# White Privilege and Professionalization: A Decolonial and Critical Feminist Perspective on Professional Nursing

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**Abstract:**

This article offers a critical perspective linking invisibility with the political foundations of the dominant, Eurocentric model of modern nursing. Using critical feminist and decolonial feminist frameworks, the paper begins by analyzing gendered, reproductive labor in the centuries leading up to the Industrial Revolution in Britain and Europe and how the current dominant model of nursing was developed. The second part of the paper suggests a critical link between white supremacy, colonial violence, and the professionalization of nursing work. Finally, this paper calls on nursing scholarship to move beyond the narrow definition of nursing within the professional framework to include people who have done and continue to do the work of nursing despite being denied the title because of segregation and colonial violence.


**Keywords**: Nursing history, feminism, decolonial feminism, reproductive labor

Invisible work has been a recurring theme in nursing for decades (Bjorklund, 2004; Huércanos-Esparza et al., 2021; Liaschenko, 1997). Much has been written about how nursing work and nurses themselves are invisible, especially regarding the dominance of medicine, like the Woodhull study (Mason et al., 2018; Sigma Theta Tau International, 1997). More recent work also analyzes how new modes of management obscure and omit nursing work in organizational texts. In their book, *Managing to Nurse*, Rankin and Campbell (2006) describe in vivid detail how institutional management systems not only invisibilize nursing work, but contradict it, creating tension points and undermining care. Nursing scholars have identified many social and political structures within healthcare that render the work of nurses invisible but have yet to tackle the roots of these issues.

In this article, I aim to offer a critical feminist analysis of *why* nursing remains largely invisible, despite decades of nursing research on the topic. The paper begins with a critical history of the social transformation of reproductive

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labor under capitalism. This history provides the context for the development of "modern" nursing, which in turn laid the basis for professionalization. This will inform the second part of this paper, which links professionalization to white supremacy and colonial violence. Finally, these two sections will intersect in a critical analysis exploring why nursing work continues to be largely invisible, and importantly, how nursing itself participates in its invisibility.

**Feminist and Decolonial Feminist Philosophy**

In this article, I use two related but different philosophical frameworks. First, Silvia Federici's (2004) feminist philosophical writings on primitive accumulation and reproductive labor will serve as framework to explore the historical context and sociopolitical foundations of the dominant, Eurocentric model of nursing we know today, as it was developed in Europe in the 19th century. In the second part of this paper, I will use the decolonial feminist writings of political scientist, activist, and philosopher Françoise Vergès (2021) to explore how nursing leveraged its participation in White supremacy and colonial violence to gain professional recognition. Vergès founded the Global South(s) research chair to "analyse new forms of colonisation, racialisation and predation, inward-looking cultural attitudes, the processes of hybridisation, as well as new configurations of universalism and counter-hegemonic strategies" (Fondation Maison des sciences de l'homme, 2017). Her work offers an international perspective on how colonialism transformed reproductive labor in both the Global North and the Global South.

**Primitive Accumulation and Gendered Work**

To understand Federici's philosophy in relation to nursing, we must first take a step back and look at the social foundations of the capitalist world. She examines social relations in Europe from the end of the 14th century, a time of mass revolt against feudalism, to the first decades of the Industrial Revolution, which began around the 1760s (Federici, 2004). This look back at history is important because it lays the

groundwork for understanding the evolution of gendered relations and work, which continues to this day to impact nursing.

Federici argues that for capitalism to develop the way it did in Europe, it required immense amounts of capital that were concentrated in the hands of the emerging capitalist class before the rise of the Industrial Revolution. This hoarding of wealth, accompanied by a separation of workers from the means of production (e.g., blacksmiths no longer having the means to own a forge, and instead having to get a job in a forge owned by someone else), created the conditions for the rise of industrial capitalism in a process Marxists theorists refer to as *primitive accumulation* (Federici, 2004; Marx, 1996). Accumulating so much wealth required state-sponsored violence. The horrors of slavery, for example, were the foundation of primitive accumulation for the formation of a powerful capitalist class in the United States and in Britain and required incredible brutality to be maintained (Gates et al., 2014). The rise of capitalism was not a peaceful transition from feudalism, but rather was characterized by "…conquest, enslavement, robbery, murder…" (Marx, 1996, p. 507).

