

Moving beyond the rhetoric of social justice in nursing education: Guidance for nurse educators committed to anti-racist pedagogical practice.

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Abstract:

We argue that while the discipline of nursing aligns with the ideals of social justice and anti-racism, it has been challenging for nurse educators to translate these ideals into practice. In this discussion paper, we explore these challenges. Of note, there is little guidance for nurse educators to support student knowledge development in addressing the complex issues surrounding anti-racist and anti-discriminatory practice. Accordingly, we utilized Peggy Chinn's *Peace and Power* framework as a guide to develop an anti-racist practice that is underpinned by critical pedagogy. Our aim is to provide teaching and learning strategies for nurse educators to address racism, discrimination, and oppression in undergraduate nursing learning environments. Implications of this article include guidance for nurse educators who are committed to anti-racist pedagogical practice.

Keywords: nursing education, critical pedagogy, anti-racism, nurse educators, anti-oppression

Introduction

In August 2020 we were paired, as mentor and mentee, graduate student and teaching professor, to teach a third year, undergraduate Community and Population Health Nursing course. Our experience coincided with tragedies entrenched in racism that gave us a renewed sense of commitment to teaching from an anti-racist pedagogical stance. Just before, within two weeks in June, an Indigenous man and woman, Chantel Moore and Rodney Levi, were killed in New Brunswick during wellness checks. In Nova Scotia, Mi'kmaq fisheries were under siege for attempting to maintain their right to fish to earn a

moderate livelihood. Next door in Quebec, Joyce Echaquan, an Atikamekw woman, died in hospital while staff, including nurses, ignored her cries for help and denied her the care and support she required and deserved. These tragedies echoed similar events in Canada and abroad, such as the Black Lives Matter movement which gained considerable traction in 2020 after the death of George Floyd (Buchanan et al., 2020). None of these were isolated incidents, but rather evidence toward the deeply entrenched systemic racism that underpins the structures of our society.

When we committed to aligning our course with anti-racist pedagogy, we realized the difficulty that many nurse educators face in translating nursing's ideals of social justice into practice (Bell, 2020; Thorne, 2017). Our concerns were reinforced by an open letter (Prendergast et al., 2020) to the Canadian Nurses Association, criticizing nurse educators for failing to educate students and change curricula to address systemic racism. Despite standards of educational practice and provincial regulatory requirements for institutions to demonstrate course content that aligns with social justice ideals (Canadian Association of Schools of Nursing [CASN], 2014; Community Health Nurses of Canada [CHNC], 2019), there remains a disconnect between written ideals and the implementation of such ideals into practice. In our experience, it is not that nurse educators are apathetic or indifferent; rather, the crux of the issue appears to lie within professional and structural contexts that make discrimination invisible and ultimately sustains privilege and upholds the status quo (Bell, 2020; Holland, 2014; Kishimoto, 2016). Accordingly, we sought to illuminate the intersectionality of systemic and structural discrimination within our course activities to simultaneously support and strengthen student learning, while also addressing structural issues within nursing education that perpetuate discrimination. To elaborate, intersectionality is a lens through which one can analyze complex hierarchies and dominant ideologies that work together to create matrixes of power (Aspinall et al., 2019). As such, our focus in this discussion paper is to illuminate how we utilized anti-racist pedagogy to enact change in our educational practice. In particular, we discuss how we utilized Peggy Chinn's (2013) *Peace and Power* framework to implement classroom strategies that align with critical pedagogy to create an environment for learner transformation, while also enacting social change (Dyson, 2018; Valderama-Wallace & Apeso-Varano, 2020).

Social Justice and Anti-Racism in Nursing Education

Social justice is an overarching principle for the nursing discipline, and nurse educators have advocated for pedagogical practice to align with

this concept (Blanchet Garneau et al., 2017; Chinn, 2013). CASN (2015) lists the ability to address issues of social justice as an essential component of baccalaureate nursing education in Canada. The CHNC (2019) *Standards of Practice*, which were a foundational framework for our community health course, recognize social justice as a central underpinning concept to the practice of community health nursing. There is little question that social justice, and by extension, anti-racism, remains an important concept in nursing.

