within a critically reflexive decolonial lens. At this point, a second rough cut that included the land acknowledgement was sent to the three principal filmmakers for review. Following this review, a pre-finalized version was created and sent to all participants for review and feedback. Feedback from the filmmakers, content consultant, and film participants was thoughtfully and deliberately addressed to uphold an inclusive and meaningful process for all those involved. The final film was vetted and approved by all participants prior to finalizing it and sharing it publicly.

Dissemination Strategies

Creation of an arts-based project inherently requires public dissemination of the project for a specific purpose. Strategic planning was necessary to identify the best-aligned channels to promote the film. The three main avenues for dissemination were invited guest lectures and presentations, a website, and writing for nursing publications accessible to nurses.

The film was ready for public viewing in September 2021, along with a web page that linked to anti-racist resources and a survey for viewers to engage with the content creators. Although pursuing a peer reviewed journal publication was considered valuable, we also wanted to reach a broader audience, and thus targeted schools of nursing, the Nurse and Nurse Practitioner Association of BC (NNPBC) and the Canadian Nurse Association

(CNA) to disseminate the film. Both the NNPBC and CNA accepted thought pieces on a call for nurses to take anti-racist action, including a link to the film.

Evaluation

Formal evaluation of our process and the film's impact has not been conducted to date. As previously described, the goal of the film was to engage in nurse-led anti-racism activism for the purpose of eradicating racism. The intention and goals of this project were not couched in formal research; therefore, measurable outcomes were not the focus. Expanding the project in this way was outside the scope of our creative team in terms of time, financial support, and academic scaffolding that would support such rigorous research work. We recommend that in future, further research be done to evaluate the impact of this film on viewers. Additionally, to measure the success of an arts-based project is challenging given the emphasis on a Eurocentric, empirically driven health science context. Also, assessing success using web-based analytic tools like counts of video views may not reflect the breadth of the viewing because individual instructors and educators may be using the video as a teaching tool for large classes. Responses to an online survey we created were likewise not indicative of impact given not everyone who watches the film completes the survey. Formally defining strategies to evaluate the impact of this film is outside the scope and purpose of this paper. However, it is work we aim to pursue in the future. Likewise, we endeavour as nurses and academics to better bridge the worlds of practising nurses and those in academic institutions such that direct care nurses who engage in projects such as the one described here have more options through which to engage a research arm in their work.

To address this lack of formal evaluation, we have collected feedback anecdotally and via an informal survey that viewers can complete through our website. The survey asks about the impact the film had on the viewers. Unfortunately, we have received few responses to date. As for anecdotal feedback, we have heard from the film's participants as well as several viewers that the film has offered a powerful launching

pad for further reflection and action. We will address this lack of formal evaluation more fully in the subsequent sections on limitations and recommendations for future research. Additionally, to embody anti-racist action and decolonizing values, it must be understood that the unlearning process is never complete and thus ongoing critical conversation about racism in nursing and healthcare must continue.

Strengths and Limitations

Strengths

Strengths of this project included the power of storytelling, the engagement of film participants in meaningful action, and the usability of an easily distributed format. Storytelling is a powerful tool that allows learners of diverse backgrounds to relate and potentially see themselves in a way that was not otherwise represented. Anecdotally, we heard that uniting to make a film was a transformative process in which the participants learned from each other and took action against racism. Connection and engagement were made possible through the challenging time of the COVID-19 pandemic, a high stress time for most nurses, in the planning and making of the film. The mode of filmmaking resulted in the creation of a short-form media representation for nurses who have experienced or witnessed racism in their careers to tell their stories to a wide audience. The short form film allowed for it to be readily shown to nurses as well as other viewers via web-based platforms like Vimeo and YouTube.

Limitations

The project had a limited budget and was largely completed through the volunteer time of the nurses-filmmakers and authors of this article. We recognize that the nurses who made this project possible are women, the majority of whom were BIPOC and volunteered their time outside of the honorarium for the actual day of filming. Also, the filmmakers and participants embraced a leadership role to educate White viewers about racism in healthcare. Although in some ways

this perpetuates the idea of the oppressed bearing the burden of educating the oppressor, we also recognize that the process of developing and leading a project from proposal development to sourcing funding was empowering (Paton et al., 2020).

