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**BLACK
NURSES
TASK FORCE
REPORT**

**Acknowledging,
Addressing and Tackling
Anti-Black Racism and
Discrimination
Within the Nursing
Profession**

This report and its recommendations represent the work of the Registered Nurses' Association of Ontario's (RNAO) Black Nurses Task Force (BNTF), a group of 17 Black nurses and nursing students whose mandate is to eliminate anti-Black racism and discrimination within the nursing profession.



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LETTER FROM THE BLACK NURSES TASK FORCE CO-CHAIRS

Although RNAO's Black Nurses Task Force (BNTF) was formed through anguish and pain, members are triumphing over adversity. As co-chairs of the BNTF, we are delighted to share some thoughts and accomplishments. This report highlights how the BNTF is tackling systemic racism in the nursing profession. The death of George Floyd on May 25, 2020, was the catalyst in forming the task force. On this day, people around the world watched a Black man brutalized and murdered on film by a white police officer. This image was so compelling that people of all races were awakened to the reality of anti-Black systemic racism in their countries.

George Floyd's death propelled our CEO, Dr. Doris Grinspun, to call a task force in support of Black nurses and nursing students in Ontario. With compassion and determination, Grinspun collaborated with Black nurses in Ontario to tackle systemic racism and discrimination. To kick-start the BNTF, Grinspun appointed two co-chairs who were responsible for selecting 15 self-identified Black nurses to become members. The selection process for this group, based on applications from prospective members stating why they wanted to be included, involved recruiting members from a mix of regional and health sector representations, and a range in years of nursing or study experience. Undergraduate and graduate nursing students were also represented in the group; however, a few of our nursing students have graduated since the inception of this group and their current credentials do not reflect their original status.

Our task force is comprised of dedicated, resilient, conscientious health-care professionals who are committed to tackling systemic racism and discrimination in the nursing profession.

Some of our accomplishments include:

- moderating monthly webinars for Black nurses, nursing students and the broader nursing community
- participating in speaking engagements and providing media interviews on our lived experience of racism in academic and clinical settings
- conducting a survey on racism and discrimination against Black nurses and nursing students
- analyzing the qualitative data from the survey
- delivering presentations on racism at different agencies
- publishing two articles in *Nursing Inquiry*, a renowned peer-reviewed journal
- presenting at two international policy conferences
- exploring the historical perspectives of systemic racism of Black people in Canada and nursing

This report is just the beginning. The BNTF developed a set of recommendations based on a scoping review of the literature and results from an online survey of 205 Black nurses across Ontario. Therefore, there is much left to be done to address systemic racism and discrimination in nursing. We are bringing this report forward to:

- increase awareness of systemic racism among community members, health-care providers, executive leaders in health care, academic and governments agencies/institutions
- advocate for meaningful change in the study and profession of nursing

We look forward to and are committed to championing this work until all goals are achieved.



Dr. Doris Grinspun

**RN, MSN, PhD,
LLD(hon), Dr(hc) FAAN, FCAN, O.ONT.
Chief Executive Officer of RNAO**



Morgan Hoffarth

**RN, MScN
President of RNAO**

MESSAGE FROM RNAO'S CEO AND PRESIDENT

The murder of George Floyd angered and hurt the hearts of many of us and sent shockwaves around the world. We remember it vividly – being unable to sleep and feeling heartbroken and helpless. We knew we needed to do something because if we were feeling this way, many of our nursing colleagues were feeling the same.

Did we not know that systemic racism existed? That discrimination was real? Of course we knew – but until that event and what unfolded afterwards we didn't fully apprehend the depth and intensity of suffering caused to people who actually experienced racism and discrimination. It was imperative that we act immediately and we approached Dr. Angela Cooper Brathwaite, immediate past-president of RNAO, to lead a task force. That was the inception of the Black Nurses Task Force (BNTF).

We organized a webinar to bring nurses together to learn what we as a collective could do about the pain we were all feeling. And the unfolding of that first webinar was equally startling, as we heard the experience of hundreds of nurses, most of them Black nurses, one after another speaking not only about Mr. Floyd but about their lived experiences.

They shared what they were experiencing in the middle of a pandemic – their own lives – and what they had experienced every single day before that.

Launching a task force to delve into systemic racism and discrimination in our profession was the only way to proceed. We were honoured that Angela agreed to co-chair, and that NP Corsita Garraway joined as co-chair.

It is often thought that when a task force is formed, change will follow upon the completion of its work. This task force is different. The BNTF propelled change from the day it began its work. The members, their activism, and the activities of the BNTF have become a social force for change within and outside our profession. From the open process calling for expressions of interest for prospective members, to the co-chairs thoughtful selection of 15 panelists, to the lived experience of each, informed by their own expertise in various domains of practice – the task force is a tapestry of Black nursing's excellence.

The members of this task force – all Black nursing colleagues – have contributed to the content and the birth of a social movement for change. For sure it is not a new cause for them. They have lived in their skin and fought discrimination for all of their lives and now they are creating a social movement that includes the rest of us. They are opening doors for us to become allies. The purpose is to challenge the injustices of the past, building for them and by extension for all of us, a fair and better future.

There is urgency. Nursing as a profession has lost decades of Black nurses' expertise, talent, wisdom and courage. Where do we go from here now that there is a report and that the task force has completed its work?

With the launch of this report, the task force becomes an advisory body that will review progress and find new ways of continuing the journey, meeting bi-annually. After these recommendations have been checked off, new ones will emerge from the task force members and others, and this important social movement will grow.

This is just the beginning.

EXECUTIVE SUMMARY

Black nurses are at the forefront of leading change to tackle anti-Black racism and discrimination within the nursing profession in Ontario, Canada. RNAO recognizes that racism is a public health crisis that contributes to health and socioeconomic disparities and must be urgently dismantled. RNAO launched its Black Nurses Task Force (BNTF) in June 2020 to acknowledge, address and tackle the anti-Black racism deeply ingrained in the nursing profession. The BNTF's mandate is to actively reduce anti-Black racism and discrimination in nursing - including its organizations, regulatory bodies, associations, and the broader health-care system - that is targeted toward and experienced by Black nurses.

Since its inception, the BNTF has engaged in various activities to take action and worked collectively to explore the stories and lived experiences of Black nurses, engage in political advocacy and demand action. Black nurses reported facing microaggressions and discrimination from their colleagues, and experiencing the consequences of systemic racism within academic and workplace settings. This evidence highlighted the urgent need to address racism within nursing and a compelling need for greater mentorship and support for Black nurses.

The task force organized its work into four main pillars:

1. education and awareness building
2. research
3. advocacy
4. partnership with allies and stakeholders

The aim of this report is to highlight the work of the BNTF. The report presents 19 specific recommendations and accompanying actions to dismantle anti-Black racism at the micro, meso and macro levels in nursing workplace and academic settings.

Priority recommendations include:

- the need for urgent advocacy to address racism against Black nurses
- education and awareness building at individual, organizational and policy levels
- greater mentorship and support for Black nurses
- partnership with allies and stakeholders leading anti-Black racism initiatives
- equitable and fair human resources processes

The findings and the recommendations presented in this report reveal several important implications for nursing educators, health-care and academic organizations, stakeholders, and policy makers. RNAO will continue to push for implementation of these recommendations by high-level Ontario institutions, through the work of such groups as the BNTF and the newly formed Black Nurses Leading Change (BNLC) interest group.



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ABOUT THIS REPORT

The devastating impact systemic racism has on the lives of Black nurses and the dire need to dismantle racism within the nursing profession must be addressed immediately.

RNAO and its BNTF stand with those who face and are impacted by anti-Black racism and discrimination within the nursing profession and beyond. The BNTF is guided and directed in its work by four pillars.

4 PILLARS

**EDUCATION AND
AWARENESS
BUILDING**

1

RESEARCH

2

**ADVOCACY AT
ALL LEVELS**

3

**PARTNERSHIP
WITH ALLIES AND
STAKEHOLDERS**

4

This report highlights the key activities facilitated by the BNTF to lead change and demand action, including significant findings from an Ontario-wide survey of 205 Black nurses. The results of the survey informed the creation of several important recommendations for academic and workplace settings in need of urgent change on an individual, organizational and policy level. The findings and the recommendations presented in this report have implications for health-care systems and health-care reform

globally, and will continue to guide change agents and individuals who are dedicated toward tackling systemic racism within the nursing profession.

RNAO is grateful for the leadership of the BNTF co-chairs, dedicated members, and guest speakers. We also thank the Black nurses who participated in the survey for generously sharing their knowledge, skills, experience and time.