Racism and anti-racism in nursing are not new concepts (Blanchet Garneau et al., 2017). Racism is multifaceted and can be understood as the everyday experiences of discrimination that manifests in subtle or overt ways (Vukic et al., 2012). Racism can be understood within the context of individual attitudes, such as excluding minorities, "othering", stereotyping, or perpetuating Eurocentrism (Holzkamp, 2013). Moreover, racism extends beyond individual explanations and attitudes to include broader societal, political, economic, and neoliberal contexts that are often invisible and easily overlooked (Blanchet Garneau et al., 2017). Examples are not limited to, but can include: avoiding discussions of racism in nursing education (Blanchet Garneau et al., 2017; Lancellotti, 2008); knowledge production from an apolitical, dominant, White lens (Van Herk et al., 2011); and a focus on cultural sensitivity, where one's assumed, racialized identity becomes an analytical lens to influence nursing interventions (Browne & Reimer-Kirkham, 2014; Drevdahl, 2018).

Anti-racism is an active undertaking of changing knowledge, attitudes, and beliefs with the aim of dismantling hierarchies that maintain oppressive power (Alberta Civil Liberties Research Centre, N.D.). Social justice interventions are often aimed at dismantling racism, given the undeniable evidence highlighting the deeply entrenched discrimination that is linked to health and social inequities (Blanchet Garneau et al., 2017; Krieger, 2014; Public Health Agency of Canada [PHAC], 2018; PHAC, 2020). Furthermore, discussions about racism and its relationship to social justice are at the forefront of

the Canadian Nurses Association (2020) agenda, which has called on all levels of nursing to include anti-racist strategies in their practice.

Educators must be prepared to address racism in both classroom and clinical settings and help students to understand systemic racism and its relevance to nurses (Prendergast et al., 2020). However, Bell (2020) asserts that the principles of social justice have been largely symbolic within many nursing curricula and fail to address social injustices that the discipline of nursing claims as a core value. Furthermore, according to Drevdahl and colleagues (2006), prior to the 1990s, nursing research often framed racism and discrimination as an individualistic issue, often ignoring or avoiding systemic or institutional contexts that perpetuate discrimination.

While the difficulty in translating anti-racist pedagogies into practice has been multifaceted and complex, the status quo continues to be maintained in part because of the silos that exist within nursing (Van Bower et al., 2021). Such silos also tend to exist between individual courses. When students' attitudes and deep-seated beliefs about racism and social justice are not understood within the context of different courses, and when they do not have educators helping to make explicit connections between racism and health, students do not necessarily transfer their learning (Van Bower et al., 2021). For example, education about cardiovascular health that lacks meaningful discussion about social determinants of health, social justice, and systemic racism perpetuates focus on the individual and behaviour change. Furthermore, silos in nursing education exist not only between individual courses, but also because of the disconnect between the ideals of educational practice standards and what takes place in practice. These challenges are henceforth examined from a micro-, meso-, and macro-level perspective.

Micro-level Challenges

Nurse educators face a broad range of challenges when trying to enact social justice ideals into practice. Habibzadeh, Jasemi, and Hosseinzadegan (2021) conclude that many

educators have difficulty understanding the complexities associated with social justice. These same authors noted that educators report high workload and a lack of resources, which contributed to their discomfort in teaching students about social justice. The issue is further compounded because educators often use ineffective teaching strategies (Habibzadeh et al., 2021). This aligns with Prendergast and colleagues' (2020) position that, "while nursing schools are educating students to work with racialized patients and staff, schools are providing little to no knowledge or understanding about systemic racism" (par 3). This sentiment is echoed by Thorne (2017), who concludes that new pedagogical approaches are necessary if educators are to bring forth social justice into the classroom.

In order for nurse educators to better understand and implement anti-racist approaches into educational endeavours, nurse educators require personal and professional development (Bell, 2020). Nurse educators agree that they are not adequately prepared to effectively support anti-racist education (Beard, 2014; Beard, 2016). O'Connor and colleagues (2019) note that many nurse educators do not feel prepared to "address critical conversations on topics such as power, privilege, dominance [and] institutionalized racism" (p. 634). In addition, they found that White faculty were particularly challenged by conversations about racism due to their inability to understand their own White fragility (O'Connor et al., 2019). *White fragility* is a term used to describe the defensive behaviours that those who are White tend to exhibit when challenged about their attitudes and beliefs around racism (Waldman, 2018). Hassouneh (2013) found that White nursing faculty tended to defend the status quo, despite institutional and professional claims of diversity and equity. Moreover, nurses who remain comfortably oblivious may continue to argue that they are not racist because they "don't see colour" (Danda, 2020). Bell (2020) concluded that "competent White educators are needed to deliver consistent anti-oppressive pedagogies and to role model positive White identities for White students" (p. 9).