So, what does this have to do with nursing? Let us look at the broader historical context for just a little longer. Federici, in a departure from traditional Marxist theory, argues that another fundamental source of primitive accumulation in Europe was a cultural war against women, most famously conveyed by the witch hunt, which led to the imprisonment, torture, and death of hundreds of thousands of women. Federici focuses on the period beginning in the 16th century, lasting through the Renaissance, and ending with the Industrial Revolution in the mid-18th century (Federici, 2004). She explains how the witch hunt led to the degradation of women and their work. According to her, the roots of women's oppression are not the result of the historical gendered division of labor. Federici rejects the idea that historical gendered division of labor somehow "naturally" led to the systemic devaluating of women's work. Instead, she explains how the witch hunt in Europe was a

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cultural "war" that resulted in the gradual degradation and devaluing of women's work and the dehumanization of women themselves. This cultural war led to gendered work done by women to not be recognized as work anymore, but rather a duty or an obligation of womanhood. This helped increase the exploitation of women, resulting in the accumulation of wealth through underpaid or unpaid women's work. While the Middle Ages had not been an egalitarian society by any means, the end of that epoch was characterized by organized rebellions against feudal power and reflections on how to build a more just society (Dumolyn & Haemers, 2005; Raw, 2021). The Middle Age peasants and serfs lived under the boot of their lords but had to live communally to survive. Men and women worked the fields, and women often carried out the work of cooking, cleaning, caring, and raising children together with other women of their communities: "…the sexual division of labor, far from being a source of isolation, was a source of power and protection for women" (Federici, 2004, p. 25). This power held by women, through collectivized work, was a central target of the witch hunt.

Primitive accumulation, Federici states, required that the work normally performed by women be transformed from an accepted and valued form of work to a "duty" owed to society. If women "owe" their labor to society, then the idea of paying wages becomes irrational. This was the cultural shift that the feminicide of the witch hunt across Europe helped achieve. Many of the women targeted for execution under the pretext of sorcery were healers, midwives, and respected members of their communities. Inquisitors felt the most dangerous women were those who helped others, especially those with passed-down knowledge, like wise-women, midwives, and healers (Ehrenreich & English, 1973b; Whaley, 2011). Their work was valued and gave them status. The witch hunt endeavored to isolate women and make respect and status all but impossible to achieve. Women, and everything associated with womanhood, were portrayed as a menace to subdue. Federici's conclusion is that the exploitation of

work traditionally done by women is not a consequence of capitalism, but rather one of its fundamental pillars (Federici, 2004).

**Reproductive Labor**

Nursing is work historically done women. While non-binary folks and men have engaged, and continue to engage in nursing work, it remains a gendered profession. Around 90% of the world's nurses are women (D'Antonio et al., 2006; World Health Organization [WHO], 2020). Many other types of work, like teaching, early childhood education, cleaning services, social work, and others are also carried out by a large majority of women. This type of work is what Federici and many other feminist philosophers and theorists refer to as *reproductive labor*. It is the work that is necessary for the survival of society; making sure enough humans make it to adulthood with the knowledge and capacities required for the reproduction of society, in terms of actual humans but also of the social system. Birthing children is reproductive labor, but so is teaching school children, the work of community soup kitchens, hospital cleaning services, and much more (Federici, 2004; Stevano et al., 2021).

Nursing is reproductive work; nursing is caring for people and their families when they need assistance at various points in their lives. It supports human life and well-being, helping children reach adulthood and people recover from sickness, and supporting families through deaths. Nursing is not new to the modern epoch. It is arguably necessary for the survival of any human society in one form or another, and there is evidence of people caring for the sick, the wounded, the young, and the elderly going as far back as we can trace humanity (Spikins et al., 2010). In this article, I will retrace the history of *modern* nursing, i.e., the dominant, Eurocentric nursing model that was developed in Victorian Britain and exported around the world. This is the model professional nursing in the United States and Canada claims as its foundation, which is why it is the nursing model examined here.

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## The European Witch Hunt and the Birth of Capitalism