SPOTLIGHT ON RNAO's BLACK NURSES TASK FORCE

Impetus for the creation of the Black Nurses Task Force

Racism has long been recognized as an important determinant of health; it contributes to health and social inequities, and continues to be deeply embedded in the health system and structures within Ontario and Canada. When COVID-19 emerged in Ontario in 2020, it highlighted more than ever the substantial systemic inequities that are racist and classist in nature. While COVID-19 remains a significant burden on all Ontarians, Black and racialized communities are disproportionately affected by it, but not equitably protected. In June 2020, RNAO's COVID-19 webinar series focused on the topic *Let's Talk about Racism*. A group of passionate nurses engaged in meaningful conversations about experiences of and solutions to tackle systemic racism in Ontario and within our health system.

George Floyd's murder in May 2020 reignited the global Black Lives Matter (BLM) movement to confront white supremacy and violence against Black people and communities. The BLM movement prompted the association to take immediate and urgent action to confront systemic racism within the nursing profession. RNAO released a statement on June 3, 2020 addressing the murder of George Floyd and expressing solidarity to condemn anti-Black racism, oppression and discrimination. The statement called for action to "put a spotlight on injustice, and mobilize to enact real change."

Call for expression of interest

RNAO acknowledged that immediate and urgent action was needed to move beyond solidarity and interrupt complicity to promote transformational change (Cooper Brathwaite et al., 2022a). Black nurses in Ontario have spoken openly with RNAO about their lived experiences with racism in all health-care sectors and academic institutions (Cooper Brathwaite et al., 2022b). In response to the widespread systemic racism that exists within the nursing profession, RNAO announced in June 2020 its search for panelist members striving to reach the mandate of actively tackle anti-Black racism within the nursing profession.

RNAO prepared draft terms of reference highlighting the proposed composition of panel members. The panel was to include RNAO members who identify as Black, preferably with diverse representation from various career stages, health sectors, organizations/institutions and geographic locations.

Formation of the Black Nurses Task Force

Anti-Black racism remains deeply ingrained in the health system and its structures including in workplace settings, academic institutions, and professional associations. RNAO in partnership with its Black members, colleagues and their allies are taking action. The co-chairs selected 15 Black-identified members, including RNs, NPs and nursing students. The outpouring of interest and support for this initiative was palpable.

BACKGROUND

Recognizing the history of oppression of Black nurses in Ontario and Canada

Overview

Black people have been an integral component of the country's population since the early 1600s (Whitfield, 2018). Since this initial settlement, many generations of Black people have immigrated to Canada in a series of migrations from many countries (Whitfield, 2018). There are many Black communities in Canada, including those of African, Caribbean and migrant descent (Jefferies et al., 2020a). The rich diversity that exists within the Black Canadian population means that there are several terms that may be used to describe people of African descent in Canada, including African Canadian, Caribbean Canadian or Black (Jefferies et al., 2020a).

The early migrations of Black people to Canada are connected to slavery in Canada and the United States; enslaved or "freed" Black people were used for labour and largely contributed to building Canadian society as it exists today. Yet, despite the invaluable contributions to the construction of the current Canadian society, almost every sector has been built upon the intentional exclusion of Black people with one glaring exception; the carceral system, which continues to unjustly and disproportionately surveil, police and imprison Black people at alarming rates (Paynter et al., 2021).

In 2014, the United Nations (UN) declared the years 2015 through 2024 as the International Decade for People of African Descent (United Nations [UN], 2021). This international declaration was meant to generate awareness regarding the persistent and deplorable social injustices and human rights violations experienced by Black people globally. In addition to this international alarm, the UN commissioned a working group in 2016 to conduct a series of consultations in several cities across Canada. This UN working group looked at the extent to which issues of equity were impacting Black people in Canada (UN, 2017). It found that African Canadians, particularly those in Nova Scotia, continue to suffer from historical and current harms of racism and segregation through institutional and systemic processes (UN, 2017).

Black nurses in Canada

The first training facility for nurses is reported to have opened in 1874 (McPherson, 2003). However, Black Canadians were not permitted to enter nursing until the 1940s (Flynn, 2011). Rather, aspiring Black Canadian nurses were instructed to travel to and study in the United States, which began permitting the enrollment of Black people into nursing in the 1870s (Flynn, 2011). The act of preventing aspiring Black nurses from training in Canada due to anti-Black racism is a salient, albeit often omitted, component of nursing history that requires acknowledgement and retribution (Jefferies, 2020b).

Over the years, scholars have begun to uncover the rich buried history of Black Canadian nurse excellence (Etowa et al., 2009; Flynn, 2011). But the ongoing attempts to conceal anti-Black racism in nursing, and thereby perpetuate the oppression of Black nurses, has had profound historical and contemporary impacts in nursing, including education, practice, policy and research (Jefferies, 2020b). In nursing education, the contributions of early Black Canadian nurse trailblazers such as Bernice Redmon, Ruth Bailey and Gwen Barton are omitted in nursing education (Flynn, 2011; Jefferies, 2020b). Gaps in nursing education, which fail to incorporate mention of Black nurse trailblazers or the unique health-care needs of the Black Canadian population, reinforce historical harms within the Black community. For example, education that fails to adequately address the physical differences among people means that performing hair or skin assessments for a Black person may pose a challenge due to lack of training, education and knowledge (Jefferies, 2020b).

Black nurses in Canada continue to be marginalized in their practices today (Cooper Brathwaite et al., 2022a; Cooper Brathwaite et al., 2022b). A national survey of nurses in the context of human resources for health found that Black nurses in Canada are underrepresented in formal leadership positions, specialty care areas and advanced practice. Instead, Black nurses tend to be concentrated in non-specialty care areas and entry-level roles (Premji and Etowa, 2014). Moreover, Black care providers are overrepresented in non-licensed clinical roles such as a personal support worker (Premji and Etowa, 2014). Black nurses in Nova Scotia describe their feelings as practicing on the margins of the nursing profession (Etowa et al., 2009).

In Ontario, research and other projects have addressed anti-Black racism in nursing. Some of these include: research describing the life experiences of immigrant, Black and Caribbean born nurses (Flynn, 2011; Hagey et al., 2001); and equity in nursing curriculum (Hagey

and MacKay, 2000).

Black nurses in Ontario

The history of Black nurses in Ontario is complex. As the most populous province in Canada, its nursing workforce is more apparently diverse than in other provinces. However, issues of anti-Black racism are widespread and deeply entrenched within society and the nursing profession. Das Gupta (2009) conducted multi-methods research involving document analysis, surveys, interviews, secondary analyses and literature searches to describe how racism is perpetrated in nursing in Canada. Specifically, Das Gupta (1996) unveiled pervasive anti-Black racism in Ontario by sharing the discriminatory cases filed by Black nurses [and one Filipino nurse] against a hospital in Toronto. In 1990, seven Black nurses filed a series of complaints with the Ontario Human Rights Commission, claiming varying degrees of racial discrimination (Das Gupta, 1996). Each nurse received between \$10,000 and \$100,000 in the resolution of this case.

Despite this landmark case and a commitment to address discrimination, anti-Black racism remains prevalent in Ontario. However, as it manifests across Canada, the very nature of anti-Black racism is that it has become more nuanced, sophisticated and insidious than the more well-known and blatant forms of racism (Jefferies, 2020a).

And Black nurses and organizations have taken on the task of challenging anti-Black racism and discrimination at large, despite the legacy of anti-Black racism in nursing in Ontario and across Canada. In Ontario, RNAO has been a forerunner in challenging anti-Black racism in nursing. Since its creation, the organization has had three Black nurse presidents; Dr. Jocelyn Hezekiah (1979-1981), Dr. Joan Lesmond (2004-2006) and Dr. Angela Cooper Brathwaite (2018-2020). In addition to challenging racism in nursing, RNAO has recognized that discrimination, in all of its forms, is an ongoing issue in nursing. Thus, the mission to operate from an intersectional lens is important. RNAO continues to acknowledge and celebrate diversity through campaigns during Black History Month and PRIDE Month.

The commission of the BNTF builds upon the momentum established by RNAO, which has begun the work of challenging the persistent and prevalent anti-Black racism that remains embedded in Canadian nursing, specifically in Ontario. The formation of the BNTF is a testament to shifting the historical trajectory and striving towards an anti-racist nursing profession that is inclusive for all.

Current state

Brief summary of the Black Lives Matter movement

The Black Lives Matter (BLM) movement started with a hashtag after the acquittal of George Zimmerman in the 2012 shooting death of 17-year-old Trayvon Martin in the United States. As police violence grew reminiscent of the brutality against Rodney King in 1991, activists Alicia Garza, Patrisse Cullors and Opal Tometi used the power of the Twitter algorithm to digitally document the various degrees to which Black people experienced harassment and death through the Black Lives Matter hashtag (Black Lives Matter, 2021).