Educators teaching both theory and clinical courses have the autonomy to incorporate the resources they feel are appropriate to help students meet course outcomes. While course outcomes about social justice and anti-racism reflect curricular and institutional values, individual educators design their course syllabi, as well as methods of teaching and learning. Educators design course strategies based on their expertise and interests. Although varying degrees of knowledge exist amongst educators, a disconnect between theory and practice exists in instances where educators are comfortably oblivious to the realities of systemic racial inequities. Educators may unintentionally avoid the topic, or focus on individual interventions (Beard, 2016; Blanchet Garneau et al., 2017). Bell (2020), in her review of the literature, found only three articles that discussed nurse educators teaching anti-racism.

Meso-level Challenges

Canales and Drevdahl (2014) speculate that another reason social justice remains as rhetoric within nursing curricula is because nurse educators focus considerable attention on preparing students to pass national registration examinations. It is imperative that students pass this exam, as they are otherwise unable to obtain licensure in all provinces and territories in Canada, with the exception of Quebec. A review of the current version of the NCLEX-RN Test Plan (National Council of State Boards of Nursing [NCSBN], 2018) finds no mention of social justice or anti-racism during the explanation of health promotion. The mandate of this exam is to promote safe practice for novice nurses (NCSBN, 2018), but discussion of health promotion remains at the individual level, using terms like “lifestyle choice” and “health promotion behaviours” (p. 19). These terms reflect an emphasis on individualism which Reimer-Kirkham and Browne (2006) argues contributes to systemic racism.

This is not to say that licensure exams are not important, but it explicates the critical need for educators to help students understand root causes of systemic injustices and develop the requisite skills needed to address health inequities and the

social determinants of health (Bower et al., 2020). Without this knowledge, nurses focus on more downstream or reactive approaches, thus failing to consider root causes of illness (National Collaborating Centre for Determinants of Health, 2014). Nurses must be aware of the influence of social injustice perpetuated by the systems in which they live and work in order to meaningfully address such inequities. Nurse educators have a responsibility to incorporate social justice into their courses in ways that move from mere awareness toward meaningful action.

Macro-level Challenges

Apolitical and neutral approaches to education, research, and theory prevail within the nursing discipline (Bell, 2020; Kishimoto, 2016). However, knowledge that is often considered objective or neutral can actually be Eurocentric and legitimize dominant ideologies (Kishimoto, 2016). These conditions privilege certain forms of knowledge that reflect worldviews and interests of those who create them (Scheurich & Young, 2002). Nursing education has been criticized for reproducing worldviews that perpetuate dominant norms of Whiteness and positivism (Bell, 2020; Kishimoto, 2016; Van Herk et al., 2011; Vukic et al., 2012). Privileging certain ways of knowing inevitably contributes to the perpetuation of systemic forms of discrimination. For example, positivism has dominated research for years, assuming that truth is singular, context can be controlled, and thus discounting epistemological and ontological positions of other paradigms (Gottlieb & Gottlieb, 2017). Furthermore, silently reproducing Eurocentric worldviews enables nurse researchers and educators to ignore the complexities that underpin and uphold systemic racism. Yet, this apolitical lens ultimately prevents the examination of root causes of inequities and undermines the very ideals of social justice that we aim to uphold (Valderama-Wallace & Apesoa-Varano, 2020).

Underpinning educational endeavours with nursing’s aims of social justice must therefore be inclusive of the contextual elements that influence teaching and learning. Critical inquiry locates knowledge within a broader social, political, economic, and ideological context

(Weaver & Olson, 2006). As such, a central tenet of critical theory is to expose and examine assumptions that influence social processes, institutional structures, and ideologies that guide practice (Lynam, 2009). The teaching process not only includes the implementation and evaluation of teaching strategies, but also the analysis of that broader context (Dyson, 2018). From this perspective, the goal of education is to uncover forces at play in shaping the learning and teaching experience, as well as the influence of broader structures on learning environments. Therefore, critical pedagogy can guide the development of anti-discriminatory classroom strategies for enhancing learning, while also exposing invisible forces within broader educational institutions that create liberating or oppressive environments. We sought to utilize critical pedagogy as a philosophy for guiding the development of our course, so that nursing students may ultimately be able to attend to the social determinants of health in meaningful and practical ways. Furthermore, we used critical pedagogy to address structural oppression, understanding that invisible forms of discrimination embedded in our educational and societal structures are often the most challenging to transform.