Because reproductive labor is associated with womanhood, Federici argues it was targeted to be degraded and dehumanized in the centuries of turmoil that gave birth to capitalism. Feminist scholars have also explored how women healers came to be so targeted by the European witch hunt as a way to establish medicine and medical men as the sole possessors of healing knowledge (Ehrenreich & English, 1973b; Whaley, 2011). Medicine began to establish itself as a profession in Europe in the 14$^{th}$ century, despite a terrible track record with actual healing. Physicians, well into the 18$^{th}$ century, often killed more than they cured (Ehrenreich & English, 1973a; Frith, 2012). Bloodletting was the main tool used by physicians to "heal" until it was finally discredited in the 19$^{th}$ century (Stewart, 2019). Along with bloodletting, physicians also routinely prescribed various poisonous concoctions. Mercury, for example, was a staple in cures for everything from syphilis to skin diseases (Ehrenreich & English, 1973a; Frith, 2012; Greenstone, 2010; Norn et al., 2008). Medicine established its domination not through science and healing, but rather through politics, including using the myth of male superiority, to discredit any healer that was not of their ranks or of the Church. Ehrenreich and English (1973b) explain how the medical profession was legitimized by the witch trials, with physicians being called upon to determine whether a woman was indeed a witch or the victim of a witch. Unlawful practice of medicine was a frequent accusation in the witch trials, regardless of whether the "witch" had harmed or healed patients (Ehrenreich & English, 1973b; Whaley, 2011).

By the beginning of the Industrial Revolution, women, especially poor and working-class women, had very few livelihood options (Jordan, 1989). In Britain, the first imperialist superpower, the rise of industry contributed to a spectacular decline in health and life expectancy of the working masses (Engels & Kelley, 1892). By then, a cultural shift in the view of women had occurred; they were no longer seen as a "danger" to put down, but as dependents made for bearing children and caring for the home (Federici, 2004). But the economic conditions of the epoch meant most women had no choice to seek out some form of employment to survive. Continued discrimination became rationalized in part through a bio-medical lens; women were seen as weak in body and mind and could not be trusted to do anything by themselves (Ehrenreich & English, 1973a; Mcclintock, 2013). This was reflected in their pay; women were paid 30% to 50% less than their male counterparts, to protect the gendered economic hierarchy (Jordan, 1989). Women who were single earners for their households, like widows, seemed condemned to destitution (Muller, 2021).

Industrial capitalism was rising through technological innovations and massive hoarding of wealth; simultaneously, the living and working conditions of the working people were drastically decreasing. In 1840, for example, factory workers in Liverpool had a life expectancy that didn't even reach adulthood at only 15 years of age; in Manchester, 57% of children died before reaching the age of five (The National Archives, 2022). The wealthy were wealthier than ever, and the poor, ever more destitute. This context is important; it inspired the most far-reaching reform of nursing care in history. It is the sociopolitical backdrop that influenced the development of what the nursing literature generally calls "modern nursing", i.e., the model of nurse training within hospitals that was developed in Victorian Britain and laid the basis for the professionalization of nursing.

The technological triumph of the industrial revolution in Britain was a human catastrophe for working people. The means of production were concentrated in the hands of a minority of rich, upper-class families, fostering deep social inequities. The life expectancy of working people in urban centers was so low, and industrial work so dangerous, that workers and their families did not have time to raise children and maintain population levels (Engels & Kelley, 1892). Young children worked in

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factories, families were crowded into inadequate housing, and infectious diseases were rampant (Davenport, 2020; The National Archives, 2022).

In the mid-19th century, Florence Nightingale led a political campaign to reform nursing that many nurse scholars and historians refer to as the birth of "modern nursing", which for the purposes of this article is referred to as the dominant, Eurocentric model of nursing (Gallagher, 2020; Gottlieb, 2012; Lee et al., 2013; Winkelstein, 2009). At the time, nursing care was mostly carried out in people's homes; usually, by female relatives or by "visiting nurses" from a religious order (Coburn, 1988). While hospitals have long existed, for most of their history, they were not as central to the healthcare system as they are today (Reverby, 1987). They were generally avoided and considered unsafe. Nurses practiced almost exclusively outside of hospitals, and for those who couldn't afford hiring a nurse, the task of caring for the sick was generally left to the women of the family (Hine, 1989). Whether done by hired nurses or family members, this work included domestic duties such as cooking and housework. Hospitals in Britain were the last resort for those who had nowhere else to go, like unwed pregnant women, and people without families or homes (Foucault & Sheridan, 1994; Porter, 1995).

The reform initiated by Nightingale starting in the mid-19th century laid the foundations for the standardization and professionalization of nursing. The training was entirely conceived for a hospital setting, despite few hospitals employing trained nurses. While she understood that the most important branch of nursing at the time was home and community care, Nightingale determined that "… all who wish to nurse efficiently must learn how to nurse in a Hospital" (Nightingale, 1865, p. 10). This reform originated in Britain but tied nursing to hospitals around the world (Cohen & Bienvenue, 1994; Godden & Helmstadter, 2009; Hine, 1989; Koffi & Fawcett, 2016).