In 2014, the death of Michael Brown at the hands of police in Ferguson, Missouri led to four months of persistent civil unrest known as the Ferguson Riots. For the first time in North America, due to the power of social media, the entire world could watch as police were militarized, deploying tear gas, rubber bullets and other harsh tactics to disrupt peaceful protesters in Ferguson, Missouri. The hashtag #BlackLivesMatter grew in popularity with daily documentation in the form of pictures, videos and live recordings (Ray et al., 2017). But it was also flooded with support for Black lives and encouragement by protesters from other nations. As protesters witnessed first-hand the impact of their own digital documentation, the hashtag became a tool for community organizing and allowing protesters to meet and further rally their efforts towards seeking justice for all Black people who were victims of police brutality (Ray et al., 2017).

But after the Ferguson Riots came to a close in November 2014, justice remained unserved; Michael Brown was not the last unarmed Black man to be murdered by police. Social media platforms continued to allow the public to document Black deaths caught on camera, showcasing for the first time the trauma Black people have endured for centuries. Eric Garner, Philando Castile and Ahmaud Arbery are just a few Black men whose deaths were caught on camera, affording greater access to police and public accountability (Ray et al., 2017).

Black Lives Matter is no longer just a hashtag, but a member-led global network with more than 40 chapters worldwide (Black Lives Matter, 2021). After the death of George Floyd on May 25, 2020, Black Lives Matter became the largest movement in history. It's estimated that over 26 million people across the world participated in demonstrations in the first two weeks of reckoning (Black Lives Matter, 2021). Its meaning has now grown to represent the greater impact of structural racism and oppression of Black people, not just suffering felt at the hands of police.

This expansion of the BLM movement to include all forms of injustice against Black people paved the way for the development of RNAO's BNTF to tackle anti-Black racism within the nursing profession. The BNTF and RNAO aim to highlight the important work that needs to be done to increase representation of and opportunities for Black nurses in Ontario.

COVID-19 pandemic context — Exacerbation of health and social inequities for Black people

It was no surprise that the racial and socioeconomic inequities within the Black community were highlighted once again after the COVID-19 pandemic erupted. These inequities are obvious when analyzing the rates of COVID-19 infection, hospitalization and mortality within the Black community (City of Toronto, 2020; Robertson et al., 2020).

Toronto Public Health collects data on age, sex, indigenous identity, racial group, income, and household size. In Toronto, race data as of Dec. 31, 2020 showed that 77 per cent of COVID-19 cases belonged to a racialized group (City of Toronto, 2020). The rate of COVID-19 cases among Black people was reported at 2,432 per 100,000 compared to white people at 736 per 100,000 (City of Toronto, 2020). Although Black people only account for nine per cent of Toronto's population they represent 14 per cent of Toronto's COVID-19 cases. Similarly, in Peel region, race data reported between April 13 and July 15, 2020, shows that while Black people accounted for nine per cent of Peel's population, they represented 13.6 per cent of COVID-19 cases (City of Toronto, 2020). Black people are also overrepresented in the proportion of people hospitalized with COVID-19 (Wallis, 2020).

The data also points to the socioeconomic inequities faced by Toronto's Black community being a strong factor in making this community more vulnerable to COVID-19. Toronto Public Health data showed that COVID-19 positive test rates increased as household income decreased; the infection rates were 24 per 100,000 in households with annual incomes of \$150,000 or more, and 160 per 100,000 in households with annual incomes of less than \$30,000 (City of Toronto, 2020).

Toronto Public Health has also said that there are associations between overcrowding and rates of COVID-19 (City of Toronto, 2020). This is another intersecting factor to consider; low-income and racialized families are more likely to live in overcrowded housing, which decreases their ability to protect themselves and their families from COVID-19 (Robertson et al., 2020; Wallis, 2020). Members of the Black community are also more likely to be employed as "essential workers" or front-line workers exposed to the virus on the job (Wallis, 2020). Those living in overcrowded housing conditions then have difficulty isolating at home to prevent possible spread.

It is clear that the COVID-19 pandemic has exacerbated the already present effect of the social determinants of health in racialized communities; this in turn has led to increased risk of contracting and spreading the virus. These conditions resulted in a deadly positive feedback loop, where already disadvantaged communities are more severely affected by the virus, and more vulnerable to future outbreaks or other health problems.

Because Ontario has the largest Black population in Canada, RNAO has a great responsibility and opportunity to address the current social determinants of health in the province's Black communities. The social determinants that decrease the health of populations include factors such as low income, level of education, inadequate housing and lack of support where demand far exceeds available resources.

Race as a determinant of health

Etowa and Hyman (2021) found that African, Caribbean and Black communities represent vulnerable populations in terms of their health risks, access to adequate care and chance of recovery. Approximately one-third of individuals who identify with these groups are engaged in precarious work. And a larger proportion of women workers are engaged in precarious work, including:

- racialized women (43.1 per cent)
- newcomer women, who are also largely racialized (48.1 per cent)

Black workers—especially Black women—are overrepresented in front-facing service provider roles, including personal support worker (PSW) and registered practical nurse (RPN) positions. Many are providing essential services, yet unable to access support for

their families (Alliance for Healthier Communities, 2020). In addition to the increased risk of exposure to COVID-19, Black women and women of colour in the health-care industry are exposed to persistent forms of abuse and harassment that may compound the stress of working during a pandemic (Estabrooks and Keefe, 2020).

We must acknowledge that it is not the people that fail; rather, it is the system that is failing specific communities (Dhillion & Minhas, 2021).

Using demographic data to increase equitable opportunity to health care

Health equity describes the fair opportunity for individuals to reach their full health potential by reducing unnecessary and avoidable differences that are unfair and unjust for specific groups (World Health Organization, 2022). The collection of socio-demographic data poses a dilemma; the data can be used to target interventions for those most in need, but can also further marginalize racialized groups. This has led to much debate over the benefits and harms about the collection and use of race-based data. Some other concerns have been expressed over consent and privacy issues.

However, we cannot address an issue that we cannot measure. Toronto and Peel regions, home to many racialized people, both declared anti-Black racism as a public health crisis and began to collect race-based data in 2020 to help inform public health interventions. The U.S.-based Centers for Disease Control and Prevention (CDC) also collects data on race, age and sex, and is able to target interventions to address the needs of the Black population, and measure the effectiveness of these interventions (CDC, 2020).

One negative consequence of race-based data has been the media's focus on COVID-19 "hot spots" being located in highly racialized communities (Dhillion and Minhas, 2021). This rhetoric has unfortunately led to some people laying blame by insinuating that racialized people who live in these regions are knowingly defying public health measures. Instead, race-based data must be used to understand the social, cultural and economic rationales behind health behaviours. Only then can such data be used to target the root of the social determinants of health problem (Dhillion and Minhas, 2020).

Collecting and providing race-based data will allow for a deeper understanding of the public health impacts facing Black people. Such quantitative data however, only tells us part of the story. It is also important to collect data on the lived experiences of Black people, and to relate this data to broader quantitative community statistics (RNAO, 2020). Ultimately, constant collection of data is needed in order to keep up to date and understand the full picture of the social determinants of health among the Black population.

For these many reasons, it is argued that reports such as this one should collect, analyze, and draw recommendations from race-based data (RNAO, 2020). In this report, we draw on this type of data to help understand the current problems that exist around anti-Black racism in the nursing profession. Only then can effective policies be developed and recommended to address the root causes of the problems facing Black nurses.

Conclusion

A brief glance into the history of the Black community in Canada reveals that racism, discrimination, unjust treatment, lack of rights, and exploitation of Black labour are still present in our society today. This can be observed in many areas within today's society, including the health sector. Within this specific area, recent research has brought light to many instances of discrimination against Black nurses, such as not being allowed to enter nursing school until the 1940s, as well as current underrepresentation in leadership positions.

RNAO is dedicated to eliminating racism and injustice in the nursing profession and has taken up this important task in many ways, including the creation of the BNTE. This report is evidence of the work being done today to tackle anti-Black racism in nursing and health care. By outlining many significant findings of how anti-Black racism is currently being experienced, we aim to direct policy decisions towards a more inclusive and equitable nursing field.

By reflecting on the recent events of the BLM movement, as well as the COVID-19 pandemic, it has become even more obvious that anti-Black racism has left this community still very vulnerable. Race continues to play a role as a determinant of health, and as a barrier to Black nurses.

PILLARS DISCUSSION

The BNTF organized its work into four main pillars: education and awareness building; research; advocacy; and partnership with allies and stakeholders. The diagram below illustrates the task force's objectives for each of the four pillars.