Critical Pedagogy in Practice

As with any worldview, we began by reflecting upon our position as educators and the situatedness of our beliefs and values. We assert that one cannot teach toward transformative aims if they do not first attempt to consider the value-laden nature of what and how they intend to teach. Nurse educators must first attend to the development and broadening of their understandings of race and racism as a precursor for engaging with students in constructive dialogue (Van Bever et al., 2021). Prior to selecting teaching and learning strategies, every nurse educator has the obligation to reflect on their position within the world and deeply consider the inherent assumptions that may perpetuate oppression and imperceptible discrimination. For example, we reflected upon our own Whiteness and privilege in a predominantly White school of nursing. We understood that not only must we acknowledge the complexities of power relations inherent in

any teacher-student relationship, but that we must also address and make explicit the fundamental ideologies that privilege our position and voice. This reflective process preceded curriculum development and continued throughout the term.

As a relational process, teaching is co-created between learner and instructor, with the ultimate aim of self-actualization and empowerment for both parties. The teacher is a guide who leads learners to the possibility of developing cognitive, affective, and psychomotor skills; simultaneously, educators ought to use strategies that nurture a love for learning and enhance the possibility of developing a transformative practice, which is inclusive of “critical thinking, reflective practice, and political action” (Mohammed, 2014, p. 214). We contend that much attention has been paid to the development of critical thinking and reflection in nursing practice, yet less attention has historically been paid to socio-political and emancipatory knowing in nursing. Given the importance of emancipatory knowing to the discipline of nursing, we must advance this knowledge in the classroom. A teaching environment that employs a holistic model of teaching, meaning attention to content, process, and environment, can be a place where teachers and learners grow and are empowered by the process (hooks, 1994). Furthermore, teaching with the intention of developing a transformative practice allows students to move through a process of understanding “what is” to envisioning “what could be” (Mohammed, 2014, p. 214).

Reconceptualizing the Pedagogical Stance

After reflecting upon our individual and relational understandings and aims of teaching, we utilized Peggy Chinn’s (2013) *Peace and Power* as a framework for guiding course development. This framework is inclusive of attention to demystification and active engagement in content, empowerment for all, and creating community. According to Chinn and Falk-Rafael (2018), the theory of Peace and Power is influenced by Paulo Freire; in particular, “the concept of praxis and reflection and action that leads to change” (p. 691). The underpinning idea of power as a guide for teaching arises from “power with”, as opposed to “power over” that

historically defines the instructor and learner dynamic (Chinn & Falk-Rafael, 2018). In other words, attention is placed upon ensuring that teaching and learning strategies are student-centred and selected classroom strategies ensure that every learner is valued and heard (Chinn & Falk-Rafael, 2018). The concept of peace within the theory represents an acronym that, according to Chinn and Falk-Rafael (2018), is inclusive of praxis, empowerment, awareness, cooperation, and evolvment:

Praxis brings together knowing and doing. It is consciousness and mindfulness that shapes actions to be consistent with one's ideals and values.

Empowerment means nurturing each person's abilities and strengths in the context of respect for everyone in the group.

Awareness means active searching for deep meanings beyond the surface, using a lens that is deliberately committed to values of peace and power.

Cooperation means actions that are shaped by commitments to group solidarity while integrating the range of diversity that exists in the group.

Evolvment means embracing growth and change for all individuals and the group (pp. 691-692).

We selected Chinn's (2013) Peace and Power framework to guide our anti-oppressive classroom practice for several reasons. Anti-racist pedagogy is a process that moves beyond simply incorporating racial discussion into classrooms; rather, it is about how one teaches (Kishimoto, 2016). According to the Alberta Civil Liberties Research Centre (N.D.), an anti-racist approach involves taking directed action toward dismantling racism, recognizing oneself as an agent for change, and identifying racism within institutional structures. This framework allows educators to not only attend to individual and relational development, but also creates space

in the classroom for examining social processes, institutional structures, and ideologies that perpetuate colonial harms, oppression, and racism. The Peace and Power framework can create a relational classroom that aims toward mutual growth, dignity for all, reaching one's full potential, and trust (Chinn, 2018a). While using this framework, we incorporated the values: demystification of content and process; creating community; and empowerment for all (Chinn, 2018a).