## A Critical Perspective of the Nightingale Reform

The Nightingale reform of nursing is often praised in nursing literature as the beginning of the professionalization of nursing and even as a feminist achievement for women of the Victorian era (Dossey, 2005; Gallagher, 2020; Koffi & Fawcett, 2016; Lee et al., 2013; Smith, 1981). Here, I offer a critical approach to this reform, building on the socio-political context of the epoch and the critical feminist concepts of primitive accumulation and reproductive labor described so far.

Nightingale was a social reformer and a leader of the sanitation movement (Santainés-Borredá, 2022). This movement was two-fold; it aimed to introduce sanitation within working-class homes while simultaneously imposing the moral values of the upper classes onto the working class. It linked cleanliness to purity and godliness and attributed diseases to moral deficiencies reflected in hygiene. Leaders of this reform movement also aimed to "depoliticize" workers by limiting their capacity to meet and organize (Hotz, 2000). It individualized systemic issues of hygiene and sanitation (Bashford, 1998). It was a moral crusade based in Christian values of charity and purity. The "Nightingale" nurse became emblematic in this reform; the new nurse was a model of Victorian efficiency, purity, and femininity (Bashford, 1998). Nightingale herself came from a wealthy and well-connected family. Her father was a rich landowner with politician friends, and her uncle had made his fortune in the lead industry (Bates & Memel, 2021). As most wealthy women of her epoch, she was expected to engage in charitable work among the poor who lived on her family's estates. This practice was grounded in the Christian mores of the time, but also served a social purpose: to reinforce the supremacy of the wealthy elite (Bates & Memel, 2021). Nightingale threw herself into charitable work with great zeal, as she saw in this type of work a possibility to avoid a future as an idle housewife for herself and others like her.

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Nightingale is known for working tirelessly for years to establish nursing as an alternative to lifelong idleness for wealthy women and as a means of survival for poor and destitute women. Her vision for nursing was never meant to emancipate *all* women. She worked to *improve* the social order and make it work for her and women like her, not challenge it. In her essay Cassandra, she explains:

> The progressive world is divided into 2 classes—those who take the best of what there is and enjoy it—and those who wish for something better and create. Without these two classes, the world would be badly off. They are the very conditions of progress. Were there none who were discontented with what they have, the world would never reach anything better. And through the other class, which is constantly taking the best of what the first is creating for them, a balance is secured and that which is conquered held fast. (Nightingale, 1979, p. 29)

This quote provides insight into her political perspective. She supported the class divisions of British society but wanted women of the upper classes to also enjoy the privileges of their class. She bemoaned the rigid rules of Victorian society relegating upper-class women to the rule of a household, despite their "passion, intellect, moral activity" (Nightingale, 1979, p. 25). Upper class women, she says, had no opportunity for meaningful work; she longed for something "worth doing" (Nightingale, 1979, p. 7). Wealth and status afforded time and resources poor women could not have, yet Nightingale found that there was little possibility to put this time and these resources to use.

What often lacks in nursing analysis of the Victorian era is that Nightingale's political outlook was only one of many in this politically effervescent epoch. Yes, she was a product of her time, but also of her class and of the British Empire. The Victorian era was rich in political movements and struggles. The Chartists had begun to set the stage for the first trade unions, and the first European feminists began writing

and protesting for women's rights; the rise and fall of Paris Commune in 1871 sent shock waves through Europe. Karl Marx lived for five years only a few blocks away from Nightingale's London home. Outside of the borders of Europe, the British empire was fighting anti-colonial revolts and wars, from South Africa to New-Zealand to India (Habib, 1998; O'Malley & Kidman, 2018; Parsons, 2016).

There is abundant literature on the Nightingale reform of nursing. The object of this article is not to review it in detail, but rather to add context to it and a critical feminist lens. Nursing was developed in a way that left the patriarchal hierarchy largely unchallenged. Historian Charles E. Rosenberg explains:

> The hospital was a small society but one that precisely mirrored the larger society that supported it. Her [Nightingale's] views were in fact so consistent with contemporary assumptions and so relevant to contemporary problems that her work and tireless activism played an indispensable role in crystalizing a mid-nineteenth century movement for hospital reform (Nightingale & Rosenberg, 1989. p. 4).

In this respect, it is my view that the foundations of modern nursing are embedded in misogynistic principles that continue to affect nurses and nursing today. Modern nursing is founded on the premises that invisibility and self-effacement are essential characteristics of ideal femininity.

"To be *a good Nurse* one must be *a good woman*" (Nightingale, 1872/1914, p. 4).