OBJECTIVES: 4 PILLARS

EDUCATION AND AWARENESS BUILDING

1

Enhance learning and foster awareness among nurses and the broader public on systemic anti-Black racism and discrimination within the nursing profession

RESEARCH

2

Conduct focused research to uncover the lived experiences of Black nurses in Ontario and identify enablers and barriers to address anti-Black racism and discrimination within the nursing profession

ADVOCACY AT ALL LEVELS

3

Propose and advocate for the implementation of strategies to address anti-Black racism at all levels (micro, meso and macro) across the health system for sustainable and meaningful change

PARTNERSHIP WITH ALLIES AND STAKEHOLDERS

4

Partner with allies of the Black nursing community and collaborate with stakeholders leading initiatives in anti-Black racism and discrimination across the province

EDUCATION AND AWARENESS BUILDING

PILLAR

1

Enhance learning and foster awareness among nurses and the broader public on systemic anti-Black racism and discrimination within the nursing profession

Webinar series: *Let's Talk about Anti-Black Racism and Discrimination in Nursing*

As part of an effort to acknowledge and build awareness about anti-Black racism in health care and nursing, the BNTF worked together with RNAO to prepare a webinar series to help educate nurses and the broader health community. It was part of an ongoing effort to acknowledge and call attention to anti-Black racist practices within the nursing profession. The series featured Black nurse leaders who shared personal stories, and facilitated mentorship opportunities for mentees to ensure tragic stories and moments in time turned into a lasting legacy for future Black nurses across the province and country.

Webinar topics were carefully considered, assessed, and prioritized based on personal accounts and survey results from the larger community of Black nurses in Ontario. The BNTF hosted a total of 12 webinars, each with a high level of participation.

The webinar series gave voice to 34 guest speakers and panelists who spoke to historical and present-day experiences of racism, challenges and issues faced by Ontario's Black nurses and shared meaningful and moving stories. It also allowed space for Black leaders to highlight their research, outstanding careers and powerful work. The webinar series, including archives of video recording, presentations and documents, can be found in our Webinar library. For details on the topics, speakers and level of attendance, please see Appendix A.

Future webinars and the Black Nurses Leading Change Interest Group

RNAO and the task force also gave great thought to sustainability and how to continue and capitalize on the great momentum created through the *Let's Talk about Anti-Black Racism and Discrimination in Nursing* webinar series. The Black Nurses Leading Change Interest Group (BNLC), co-chaired by Daria Adèle Juüdi-Hope and Dania Versailles, was created in 2021 to intentionally support integration within and outside RNAO. The BNLC now plans to host webinars for their members due to the outpouring of support it has received.

The BNLC will continue to support the work of RNAO's BNTF, and inform RNAO and its members on issues affecting Black nurses and nursing students through their activities. BNLC offers a platform to advocate for anti-racism, offer mentorship, and provide continuing education and a safe space for Black nurses, nursing students, and allies to network and interact with each other.

Some of the topics that will be prioritized include:

- white privilege and its impact on Black nurses and minority groups
- leadership development for Black nurses
- the lived experiences of Black nurses using mental health services in Ontario
- the transition of roles and practices for Black nurses in workplaces and academic settings

These topics were carefully thought out and prioritized according to feedback from the task force. The BNTF will act as an advisory group for the interest group and RNAO.

Conduct focused research to uncover the lived experiences of Black nurses in Ontario and identify enablers and barriers to address anti-Black racism and discrimination within the nursing profession

Survey of Black nurses across Ontario

As part of RNAO's ongoing effort to learn about and tackle anti-Black discrimination within nursing, the BNTF created a survey to help uncover critical issues and experiences related to systemic anti-Black racism and discrimination in academic and workplace settings. This section of the report provides a summary of the findings from a pilot survey and from the main survey.

The survey's findings and themes reveal the unjust story of Ontario's Black nurses and how they are significantly and negatively affected by systemic racism within the nursing profession. The survey results also highlight the overarching theme that racism in nursing must be acknowledged. They point to a dire need for better support for Black nurses, especially from employers and academic institutions. As a result of the findings, we have created tailored strategies to dismantle racism within the nursing profession, which we present in this report.

Methods

The BNTF recruited potential pilot survey participants by circulating an email to the entire task force (n = 17). In October 2020, 11 participants completed and submitted the online survey to the research assistant; the response rate was 71 per cent.

Following the pilot survey, members of the BNTF gave feedback on the final questions. Some questions were refined, and others were removed before being used in the final survey. In November 2020, the task force then offered the final survey online to nursing professionals who were working or previously working in any health-care sector in Ontario, and to students attending nursing school in Ontario. The final online survey was completed by 205 participants—157 registered nurses (RN), seven nurse practitioners (NP), seven registered practical nurses (RPN) and 34 nursing students.

Characteristics of participants – Pilot survey

Eleven participants took the pilot survey, made up of eight RNs, one NP and two nursing students. Ten participants identified as female; one identified as male. Survey participants were employed in the following sectors: public health, primary care, hospital (acute care), long-term care, mental health, administration and education. Two of the participants were students enrolled in post-secondary education. Some participants had jobs in education (n = 3), research (n = 1), administration (n = 3), senior administration (n = 1), and policy advisor (n = 1).

Participants represented several Ontario regions: Halton and Peel (Region 5); Brant Haldimand Norfolk (Region 3); Toronto West and East (Region 6; Region 7); Durham Northumberland (Region 8); Kingston (Region 9); and Ottawa (Region 10).

Characteristics of participants – Ontario-wide survey

Two hundred and five participants completed the survey: 157 RNs, seven NPs, seven RPNs and 34 nursing students. They were 18 years and older, and employed in the following sectors: 19 in public health, 18 in primary care, 77 in hospital (acute care), 13 in home and community care, 12 in mental health, one in rehab and complex care, 11 in education, two in research, three in administration, 10 enrolled in secondary education (not working) and 13 unspecified. Participants came from many different regions in Ontario (see Appendix B for a breakdown).

Survey findings

Task force members, nurses and nursing students from around Ontario completed a structured online survey, which consisted of quantitative and qualitative components. The quantitative components were direct questions to capture:

- participants' demographic (for example, age or gender)
- professional experience (for example, number of years in nursing practice and primary area of practice)
- information about their experiences of racism and discrimination

The open-ended qualitative questions aimed to gain insight into both their experiences and perceptions of racism within their academic or workplace settings.

Pilot survey – Key quantitative results

An overwhelming majority of participants (91 per cent) reported having experienced discrimination and racism on both individual and institutional levels. And a majority (81 per cent) reported that racism has adversely affected their mental health to moderate and strong degrees; 82 per cent of participants also revealed they had experienced moderate to strong discomfort in their educational and professional environments.

To delve deeper into experiences specifically related to their nursing education, participants were asked if their curriculum encompassed topics such as cultural competence, cultural humility, cultural safety, Black history, anti-racism and oppression training, trauma-informed care, and race as a social determinant of health. Of the 11 respondents of the pilot survey, five (45.5 per cent) said yes, and six (54.5 per cent) said no. Out of the five who responded “yes” to this question, three reported exposure to cultural competence training, one to training about Indigenous history and residential schools and one to cultural safety training. Two participants said that the courses were meaningful; three reported that they were not meaningful.



Did your nursing curriculum cover topics related to cultural competence and humility?

Type of topic	YES (%)	NO (%)
[OVERALL]	5 (45.5 %)	6 (54.5%)
Cultural competence	3	
Cultural humility		
Cultural safety	1	
Black history	0	
Anti-racism and oppression training	0	
Trauma-informed care	0	
Race as a social determinant of health	0	
OTHER – Indigenous history and residential schools	1	

? Are you aware or involved in any organizations in your college and university that are for Black students or focused on anti-Black racism and discrimination?

YES (%)	NO (%)
8 (72.7 %)	3 (27.3%)

Participants also reported on the degree of diversity in the faculty and student body. Five participants (45 per cent) reported that the student body was very diverse and three (27 per cent) said that the student body was not diverse, especially in graduate school.

? How many Black clinical instructors or professors did you have when you were enrolled in university?

Five (45 per cent) reported that there were one to two Black instructors/professors, and six (55 per cent) reported there were no Black instructors or professors. Interestingly, all participants reported that the faculty was not diverse. One participant reported having one Asian professor. Another participant reported that they had attended three different Canadian universities in three different provinces; they were the only Black student in undergraduate and graduate programs with no Black professor in any of the universities.



Based on lived/personal experiences or observations, what do you believe to be the primary barrier for Black nurses to pursue further education?

Type of barrier	Participants
Lack of support and mentorship	4 (36.4 %)
Work-life-school balance	2 (18.2%)
Financial resources	1 (9.1%)
Lack of knowledge and awareness for educational options (for example, distance learning)	2 (18.2%)
Previous negative experiences in the education system	2 (18.2%)



Have you engaged in conversations with non-Black colleagues about the meaning of white privilege and/or white fragility?

YES (%)	NO (%)
4 (36.4 %)	7 (63.6 %)

This highlights the need to create spaces in academic and workplace environments for knowledge and awareness building around white privilege and white fragility.



Have you ever considered having an “English” name on your resume would increase your likelihood of getting an interview?

YES (%)	NO (%)
7 (63.6 %)	4 (36.4 %)

It is apparent that several Black nurses perceive that their race, and by extension their names, will limit their opportunity to be interviewed and subsequently offered jobs.

? Have you ever raised issues of racism with employers, managers/directors, professors, human resources staff and/or nursing unions?