The limitation of film length, with the goal being to create a short film, resulted in much of the film footage being omitted during the editing process. Also, in taking on this project, it became clear that part of our challenge was using the film as a mechanism of facilitating difficult conversations while not giving the impression that watching a film in and of itself is an intervention that results in transformative change. To address this, we created an interactive website with resources for further learning to accompany the film's launch. Overall, however, the biggest limitation in this project was limited resources including money and time.

Our initial hope was to create something timely to capitalise on the momentum of movements like the Black Lives Matter protests of 2020; however, because of our iterative creative process and COVID-19 restrictions, filming was not possible until almost one year after our initial idea was conceived and funding secured. A significant factor in determining the scope of the project and paper was that, as is so often the case with arts-based work within nursing, the work was done 'off the side of our desks' rather than as part of our paid employment. Financial limitations include the filmmakers assuming much of the cost of maintaining a website and contributing time in-kind to develop the script, recruit participants, and edit the film. Hours of volunteer time in addition to our paid and unpaid work, highlight a major bias in nursing in which social justice endeavours are often unpaid and fall outside of formal work duties. Nurse activism is a necessary component of the profession, but our collective experience was that multiple barriers exist for direct care and leadership nurses to lead and even participate in projects outside of immediate patient care duties.

Reflection

The collaborative process of making a film was in itself a reflective act allowing for a

group of nurses who had experienced or witnessed racism to share their stories and take an active role in social change. Nurses must become comfortable with the discomfort that exploring prejudices and biases causes, especially for those in the dominant racial group (Markey & Zhang, 2020). As nurses who experienced or witnessed racism in healthcare, we felt compelled to engage in activism in a way that allowed for a relational process across nurses at all stages of their training and work. The effort was a grassroots project led by three nurses who had limited time and resources and who were of mixed ancestral backgrounds. As with many nursing projects, this was something done 'off the side of our desks', a passion project. Our hope is that there is an uptake of this film within the nursing community and beyond. However, we cannot fully control the audience, nor its use as a teaching tool, creating a possibility that this project helped its creators more than its audience.

Conclusion

Nurses must remain critical of the racist healthcare system that they work within. Anti-racist activism can play an integral role in changing the system. The purpose of this article was to describe the rationale for developing the film, the process of utilizing this as a means of nurse activism, and to explore the value of using film as a strategy for social activism. An important priority set by the National League for Nursing (2021) is to eliminate discrimination associated with race, gender, socioeconomic status, and access to, and quality of healthcare; and thus, work such as this film falls squarely within the work of nurses (National League for Nursing, 2021). Despite the limitations of funding, time, and COVID-19 restrictions, we engaged a racially diverse group in a collaborative and empowering process of activism.

Territory Acknowledgement

The authors would like to acknowledge that their work is conducted on traditional, ancestral, unceded, and illegally occupied territories of the Sḵw̓x̓wú7mesh (Squamish), Səl̓íl̓wətaʔ/Selilwitulh (Tsleil-

Waututh) and x^wməθk^wəyəm (Musqueam) Nations, as well as the territories of the Stó:lō, Semiahmoo, Katzie, Kwikwetlem (k^wik^wəłəm), Kwantlen, Qayqayt and Tsawwassen First Nations and Metis chartered communities.

We reflect upon and acknowledge the territory where we live and work because Indigenous Nations have survived hundreds of years of genocide and colonization in efforts to dispossess them of their territories. The ramifications of colonization are ongoing today - especially in healthcare. Indigenous people are actively fighting to reclaim land and territory despite massive colonial efforts to maintain the status quo. The authors are committed to increasing visibility of Indigenous nationhood and decolonization within the systems and structures where they have power to do so.

Ethical Permissions

Ethics approval was deemed unnecessary for this project as it was not a formal research study.

Conflict of Interest

The authors declare no conflict of interest.

Data Availability

This film is viewable on the video platform Vimeo.