Demystification

We employed multiple strategies throughout the semester to actively engage students in content and to demystify the process. Throughout the course, we emphasized that learning activities were selected to foster both skill and knowledge development, while also exposing underpinnings of health inequities. We explained the evolution of our teaching philosophies and included a note of acknowledgement in the syllabus that the course took place on unsundered and unceded traditional lands of Indigenous Peoples. We recognized that colonialism has influenced academia and conceptualizations of "truth". We noted that throughout the course, we would be disrupting dominant Eurocentric paradigms, and this would be reflected in course content, teaching, and methods of assessment. An explicit stance and open discussion on our purposeful course content and process can help to expose invisible structures and render preconceived notions and assumptions up for debate, which both align with critical theory and anti-racist pedagogy (Van Bever et al., 2021). Furthermore, traditional instruction to increase student knowledge is considered insufficient to promote deep reflection around racism and systemic structures influencing discrimination (Harbin et al., 2019; Van Bever et al., 2021). As such, we explicitly aimed at active engagement that moves beyond traditional approaches to classroom teaching, to facilitate deep and reflective learning.

We were intentional in shifting power from instructor to student by actively using a democratic process to create class guidelines. As the class contributed ideas, we organized them

into three categories: respect; confidentiality; and commitment to practice. We also contributed to this last section by acknowledging the time and practice that is a necessary part of learning, particularly when this learning requires addressing social justice issues. It was important for us to model inclusive language in our interactions with students, and it was also important to provide students with opportunities to practice. As contended by Kishimoto (2016), decentering authority is an essential component of anti-racist courses as a means for equalizing power and encouraging students to become active learners. Such active learning is considered an important step in the reflective process, so that students may ultimately move from reflection to action.

Near the end of term, each student group created a presentation in which they applied theory about the community nursing process to their work with their community clinical partners. Students completed peer-review of presentations. Consistent with Chinn (2018b), students were enabled to be active participants in the grading process. Such assessment strategies and intentional democratizing of the classroom were an attempt to move beyond traditional teaching tactics toward strategies that allow students the space to demonstrate self-reflective learning and transformation (Valderama-Wallace & Apeso-Varano, 2020).

Creating Community

Teachers can make a significant difference in outcomes for students by creating a supportive learning environment (Oermann et al., 2018). It is important to note that a supportive learning environment is not to be misconstrued as a “comfortable space”, which enables avoiding discussions of White privilege or complicity with oppression” (Kishimoto, 2016, p. 548). In fact, Kishimoto and Mwangi (2009) acknowledge that classrooms are sometimes not considered safe spaces for students and faculty of colour. Rather, our supportive learning environment focused on uncomfortable and challenging discussions, while also validating experiences and emotions. We were intentional in avoiding binary representations, as well as ‘right answers’. This

aligns with Habibzadeth, Jasemi and Hosseinzadegan (2021), who note that “professors should use practical and objective methods to stimulate students’ emotions to pursue justice in the health system” (p. 124).

Further to this, we aimed to create an inclusive environment by ensuring students had access to learning material. Traditional approaches to developing student learning requires them to purchase a textbook. Cognizant that many students live with financial insecurity, we chose course resources that were freely accessible and consistent with critical feminist philosophy and the “power of distribution” (Chinn, 2018b). Although this process can be labour-intensive, it also facilitates the incorporation of course material from an eclectic range of sources and adds voices that are often missing from traditional academic textbooks.

In choosing course content, we deliberately moved away from traditional, deficit-oriented discourse by introducing students to strength-based approaches (Gottlieb & Gottlieb, 2017). For example, rather than focusing on community needs assessments, we encouraged students to create asset maps. Asset mapping is also a practical strategy that moves away from traditional, hierarchical approaches toward working with people. Power is shifted from institutions to communities, from deficits to strengths, teachers to students, and relationships are nurtured. In fact, this approach is recognized as “a way of tackling social determinants of health and reducing health inequalities” (Harrison et al., 2019, p. 1). We provided students with the tools to develop asset maps of their groups by learning about each other’s strengths, passions, and interests. The process also helped to create the “power of community” (Chinn, 2018b).