Although the majority of participants reported encountering racism within their workplace and academic settings, their responses varied when asked if they had ever raised issues of racism with employers, managers/directors, professors, human resource staff and/or nursing unions.

Type of individuals the issues were raised with	Participants
Employers	2 (18.2 %)
Managers/directors	2 (18.2 %)
Professors	3 (27.3 %)
Human resources staff	2 (18.2 %)
Nursing unions	3 (27.3 %)
The employer and the nursing union	1 (9 %)

? Do you have equivalent or greater education, qualifications or experience than your immediate supervisor in your current position?

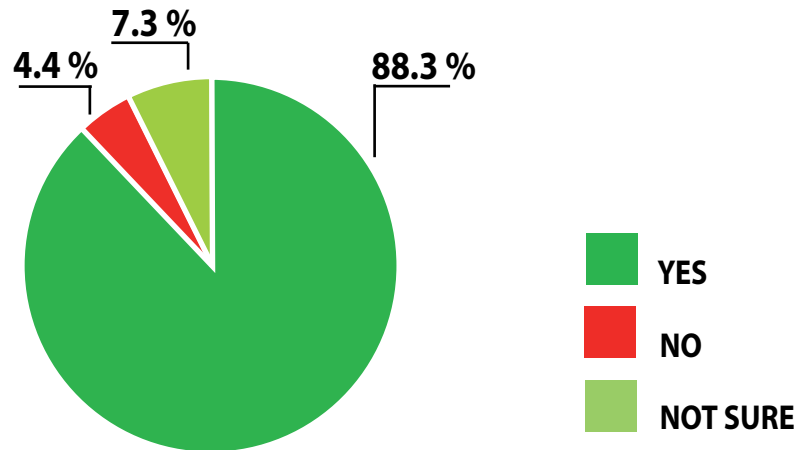
YES (%)	NO (%)
7 (63.6 %)	4 (36.4 %)

Only one of the participants who answered yes had a supervisor who was Black; the other six participants who answered yes had non-Black supervisors. These results highlight the need for immediate action and attention to areas such as: greater opportunity for Black nurses; awareness building of racism in academic and workplace settings; greater diversity in the nursing profession; and mentoring of Black nurses and nursing students.

Ontario-wide survey – Key quantitative results

This section highlights some key quantitative findings from the full Ontario-wide survey. As shown in the graph and similar to the pilot survey findings, a large majority of participants (88.3 per cent) indicated that they had experienced racism and/or discrimination to some extent as a Black nurse in Ontario. In addition, 60.5 per cent of participants reported feeling uncomfortable or very uncomfortable in their academic and workplace settings because of their race, colour or ethnicity.

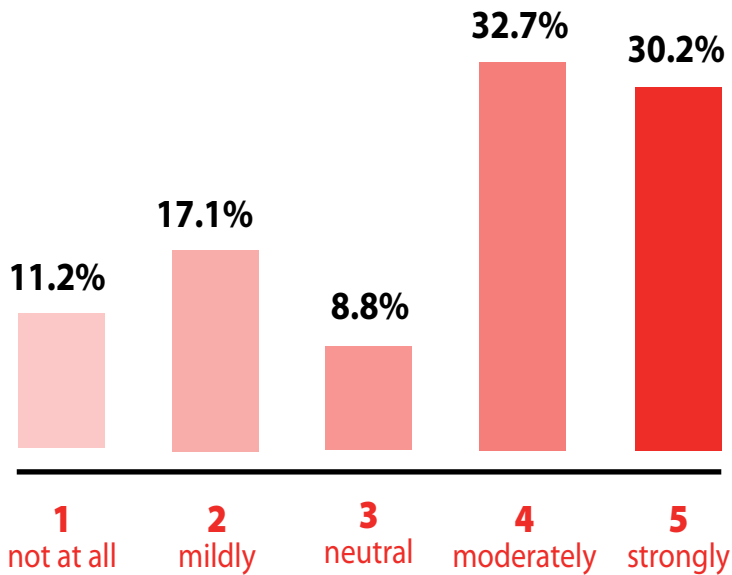
? As a Black nurse in Ontario, do you believe you have experienced racism and/or discrimination?



On a scale of 1 to 5, please rate the extent to which you are made to feel uncomfortable in your academic or workplace settings because of your race, colour or ethnicity as a Black nurse.

1 not uncomfortable at all	18
2 slightly uncomfortable	43
3 neutral	20
4 uncomfortable	63
5 very uncomfortable	61

? On a scale of 1 to 5, to what degree has experiencing systemic discrimination and racial microaggressions affected your mental health?



Almost 63 per cent of Black nurses or nursing students stated that their mental health was moderately or strongly affected by experiencing systemic discrimination and racial microaggressions.

? Based on lived/personal experience or observations, what do you believe to be the primary barrier for Black nurses to pursue further education? (select one)

Black nurses also highlighted what they see as their primary obstacle in pursuing further education. The majority of survey participants reported either a lack of financial resources, lack of peer support and mentorship, or previous negative experiences in the education system as the primary barrier.

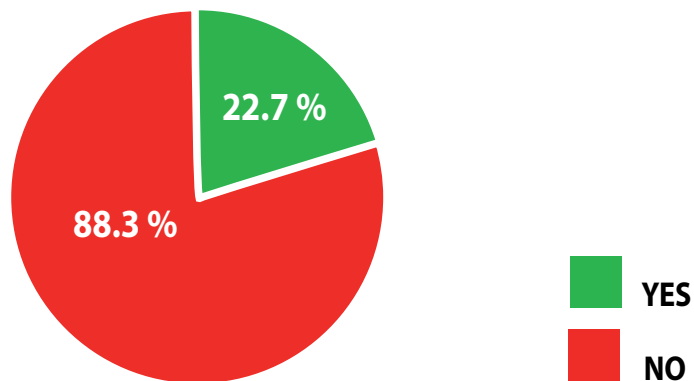
Financial resources	52
Family responsibilities	14
Education application process	2
Previous negative experiences in the education system	47
Work-life-school balance	15
Lack of peer support and mentorship	50
Lack of knowledge or awareness for educational options (for example, distance learning)	10
Other	15

Responses under the “other” category included:

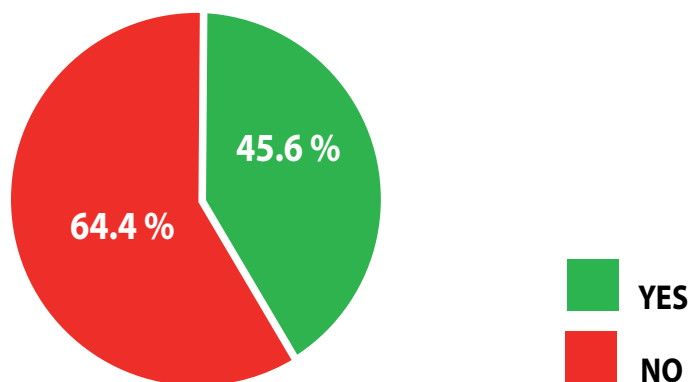
- all of the above or one response can't fit all
- biases and stereotypes on a Black person seeking further education and barriers
- Black nurses are pursuing further education
- family responsibilities
- lack of support/mentorship
- lack of knowledge and awareness of options and opportunities
- have not encountered barriers
- it is sometimes not one issue but a multitude of issues
- “none - it is my own responsibility to take charge of my own life and any further education I may be interested in”
- systemic and structural racism
- unaware of available career paths with additional education
- work-life balance and responsibilities and financial resource

Black nurses also experienced a lack of diversity within their college or university education programs.

? Were you involved in any groups/committees/associations in your college/university that were for Black students and/or focused on anti-Black racism and discrimination?

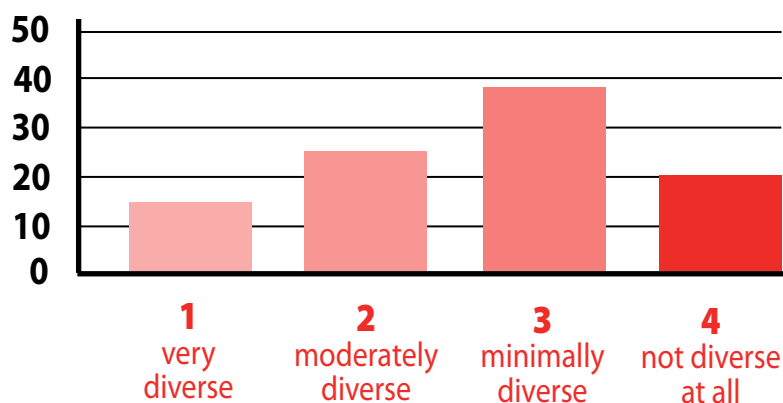


? Does/did your nursing curriculum encompass any of the following topics or themes: (cultural competence, cultural humility, Black history, anti-racism, anti-oppression, trauma-informed care, race as a social determinant of health)?