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References

- Anderson, J. M., Rodney, P., Reimer-Kirkham, S., Browne, A. J., Khan, K. B., & Lynam, M. J. (2009). Inequities in health and healthcare viewed through the ethical lens of critical social justice: Contextual knowledge for the global priorities ahead. *Advances in Nursing Science*, 32(4), 282–294. <https://doi.org/10.1097/ANS.0b013e3181bd6955>
- Burnett, A., Moorley, C., Grant, J., Kahin, M., Sagoo, R., Rivers, E., Deravin, L., & Darbyshire, P. (2020). Dismantling racism in education: In 2020, the year of the nurse & midwife, “it’s time.” *Nurse Education Today*, 93, 104532. <https://doi.org/10.1016/j.nedt.2020.104532>
- Chien, T. F., & Yang, H. C. (2019). Arts in transformative learning: An arts-based duoethnography. *Reflective Practice*, 20(5), 619–636. <https://doi.org/10.1080/14623943.2019.1651714>
- CIHI. (2021). *A lens on the supply of Canada’s health workforce | CIHI*. Canadian Institute for Health Information. <https://www.cihi.ca/en/health-workforce-in-canada-highlights-of-the-impact-of-covid-19/a-lens-on-the-supply-of-canadas>
- Drevdahl, D. (2001). Teaching about race, racism, and health. *Journal of Nursing Education*, 40(6), 285–288. <https://doi.org/10.3928/0148-4834-20010901-11>
- Falk Rafael, A. (1997). Advocacy Oral History: A Research Methodology for Social Activism in Nursing. *Advances in Nursing Science*, 20(2), 32–44.
- Florell, M. C. (2021). Concept analysis of nursing activism. *Nursing Forum*, 56(1), 134–140. <https://doi.org/10.1111/nuf.12502>
- Garland, R., & Batty, M. L. (2021). Moving beyond the rhetoric of social justice in nursing education: Practical guidance for nurse educators committed to anti-racist pedagogical practice. *Witness: The Canadian Journal of Critical Nursing Discourse*, 3(1), 17–30. <https://doi.org/10.25071/2291-5796.96>
- Griffith, D. M., & Semlow, A. R. (2020). Art, anti-racism and health equity: “Don’t ask me why, ask me how!” *Ethnicity & Disease*, 30(3), 373–380. <https://doi.org/10.18865/ed.30.3.373>
- Hassouneh, D. (2006). Anti-racist pedagogy: Challenges faced by faculty of color in predominantly white schools of nursing. *Journal of Nursing Education*, 45(7), 255–262. <https://doi.org/10.3928/01484834-20060701-04>
- Hien, D. N., Bauer, A. G., Franklin, L., Lalwani, T., & Pean, K. (2021). Conceptualizing the COVID-19, opioid use, and racism syndemic and its associations with traumatic stress. *Psychiatric Services*, appi.ps.2021000. <https://doi.org/10.1176/appi.ps.202100070>
- Hilario, C. T., Browne, A. J., & McFadden, A. (2018). The influence of democratic racism in nursing inquiry. *Nursing Inquiry*, 25(1), e12213. <https://doi.org/10.1111/nin.12213>
- Hunter, J., & Marotta, S. (2020, June 19). *Allegations of racist games in B.C. emergency rooms investigated: Guessing game assumed Indigenous patients had consumed alcohol* (2414895919). The Globe and Mail (Online); The Globe and Mail; Canadian Newsstream. <https://login.ezproxy.library.ualberta.ca/login?url=https://www.proquest.com/blogs-podcasts-websites/allegations-racist-games-b-c-emergency-rooms/docview/2414895919/se-2?accountid=14474>
- Kagan, P. N. (2009). Historical Voices of Resistance: Crossing Boundaries to Praxis Through Documentary Filmmaking for the Public. *Advances in Nursing Science*, 32(1), 19–32. <https://doi.org/10.1097/01.ANS.0000346284.06860.35>
- Lightfoot, A. F., Efird, C. R., & Redding, E. M. (2021). Developing an antiracist lens: Using photography to facilitate public health critical race praxis in a foundational MPH course. *Pedagogy in Health Promotion*, 7(4), 317–326.