But what does it mean to be a good woman? Nightingale, in her praise of the religious training of nurses in France, exclaimed, "The liberty of speaking continually does indeed bring the worst consequences" (McDonald, 2006, p.106. In her vision, nurses were to be quiet, self-effacing and avoid attracting attention to themselves at all costs. Reading the foundations of this nursing model, we find an unbroken historical thread within this dominant, Eurocentric model of nursing that places

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invisibility and self-effacement as a defining characteristic of being a good nurse.

The Woodhull study (Sigma Theta Tau International, 1997) seems to have unintentionally picked up this historical thread: It analyzed thousands of healthcare-related news and magazine articles. Nurses were cited in less than four percent of the articles, and even when they were cited, they were rarely named. Two decades later, nursing scholars repeated the same exercise, with even worse results.

Here, I would argue that the continued invisibility of nurses is not a "trend" but a historical foundation of the current dominant, Eurocentric model. While there are feminist considerations about women in the media in general, in regard to nursing, sexism in the media is not the only problem. Nursing contributes to its own invisibility, including through its own professional structures.

### Racism and Colonial Violence as Foundational to the Professional Project

We have discussed so far how the current Eurocentric model of nursing was developed in adherence with the social divisions of Victorian Britain. But much more is needed to understand why it remains the dominant model today. To understand nursing today, we must also explore the relations of nursing to colonial violence, white supremacy, and racism.

Colonialism and slavery brought immense wealth and power to countries of the Global North. White women benefitted from this, leveraging this as an opportunity to become *part of* the system, rather than *challenge* the system. Echoing Nightingale's protestations that she could not enjoy the privileges of her class, white women of European colonial empires fought for access to the wealth produced by colonial exploitation. Colonialism also meant women from the Global South were displaced to the Global North. This changed the face of reproductive labor in imperialist countries, becoming stratified according to race, not just class. Vergès explains: "White women's greater access to professional life (outside of the factory) required other (racialized) women to take over that social reproduction—childcare, cleaning, cooking—and middle-class families wanted domestic workers" (Vergès, 2021, p. 60).

The work of nursing that was long considered drudgery began to shift from nurses to other classes of workers, along racial lines. Today, much of the work that was considered nursing is now done by people who aren't registered nurses: licensed practical nurses, orderlies, family caretakers, cleaners, and many others. Much has been written about the racial stratification of reproductive work in the Global North, at the expense of the Global South (Nakano Glenn, 1992; Vergès 2021). This article adds nothing to that extensive scholarship, rather it hopes to add a critical perspective to nursing's "professional project." Vergès allows us to look at the professionalization of women's work as a practice of colonial violence and white supremacy within the countries of the Global North.

### White privilege and professionalization

Professionalization is a political process. It involves: "seeking state sanction for consolidated and/or expanded professional boundaries and for the right to, or defence of, self-governance, particularly in reference to professional work autonomy, the sine qua non of the ideology and practice of professionals" (Salhani & Coulter, 2009, para 1).

The nurses borne of the Nightingale reform were well positioned to lobby for formal professional recognition. In Canada and the United States, by the early 20th century, despite the increase in hospital nursing schools, nurses were still largely unregulated once they left the hospital. Furthermore, many people worked in communities to care for the ill or unwell, not just nurses trained in hospital schools. In Canada for instance, Black and Indigenous women were barred from nursing schools, yet many did the work of nursing within their communities (Flynn, 2012). This created tensions with the Eurocentric model of nursing that was in the process of establishing its dominance. The white

nursing elite that established themselves through this model began repressing any form of nursing that existed outside of it. Through this process, they reproduced all systems of oppression, including the rigid hierarchy within healthcare. This is especially visible with the undermining of midwifery by nursing throughout from the mid 18th century. Black and Indigenous midwives were especially targeted:

> "…These same white nurse-midwives also became the cudgel that would control, suppress, and eliminate the Black, Indigenous, and immigrant midwifery workforce from 1920 to 1945, both as teachers and as state agents of legal and regulatory enforcement." (para 7) (Niles & Drew, 2020).

White nurses, within their segregated professional structures, participated in the subordination of midwifery to medicine. In Quebec, Canada, midwifery became illegal to practice by the 1920s. The work of midwifery was "almost entirely divided between the trained nurse and the physician" (Conseil National des Femmes du Canada, 1898, as cited in Dressayre, 2017, p. 31). These examples suggest professional nursing gained political legitimacy by pushing out Black and Indigenous women from formal nursing and midwifery roles (Jefferies, 2021; Niles & Drew, 2020). There were campaigns, led and/or supported by white nurses, to outright criminalize knowledge and practices of Black and Indigenous nurses, healers and midwives (Niles & Drew, 2020; Symenuk & al., 2020).