A majority of Black nurses also reported that their college or university program had minimally diverse student bodies. However, 62.4 per cent reported that their current place of employment was diverse in terms of race and ethnicity.

? With respect to your university/college nursing program, how racially diverse was the nursing student body?



? Have you addressed or raised the issue of racism to your employer, professor, human resources, management or nursing union?

Quantitative results from the Ontario-wide survey highlighted that the majority of participants did not report their experiences with racism.

Type of individuals the issues were raised with	YES	NO	Prefer not to say
Employer	66	129	10
Manager/director	75	121	9
Professor	49	146	10
Human resources staff	48	149	8
Nursing union	47	151	7

When participants reported that they had not raised experiences of racism, they were asked why they hadn't done so. Four themes emerged from their survey responses:

1. lack of support from supervisors and peers (sub-themes were lack of know how to address racism and lack of representation)
2. fear of reprisal or backlash
3. suppressive behaviors of managers
4. ineffective coping mechanisms (sub-themes were denial and avoidance behavior)

When pilot survey respondents were asked to reflect on why they had not raised the issue of racism with their employers, managers/directors, professors, human resources staff or nursing unions, their response was parallel and two main themes emerged. They also expressed fear of racial backlash and lack of awareness of processes to address racism. Key themes and supporting quotes are identified below from both surveys.

1. Lack of support from supervisors and peers is described as the unwillingness of supervisors, managers, and teachers to take an active role in addressing racism within their span of control.

This theme from the survey data has two sub-themes

- lack of know-how to address racism
- lack of representation (advocacy)

Quotes under the main theme are as follows:

“Felt no one will listen or take the issue seriously.”

“Based on the chain of command, I am still waiting for the manager to complete their part of the form before I can escalate my concerns to the next level.”

“Because it would be always dismissed, one need to know that the leaders that are racist are sometime those that are well liked by their leaders. It is very difficult for a subordinate to voice their racist biases... The reporter would be the trouble maker.”

a. Sub-theme: Lack of know-how to address racism. The following quotes represent this sub-theme:

“Because the majority of them don't even know how to handle the situation.”

“Did not know who to contact and what would be done by HR and the nursing union.”

b. Sub-theme: Lack of representation (advocacy). The following quotes represent this sub-theme:

“Raised the issue and no actual recourse as the committee responsible for overseeing or decision making is all White... how can one get resolution when you are going against a group that's protecting their own and has no desire, connection or understanding of discrimination.”

“Nursing union staff has a history of working only for the interest of White staff.”

2. Fear of reprisal or backlash refers to fears of the managers’ or leaders’ strong retaliation or punishment against the Black nurse for raising the issue of racism in the workplace or academic setting. The following quotes emerged from this theme.

“As a student there is no recourse for raising issues and the result was that one’s grade was affected. Instructors tend to defend and support their colleagues with no recourse to defend oneself as a student.”

“Scared of feeling ‘centered out’; scared that something might not be done and would lead to further trauma.”

“I’m afraid of backlash or repercussion. Do not trust certain management. Afraid to lose my job.”

3. Oppressive behaviours of supervisors and teachers are described as cruel or unjust exercise of power over a subordinate with the intent to crush the person’s spirit. It can take many forms such as hurtful remarks, threats, reprisals or firing from a job. The following quotes support this theme.

“I experienced racism/micro-aggressions from them and bringing issues to the perpetrators likely would not have gone over well. White people are generally not genuinely open to explore and address their biases especially when being presented to them by a subordinate.”

“Fear of punishment and or embarrassment as I saw some of the oppressors were very close to the management and even after some of my colleagues reported them, they seemed unshaken and everything went on as if nothing happened. So, I thought reporting does not have any impact as it may stress me even more since there would be no intervention as such.”

“People who see you being discriminated just ignore it and don’t say anything, when a patient refuses your care because you are Black what do they do, give the patient to a White nurse. The behaviors are not corrected. No one ever does anything because no one believed that there is anything wrong.”

4. Ineffective coping mechanisms are described as situational factors people experience resulting in poor self-concept and lack of problem-solving skills and abilities. This theme has two sub-themes: denial and avoidance behavior. The following examples represent this theme.

a. Sub-theme: denial

“There was no issue to raise.”

“I did not experience it and did not have colleagues’ express concerns about racism.”

b. Sub-theme: avoidance behaviour

“The patients mainly have dementia or elderly, what if anything would be done?”

“When we go into nursing, being a Black nurse a lot of times we are told by others that we just have to put up with it. I always feared speaking about it because I did not want to create any unnecessary conflict, plus, I didn’t feel management, the union, or professors would understand me. They are all White, what can they possibly understand?”

The following chart shows responses from Black nurses when they were asked how workplace policies, hiring practices and/or orientation could be enhanced to recruit and retain Black nurses.

Ensure human resources and hiring teams are racially diverse	151
Mandate cultural safety and anti-oppression training during orientation for all staff	137
Avoid burdening Black employees with the responsibilities of workplace diversity and inclusion	103
Hire more Black nurses in executive leadership and managerial positions	155
Encourage staff to report all incidents of racism and discrimination, guaranteed anonymity if desired	149
Showcase and celebrate the contributions of Black nurses within the workplace	106
Zero tolerance policies for racism and discrimination	161
Create and sustain mentorship initiatives for career development	129
Maintain fair and transparent hiring practices	144
Include Black nurses in workplace decision-making	150
Other	9

The majority of Black nurses recommended integrating strategies such as zero tolerance policies for racism and discrimination, inclusion of Black nurses in workplace decision-making and hiring more Black nurses in executive leadership and managerial positions. They also recommended ensuring human resources and hiring teams are racially diverse.

In addition to quantitative data, qualitative data was also thematically analyzed. Below are key selected themes that arose from both the pilot and Ontario-wide surveys (see Appendices C and D). In most instances, themes overlapped in findings from the pilot survey and the full survey; we will report on some variations as well.

Qualitative themes

In both surveys, participants were asked to report on whether they had experienced racism in clinical and academic environments as a current or past Black nursing student, and how this influenced their learning.

THE PILOT SURVEY DATA

Four themes emerged from the pilot survey data:

1. increased stress in the clinical setting
2. increased anxiety in the classroom
3. depression
4. reduced grade point average (GPA) in academia

We provide examples from the qualitative survey results below.

1. Increased stress in the clinical setting

The following quotes show participants' increased stress in the clinical setting.

“As a past student and even as a current student, Black students are assessed more stringently/harshly compared to their White counterparts. Also, within the clinical environment, Black students are deemed to be lazy and not welcomed into the clinical environment as smoothly when compared to their White counterparts.”

“White nursing students are given easier task during clinical placement. Full-time registered nurses offer White nursing students references for job opportunities.”

“It was stressful because the instructors pretended that they could not understand my accent; deliberately attempting to fail me for nothing while passing peers who were performing worse than I was.”

2. Increased anxiety

Anxiety is described as excessive worrying, feeling anxious or stressed related to external circumstances. The following quotes support this theme (APA, 2021).

“I’ve had many instances where I felt unsafe in the classroom and clinical environments because instructors and peers have demonstrated beliefs or values that... are dehumanizing of someone who is Black. When others and I try to directly address these issues, it rarely proved to be effective (i.e., often students who try to correct instructors are viewed as having a narrower view and feel this way because they lack experience and will one day see things through the perspective of the instructor etc.).”

“I felt pressured to overachieve to prove my place in academia.”

3. Depression

Depression is described as a change in mood resulting in persistent sadness, and symptoms such as inability to concentrate and insomnia. The following quote represents this theme.

“Racism in the academic setting affected my mental health resulting in depression. I had to seek mental health support from external sources.”

4. Reduced grade point average (GPA)

Grade point average (GPA) is an indication of a student’s academic achievement at a college or university, calculated as the total number of grade points received over a given period divided by the total number of credits awarded.

The following quote represents this theme (Cambridge, 2021).

“Racism affected my grades and GPA as well as career trajectory. I wanted to be a full-time professor, teaching in a university setting but changed my mind due to racism against me as a student and subsequently as a young professor working in an academia setting.”

THE ONTARIO-WIDE SURVEY

The Ontario-wide survey also addressed two additional themes:

1. absence of cultural safety
2. lack of support in academic or practice settings

1. Absence of cultural safety is defined as an action or practice which demeans the cultural identity of a person or family (Curtis et al., 2019). The following quotes are included under this theme.

“Felt unsafe and unwelcomed in academia.”

“I have learnt to be invisible so as to survive and be able to put food on my table.”

“Feedback or participation was never acknowledged until my White colleague said the same thing, and then it was a great idea.”

2. Lack of support in academic or practice settings for the purpose of this report is defined as lack of emotional support and unfair treatment by clinical instructors or professors in clinical practice or academic settings. The following quotes support this theme.