Empowerment for All

Empowerment for all emphasizes student-centred learning strategies that value self-reflection and mutual dialogue (Chinn, 2018b). We built on the process used to develop class guidelines by asking student groups to develop their own guidelines. Because students were divided into

the same groups for both their theory and clinical courses, we hoped these guidelines would be helpful, and that they would have multiple opportunities to apply feminist ways of working together. We felt this was imperative given the fact that community nurses spend much of their time working in groups and participating on committees. We wanted them to know there were alternatives to traditional approaches to facilitation. We encouraged decision-building and the importance of finding “win-win” solutions rather than “win-lose” solutions. We also encouraged students to be creative and to consider conflict transformation, rather than the traditional approaches they had learned to manage conflict.

Chinn (2018a) notes that empowerment also includes giving voice to and demonstrating respect for all populations, regardless of ethnicity, culture, or gender, while also recognizing how unequal relationships are created and sustained within society. We knew that many of the populations with whom students were working in their clinical course lived with social injustice and racism on a daily basis. We wanted students to move beyond “othering” these populations and to apply the theories about social justice and anti-racism that they were learning in our classroom course. We thus obtained permission (D. Pennick-Parks, personal communication, August 20, 2020) to adapt the original 21-Day Racial Equity Habit-Building Challenge © (America & Moore, 2014 as cited in Irving, 2021). As its name implies, this activity uses 21 challenges to help students learn about racial equity and develop habits that promote equity. Since its inception, a number of adaptations have been created. Thus, although the Challenge was originally designed by Moore and Irving, Penick-Parks is now also credited as an author (Irving, 2021).

Regardless of the adaptation, the process of completing the Challenge is clearly linked to the theory of change and recognize that undoing old habits and changing personal narratives takes time and work.

Creating effective social justice habits, particularly those dealing with issues of power, privilege, supremacy, and leadership is like any lifestyle change. Setting our intentions and adjusting what we spend our time doing is essential. It’s all about building new habits (Irving, 2021, par1).

Our 21-Day Racial Equity and Social Justice Habit Building Challenge was similar to the original in that we created 21 challenges that moved participants through the cyclical process of: read/watch/listen; notice; connect; engage; act; reflect; and stay inspired. Recognizing that students’ previous experiences and knowledge would vary, we provided a wide variety of resources for each challenge and asked students to choose what was meaningful to them. We understood that transformative teaching requires learners to become engaged with the subject matter being taught and determined the best approach was to allow students to engage with various resources that resonated with them. In addition to academic journals, we incorporated film, poetry, YouTube, and blogs. We ensured all resources were freely accessible to students, and we included content warnings when applicable. Furthermore, we included readings from recent nursing and public health journals and blogs about racism, nursing, and health care that amplify the voices of those who experience oppression and racism. To further clarify our positions with students, we also discussed Oickle’s (2019) blog, “Why is a White woman like me talking about racism and partnerships?”, which succinctly notes that we cannot speak for people of colour, but that it is our responsibility to ensure that we create space to talk about racism--so that reflection can ultimately turn into action toward an anti-racist society.

There were challenges that focused on racialized populations, including Indigenous Peoples; Black Canadians; and Asian Canadians. There were also challenges that focused on women and gender; LGBTQIA2S+ communities; housing insecurity; ableism privilege and disability justice. As noted by Kishimoto (2016), it is essential when constructing courses that such discussions should not be tokenized or additive, but rather integrated

throughout the semester. We attempted to integrate these discussions throughout the semester to reveal the heterogenous experiences of various populations, while also providing political, historical, and economical context when discussing race, racism, and privilege, which is considered an important component of anti-racist pedagogy (Kishimoto, 2016).

Underpinning this process was the continued recognition of our own Whiteness, as well as the fact that the majority of our students were White. We wanted our students to develop an understanding of invisible systems of privilege and recognize that they have both the potential and the responsibility to contribute to change. At the same time, while we acknowledge that we are in a position to educate students and work toward dismantling oppressive systemic structures, we are aware that we do not have the lived experience of those who face daily oppression and racism. Furthermore, we acknowledge that White women in nursing have been the dominant voice since the inception of our discipline (Bell, 2020). Therefore, we strived to amplify the voices of those who are traditionally oppressed; this included learning from Indigenous people and reading from the perspective of people of colour throughout the semester. For example, we collaborated with our program's Indigenous Nursing Director to arrange five sessions with a local Indigenous Knowledge Keeper. We embedded these sessions within our 21-Day Racial Equity and Social Justice Habit Building Challenge so that students would have a psychologically safe space in which to learn and debrief.