- <https://doi.org/10.1177/23733799211045712>
- Manzi, J., Casapulla, S., Kropf, K., Baker, B., Biechler, M., Finch, T., Gerth, A., & Randolph, C. (2020). Responding to racism in the clinical setting: A novel use of forum theatre in social medicine education. *Journal of Medical Humanities, 41*(4), 489–500. <https://doi.org/10.1007/s10912-020-09608-8>
- Markey, K., & Zhang, Y. (2020). Demystifying, recognising and combating racism during the pandemic. *British Journal of Nursing, 29*(21), 1266–1270. <https://doi.org/10.12968/bjon.2020.29.21.1266>
- Mohammed, S., Peter, E., Killackey, T., & Maciver, J. (2021). The “nurse as hero” discourse in the COVID-19 pandemic: A poststructural discourse analysis. *International Journal of Nursing Studies, 117*, 103887. <https://doi.org/10.1016/J.IJNURSTU.2021.103887>
- National League for Nursing. (2021). *Taking aim—Addressing structural racism, diversity, equity, inclusion, implicit bias & social justice*. <https://www.nln-takingaimdei.org/>
- Okun, T. (2021). *White Supremacy Culture*. White Supremacy Culture. <https://www.whitesupremacyculture.info/>
- Paton, M., Naidu, T., Wyatt, T. R., Oni, O., Lorello, G. R., Najeeb, U., Feilchenfeld, Z., Waterman, S. J., Whitehead, C. R., & Kuper, A. (2020). Dismantling the master’s house: New ways of knowing for equity and social justice in health professions education. *Advances in Health Sciences Education, 25*(5), 1107–1126. <https://doi.org/10.1007/s10459-020-10006-x>
- Perreaux, L. (2021, May 26). *Health care staff mocked, chastised Joyce Echaquan all morning, hospital roommate testifies: ‘She needed someone at her side to hold her hand and tell her she was going to be okay. Instead they laughed at her,’ a woman who was in a bed next to Joyce Echaquan testified at a Quebec coroner’s inquest* (2532069660). The Globe and Mail (Online); The Globe and Mail; Canadian Newsstream. <https://login.ezproxy.library.ualberta.ca/login?url=https://www.proquest.com/blogs-podcasts-websites/health-care-staff-mocked-chastised-joyce-echaquan/docview/2532069660/sessionaccountid=14474>
- Reading, C. (2013). Understanding racism. *National Collaborating Centre for Indigenous Health, 12*.
- Ricks, T. N., Abbyad, C., & Polinard, E. (2021). Undoing Racism and Mitigating Bias Among Healthcare Professionals: Lessons Learned During a Systematic Review. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-021-01137-x>
- Sayyid, S. (2017). Post-racial paradoxes: Rethinking European racism and anti-racism. *Patterns of Prejudice, 51*(1), 9–25. <https://doi.org/10.1080/0031322X.2016.1270827>
- Stokes-Parish, J., Elliott, R., Rolls, K., & Massey, D. (2020). Angels and heroes: The unintended consequence of the hero narrative. *Journal of Nursing Scholarship, 52*(5), 462–466. <https://doi.org/10.1111/jnu.12591>
- Summers, S., & Summers, H. J. (2014). *Saving lives: Why the media’s portrayal of nursing puts us all at risk*. Oxford University Press. <https://ezpa.library.ualberta.ca/ezpAuthen.cgi?url=https://search.ebscohost.com/login.aspx?direct=true&db=cab03710a&AN=alb.7322563&site=eds-live&scope=site>
- Sylvestre, P., Castleden, H., Denis, J., Martin, D., & Bombay, A. (2019). The tools at their fingertips: How settler colonial geographies shape medical educators’ strategies for grappling with Anti-Indigenous racism. *Social Science & Medicine, 237*, 112363. <https://doi.org/10.1016/j.socscimed.2019.112363>
- Turpel-Lafond, Hon. Dr. M. E. (2020). *In plain sight—Addressing Indigenous-*

*specific racism and discrimination in
B.C. health care.*

<https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>