“During my Public Health practicum, I was not supported by my preceptor, who resented me when a Black public health nurse began to support me.”

“Being refused to a clinical environment for no reason, and other students have been accepted.”

“Feeling sad for not being accepted in areas like labor and delivery, ICU, and NICU. It’s impossible to get placements there because I’m likely to ‘end up’ in a nursing home.”

“Lack of representation in the teaching staff. Penalized for things you did not do and not able to defend yourself.”

In both the pilot survey and Ontario-wide survey participants were asked to describe ways in which RNAO and the task force can stand in solidarity with Black nurses in Ontario and across Canada.

PILOT AND ONTARIO-WIDE SURVEY

Four major themes emerged from both the pilot and Ontario-wide survey data:

1. social support for Black nurses
2. accountability of leaders
3. the need to build awareness and education
4. advocacy for Black nurses and recognition of Black nurses

We explore these themes more fully below.

1. Social support refers to providing Black nurses with mental health and legal supports and support from allies to assist them in their workplaces or academic settings. It also relates to providing them with educational resources and mentorship programs to succeed.

Social support for Black nurses has five sub-themes: mental health support, legal support, mentorship programs, educational resources and scholarships, and allyship with white leaders.

a. Sub-theme: mental health support: The following quotes support this theme:

“Support staff through the process of investigations. Give them emotional support and reassurance making sure the perpetrators with power and influence do not get away with it.”

“There needs to be a regular mental health check in with Black nurses: provide a list of Black mental health professionals.”

b. Sub-theme: legal support. The following quotes support this theme:

“Provide Black nurses access with legal assistance to help us in regard to ‘how to actually put in writing the wording, description of issues of racial discrimination;’ especially the covert ones that you know are happening but only you can feel it as a Black nurse in the workplace.”

“RNAO to give more assistance and support legally where possible during meetings with leaders by having the option of a legal representative present virtually or otherwise, or at least some advice and support when Blacks are called out to management for reprimand—often for things unknown and for things Whites are given an oversight for.”

c. Sub-theme: mentorship programs. The following quotes support this theme:

“An Interest Group for mentorship and support, leadership development programs, and initiatives so that colleagues stop downplaying systemic racism.”

“Advocate for greater mentorship programs in nursing schools and in the nursing workplace.”

“Encourage mentors in all settings to hire Black nurses/mentors to step up to allow success in being hired in higher positions in all settings.”

d. Sub-theme: allyship with white leaders and colleagues. The following quotes support this theme:

“Continue to educate nurses on the importance of allyship.”

“The Task Force should collaborate with White nurses or other white healthcare professionals because Black nurses can’t fight racism when they are not the ones being racist.”

“White nurses must be part of the process so they see the micro-aggressions they perpetuate towards Black nurses. Black nurses are always given the assignment to end or fight racism! It’s unfair.”

e. Sub-theme: building awareness and education. The following quotes support this theme:

“Provide mandatory cultural safety and anti-oppressive training during Orientation for all staff.”

“RNAO should build on the cultural competency standards and elaborate on them. Expect educational and employment institutions to demonstrate cultural competence in their settings.”

“Promote equal access to professional advancements and grants to support education.”

2. Accountability of leaders refers to leaders’ willingness to take responsibility for their actions and decisions by implementing fair and just policies for staff. The following quotes support this theme.

“Making sure there are signs posted on walls or at strategic places showing that racism is a crime and would not be tolerated.”

“Include racism and discrimination into nursing curriculum such as inter-professional education courses taught in school. Canada is a multicultural and teaching people in schools that peoples’ colour doesn’t determine their exposure, knowledge, expression and passion to care are paramount.”

3. Advocacy for Black nurses is defined as the act of speaking out on behalf of Black nurses and supporting their causes. The following quote supports this theme.

“Advocate for and promote diversity in leadership, senior/and or administrative, education roles in the nursing profession as well as health sectors.”

4. Recognition of Black nurses refers to acknowledging Black nurses’ contributions (for example, their gifts, knowledge, abilities and compassion) to patient care and the health-care system. The following quotes support this theme.

“Highlight work by Black nurses or people of color to demonstrate achievements and promote inclusivity.”

“Include contributions of Black nurses to the Canadian Health-care System and integrate Black nurses into the education Curriculum.”

HIRING, RECRUITING AND RETAINING OF BLACK NURSES

Participants were also asked in both the pilot and full surveys to describe how workplace policies, hiring practices, and/or orientations can be enhanced to recruit and retain nurses. They were also asked to identify potential strategies to facilitate hiring of more Black nurses in executive positions across the health system. Both questions resulted in recurring themes:

1. changes in hiring practices
2. mentorship programs for staff
3. orientation and continuing education programs
4. recognition of Black nurses
5. accountability of leaders

In addition to these overlapping themes, the Ontario-wide survey also identified a sixth theme: acknowledgement of racism in nursing. We describe each of these themes briefly below and provide supporting quotes from the qualitative survey data.

1. Changes in hiring practices refers to hiring Black NPs and RNs who have the skills, knowledge, and academic credentials to fill vacant positions in administration and executive leadership roles and roles at government agencies. The following quotes support this theme:

“Hire more Black nurses in leadership and managerial positions. Encourage staff to report incidents of racism and discrimination.”

“Hiring practices should include people who have the qualifications (education and experience). It should not be based on the color of their skin.”

2. Mentorship programs for staff are described as facilitating a process of learning through mentor-mentee interactions, which increases mentees’ knowledge, skills and abilities to achieve their career goals. The following quotes support this theme.

“Many of the people who get career advancement at my place of employment have been coached and mentored by someone in a position of power. If we do not have the same experiences, Black employees will never get the opportunity.”

“There is no issue with hiring Black nurses at my workplace. The issue is the lack of opportunity of career advancement for Black nurses.”

3. Orientation and continuing education programs refer to mandatory courses focused on cultural safety, anti-oppressive, anti-racism, cultural humility, systemic racism included in these programs. The following quote supports this theme.

“Orientation programs should include anti-oppressive content including role play so the message gets across to people who have not experienced racism.”

4. Recognition of Black nurses refers to acknowledging Black nurses’ contributions (e.g. gifts, knowledge, abilities and compassion) to patient care and the healthcare system. The following exemplars demonstrate this theme.

“Highlight work by Black nurses or people of color to demonstrate achievements and promote inclusivity.”

5. Accountability of leaders is a concept supported by the following quotes.

“Hold management accountable for actions that improve diversity and for taking action when racism or discrimination is raised.”

“Zero tolerance for any discrimination is taken seriously.”

6. Acknowledgement of racism in nursing

“Let us stop pretending that racism is dead... it’s alive and strong.”

Another theme specific to how to hire more Black nurses in executive positions across the health system was the presence of a diversity, equity, and inclusion (DEI) committee.

A DEI committee is described as a group that includes representation from employers, staff and volunteers from all backgrounds who oversee and investigate equity, fairness in practices and complaints of racism in the workplace and take corrective steps to rectify issues and concerns. This committee must have decision-making power to be effective. The following quotes demonstrate this theme:

“Inclusions based on educational and practice competencies. Inclusion is thoughtful, intentional welcoming of all participants into the work or classroom environment.”

“Inclusive environments are those in which key actors purposefully make everyone feel part of the team. For example, Black inclusion in decision-making deconstruct excellence and reconstruct how the word how ‘excellence’ is determined.”

The results from the qualitative thematic analysis support the findings from the quantitative findings, and provide an in-depth look into the experiences and perceptions of Black nurse participants.

Participants reported the toll that racism takes on their mental health, adding increased stress, depression and anxiety. They also painted a picture of the discrimination they face in academic and clinical settings such as a decrease in GPA during their nursing program compared to white counterparts and fear of receiving racial backlash. The findings confirm the need to advocate, support and raise awareness with respect to anti-Black racism and the urgent need for a change in their academic and workplace settings. This change would include introducing more education and training programs, accountability of leaders, and representation of Black nurses on committees and leadership positions, as well as changes in hiring practices.

NEXT STEPS

Participants in both surveys were also asked to reflect on their perception of the most important next steps to actively tackle anti-Black racism within nursing in Ontario and other jurisdictions.

Several overlapping themes emerged from the survey responses, including:

1. requiring anti-racism educational and training programs for all nurses
2. raising awareness and acknowledging systemic racism in nursing
3. making sure Black nurses are represented on committees and boards
4. making changes to hiring practices
5. advocating for changes to end systemic racism in the profession
6. providing mentorship and financial support
7. striking diversity, equity and inclusion (DEI) committees

We explore these themes more fully below.

1. Requiring anti-racism educational and training programs for all nurses includes designing courses on cultural safety, anti-oppressive, anti-racism, cultural humility, systemic racism and trauma-informed care. These courses should be included in orientation and continuing education programs for all staff, middle-managers and leaders in executive positions in academic and health-care organizations. The following quotes emerged from this theme.