Concepts in the challenge were discussed in the theory course and linked to literature about anti-racist and anti-discriminatory practices, as well as social justice, health equity, inequity, and more. Students spoke about privilege and White fragility with humility, and they expressed a deeper sense of connection to the anti-racist practices being discussed in the course. Many students shared that both the theory and corresponding clinical course provided words for feelings they had not been able to express and for which they did not previously have language. As with our own reflections, the students also

recognized and acknowledged the roles they had in perpetuating racism and microaggressions. Some students spoke about their personal experiences with racism. Such conversations were emotionally arduous, yet necessary for truly transformational learning.

The implementation of strategies using Chinn's (2013) Peace and Power framework proved to be valuable in implementing anti-racist and anti-oppressive pedagogies. Along with the students, we were engaged and reflective throughout the course, which ultimately led to personal and professional transformation. We previously assumed that we were supporting anti-racist environments, but now recognize our previous shortcomings within the context of our own White fragility. Furthermore, we learned the importance of not only teaching anti-racist content, but also changing the way we teach. We were sometimes overwhelmed by the emotions that accompany this type of transformative learning environment and recognize the importance of regular educator debriefs and reflections. In the future, we will continue to use this approach, using both Chinn's (2013) framework and the 21-Day Racial Equity Challenge (Irving, 2021). We intend to continue reflecting on our own assumptions and attitudes and build our own capacity as educators to ultimately be able to better create transformative educational spaces.

Conclusion

Despite the fact that social justice has been a central concept to the discipline of nursing, it has been challenging for nurse educators to translate this ideal into practice. Furthermore, there has been a lack of guidance for nurse educators to support student knowledge development in addressing the complex issues surrounding anti-racist and anti-discriminatory practice. Accordingly, we used critical pedagogy to underpin the development of a course that both attended to learner development and moved away from mere awareness of social injustices toward applied action to ultimately dismantle oppressive structures. We outlined practical classroom strategies using Chinn's (2013) Peace and Power

framework, including demystification, creating community, and empowerment for all.

This discussion paper may be of assistance to other nurse educators who are interested in committing to anti-racist pedagogical practice. We recognize that our practical application of Chinn's (2013) Peace and Power framework is limited and that research is needed to better understand which strategies best address the complexities of anti-racist and anti-oppressive education. Yet, we hope that this discussion may be a starting point for educators who wish to work toward meaningfully aligning with the nursing discipline's aim of social justice.

Although our particular experience of teaching an undergraduate community health course aligned well with anti-racist pedagogy, we contend that such teaching and learning strategies can be incorporated into other courses. Kishimoto (2016) maintains that anti-racist pedagogy is possible regardless of course content because it emphasizes how one teaches. Active engagement that moves beyond established teaching approaches, decentering power traditionally held by the instructor, and creating supportive environments that challenge learners can be implemented into any classroom. We developed course content and implemented teaching and learning strategies within the context of a community health course. However, we intend to continue disrupting traditional paradigms in future courses beyond community health at the undergraduate level. For example, we are currently exploring ways of developing similar challenges (Irving, 2021) for perinatal nursing and cardiovascular nursing.

According to Kishimoto (2016), anti-racist pedagogical approaches are most efficacious when embodied beyond the classroom and incorporated into department work, research activities, and interactions within universities and broader communities. Although the focus of this

discussion paper was on our experience of course development using an anti-racist pedagogy, we acknowledge the importance of changing the culture within nursing more broadly. For example, regulatory bodies of nursing could take a leadership role in helping nurses to build capacity by providing educational opportunities around anti-racism for nurses who are currently practicing. Just as students can be transformed through reflection-to-action processes, so too can nurses who are currently practising. This process can be further incorporated by encouraging dialogue and explicitly aligning policies with anti-racist aims in universities, work settings, and provincial regulatory bodies.

Finally, overt attention must be paid to the fact that nursing education has been dominated by a White and privileged lens that hinders anti-racist practices. If the discipline of nursing is to truly and meaningfully align with the ideals of social justice, we must accept the discomfort in addressing White privilege and dominance in nursing. Such attention ought to begin in educational systems that uphold privileged positions, which includes an authentic commitment to anti-racist pedagogical practice.

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