Many scholars and historians have documented how segregation and exclusion was justified by arguments of "professionalism" (Hine, 1989; Flynn, 2012). "Professionalism" often meant "white", first and foremost. For example, one of the first Black nurses to graduate from a Canadian hospital school was Marisse Scott of Owen Sound. She fought for her admission, and mobilized her community, her church, went to the press, to government and union officials in an unflinching campaign against a hospital

school system dead set against training Black nurses (Flynn, 2012).

Hospital schools were an instrument of segregation, but also a means to erase Black and Indigenous nurses from nursing history altogether. It allowed the exclusion of already practicing nurses from nursing, because they weren't part of this organized system (Spinney, 2020). Despite claims of superiority, the hospital school system was not necessarily superior to any other form of nurse training that existed prior to it. On the contrary, these schools simply provided a cloak of "professionalism" to hospitals that allowed them to exploit the labor of student nurses and justify the professional privileges of a white nursing elite" (Hine, 1989; Reverby, 1987).

### The "Professional Project" as a Practice of White Supremacy and Colonial Violence

Nursing continues to be stratified according to race (Bell, 2021; Nakano Glenn, 1992). In the US and Canada, nurses in formal leadership and management positions and nursing academia remain disproportionately white, while nurses and care workers working in the most underpaid jobs in the most underfunded specialties are disproportionately racialized women (Garcia et al., 2021; Shippee et al., 2020). Despite important discussions within nursing around racism and colonialism, we've yet to acknowledge that nursing is a profession, in part at least, because of its practice of White supremacy and colonial violence. Such an acknowledgement is important, because it opens the door to studying systemic racism and how White privilege continues to influence the professional project. I echo the analysis of historians of nursing Flynn, Reverby, Smith and Tobbel (2021):

> …a long held objective in the professionalization of modern nursing which is to develop the discipline as a white middle class women's epistemological and ontological project…For the last nearly 150 years in the United States, the only people who could move from "professed" nurse to

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trained nurse to the status of professional nurse, and thus have permission to contribute to the science of nursing were primarily white women who advanced through the educational hierarchy. (para 1, 3)

Professionalization both formalized and obscured White supremacy in nursing. It hid whiteness behind a cloak of "professionalism". Yet at every step of the way, Black and Indigenous nurses have been spearheading anti-racist and decolonial social movements. For example, Marie Branch, a nurse, scholar, and Black Panther wrote about racism in nursing and healthcare in 1976: "… it boggles the mind to contemplate the contribution of which society has deprived itself because of the racism which has denied people of color the context in which to express our maximum potential" (Foster Branch & Perry Paxton, 1976, p. xv).

This appears true of nursing as well. The professional project, so dependent on White privilege, has deprived itself of Black and Indigenous nursing knowledge. Nursing history was re-written through professionalization, by imposing a narrow definition of who can be called a nurse. This active process can still be observed today, as the definition of nursing and nursing work remains within the narrow confines of the professional project. From a legislative and professional perspective, "registered nurse" is indeed a reserved title, but nursing scholarship should interest itself in all of the people who have done, and continue to do, the work of nursing, and why despite doing the work, were denied the title. Nursing scholars can challenge professional regulatory mechanisms that continue to exclude and discriminate. Nursing should be considered from the perspective of the work it entails, regardless of whether the persons doing the work have a professional license. The title of "registered nurse" reflects the political process within a professional system. In the United States and Canada at least, that professional system was built from nursing's practice of White supremacy. Systemic racism is the default setting of professional nursing, it is a system of

oppression that needs professional nursing to continue to thrive.

**Conclusion**

Nursing is so much more than the dominant Eurocentric model of professional nursing. Nursing, beyond professional nursing, has a long and complex history tied to reproductive labor and all of humanity. In nursing science, the answers to longstanding nursing grievances, like the invisibility and devaluing of nursing work, must be looked for outside of the narrow box of professionalism. Nursing should explore how its history contributes to nursing invisibilizing its own, all in the name of a professional system that, in the end, appears to have cost much more than it has given.

Nursing, as profession, cannot engage in genuine anti-racist work as long as it holds on to the privilege it leveraged through its participation in White supremacy and colonial violence.

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