“Provide evidence of anti-Black racist experiences, microaggressions and systemic racism in health care and education settings in Ontario.”

“Provide more education on systemic racism and micro-aggression. There is a lack of knowledge and people are failing to do the research on their own. It should be included in any kind of training if it does not already exist.”

“It has to start in our education system, in nursing schools, with the professors, and the students. ‘What I was taught in nursing school about Black people is that we do not like to come on time and we are not afraid to call each other fat because it’s a cultural thing’, which is a very ignorant statement.”

2. Raising awareness and acknowledging systemic racism in nursing is described as recognizing racism's existence in nursing and the broader society. The following quotes emerged from this theme:

“The most important step for me is for non-Blacks to acknowledge that anti-Black racism is alive and well in all facets of life in Ontario/other jurisdictions and work with Black leaders to compassionately and honestly address this issue. These systems were not built to include us and every effort must be made to make space for us (Blacks) to peacefully co-exist and thrive with our profession.”

“Take public action by openly lobbying governments at all levels and publicly identifying discriminatory policies and practices.”

3. Making sure Black nurses are represented on committees and boards will allow them to contribute to the decision-making process and policies that govern their education, practice and employment. The following quote emerged from this theme.

“Black nurses must be members of decision-making Boards and Committees in academic and health-care settings.”

4. Making changes to hiring practices could help stop preferential treatment of white applicants over Black applicants. This would provide opportunities for Black nurses and increase the number of Black nurses at all levels in academic and health-care institutions, representing the cultural and diverse mix of the population. The following quotes emerged from this theme.

“I think each institution needs to look at their hiring practices and their staff. Take note at the disparities that exists. Make tangible changes now. Stop coming up with excuses not to promote or hire Black nurses or educators. Universities need to hire more full-time Black nurses as professors instead of having Black nurses as Sessional/part-time or casual clinical instructors. Do not just acknowledge that disparities exist. Do something about it. RNAO can reach out to universities to encourage them to make changes.”

“...I personally want to be hired for my skills, qualifications not for the color of my skin. Or to ensure the diversity KPI has been reached because a person of color was hired. Maybe names should be blank on resumes during the hiring process.”

5. Advocating for changes to end systemic racism in the profession describes the acts of speaking out on racism against Black nurses and supporting them in overcoming adversity associated with systemic racism. The following quotes highlight this theme.

“Meeting with leaders in executive leadership positions and advocating for changes in hiring practices, support through orientation programs which include racism and how to deal with it.”

“Having dedicated staff in each facility to provide support and address racism.”

6. Providing mentorship and financial support can increase Black nurses' knowledge, skills and abilities to achieve their career goals. Mentorship is described as a process of learning through a mentor-mentee interaction. The following quotes highlight this theme.

“Mentorship programs with clear pathways for advancement for Black nurses in all levels of nursing.”

“Mentorship, financial scholarships and assistance to qualified nurses who wish to further their education.”

7. Diversity, equity and inclusion (DEI) committees are described as groups that include representation from employers, staff and volunteers from all backgrounds who oversee and investigate equity, fairness in practices and complaints of racism in the workplace and take corrective steps to rectify issues and concerns. These committees must have decision-making power to be effective. The following quotes support this theme.

“Have diversity, equity and inclusion committees in all departments, starting within academia (universities and colleges). Have a diversity, equity and inclusion committee in higher administration, in government and health-care settings.”

“I have experienced discrimination in evaluation/assessment during my undergraduate program because of a biased racist nurse supervisor. I had no recourse as they were believed over me, and I suffered financially and in other ways as a result. Re-evaluate processes in place which allows one individual to assess and impact a racialized person's future career. Appeal or Review Committees should be diverse and non-biased so this can't happen again”.

Summary

Through the survey findings, the BNTF discovered many significant themes, as discussed above. We had asked survey participants to reflect on and describe four key areas:

1. their experience of racism in clinical and academic environments
2. possible enhancements of workplace policies, hiring practices, and/or orientation processes to support recruitment and retention of nurses
3. difficulties in addressing or raising racism to their employers, professors, human resources departments, management or nursing unions
4. their perception of what would be the most important next step to actively tackle anti-Black racism within nursing in Ontario and other jurisdictions

Based on their responses, it is evident that Black nurses are facing a number of challenges as a result of anti-Black racism in the nursing profession, both in clinical settings and in academia. Clearly, Black nurses face a lack of support from colleagues and academic institutions today. Racism in nursing must be acknowledged and inclusive environments in the workplace and classroom must be emphasized.

Their responses also provided insight into how these issues can be tackled today. Among the strategies offered to combat these issues are the implementation of mentorship programs, financial support, continuing education programs, and holding leaders and organizations accountable for their practices rooted in anti-Black racism. It is clear that an urgent call for recommendations is needed.

ADVOCACY AT ALL LEVELS

RECOMMENDATIONS AND ACTION

PILLAR 3

Propose and advocate for the implementation of strategies to address anti-Black racism at all levels (micro, meso and macro) across the health system for sustainable and meaningful change

This section of the report builds on the education and research pillars and provides recommendations and actions with the goal of dismantling anti-Black racism within the nursing profession, health care and larger community through advocacy.

The recommendations and actions formed here are based on a scoping review of the literature and on the key themes captured in the pilot and Ontario-wide surveys discussed previously. Based on the survey findings, many of the same themes emerged from different questions; the following themes were identical across two or more questions:

- lack of support for Black nurses
- accountability of leaders
- need for education and training
- solidarity with Black nurses
- mentorship programs for Black nurses

We translated the data from participants' responses into a set of recommendations to be implemented by RNAO and the BNTF in collaboration with academic and health-care organizations, unions, and other institutions. In this report, RNAO and the task force provide individual, organizational and policy-level recommendations for academic and workplace settings about reducing barriers for Black nurses, providing more education and engaging in advocacy.

RECOMMENDATIONS

Recommendation

Reducing barriers in academic and workplace settings

Key actions

MICRO level

1 Provide equitable and fair placements for Black nurses in all practice settings. For example, Black nursing students should not be disproportionately placed in LTC settings during their final consolidation.

2 Provide tools and resources to support Black nurses as they navigate difficult challenges when dealing with residents, patients or families who display racism.

MESO level

3 Include DEI Committees in all workplaces and academic settings to address racism and discrimination.

4 Include racism and discrimination as a topic in nursing and interprofessional curriculums. This includes “race and racism as social determinant of health” in the educational curriculum for both undergraduate and graduate students.

5 Hold all staff (professors, managers, health-care providers) accountable for addressing racial discrimination and develop specific strategies to combat it.

Who is responsible

Placement coordinators and clinical instructors, in coordination with Council of Ontario University Programs in Nursing (COUPN)

Nurse educators and human resources departments

RNAO's Nurse Educators Interest Group and Black Nurses Leading Change Interest Group (BLNC) collaborate to develop tools to support

Academic and workplace settings

Academic institutions, professors and leaders

Executive leaders in workplace settings

Recommendation

Key actions

Who is responsible

6 Create safe spaces for Black nurses to open up about the discrimination and oppression they face in professional settings.

COUPN in collaboration with all employers and health-care and academic organizations.

7 Increase access to mental health supports in the workplace and academic settings to address traumas related to racism.

Academic and workplace settings.

MACRO level

8 Develop and enforce policies on anti-racism, such as zero tolerance of racism from staff, nursing leaders, patients and families.

Health-care organizations (that is, health systems, organizations and academic institutions).

9 Create educational and research grants/financial incentives/scholarships targeted specifically for Black applicants.

Post-secondary institutions, grant agencies and governments; RNAO to continue to advocate.

10 Collect and disseminate race-based data.

All unions, regulatory bodies and workplaces; RNAO to continue to advocate for workplace settings to collect and disseminate race-based data.

Increasing education and building awareness

MICRO level

11 Acknowledge that systemic racism and discrimination exists at individual, organization and policy levels. Non-Black nurses must identify and address individual biases with respect to anti-Black racism. They need to be encouraged by their organization to continually engage in reflective practice and delve into their perceptions and experiences in order to assess inherent biases and values.

Academic and workplace settings
Nurses' unions, professional associations and regulatory bodies

12 Develop and implement anti-racism, anti-oppression, cultural safety, and diversity, equity and inclusion (DEI) training and orientation for staff at all levels in all workplace and academic settings.

Employers and organizations
Policy-makers, leaders and educators
Nurses' unions, professional associations and regulatory bodies

MESO level

13 Embed mentorship programs in workplaces for Black nurses to facilitate professional growth and development, and to improve recruitment and retention of Black employees.

Employers and organizations; RNAO to continue to develop mentorship program and share resources with health-care organizations

14 Provide mentoring programs for nursing students to enhance academic achievements, reduce stress, anxiety and dropout rates and to empower Black students.

RNAO
Academic and workplace settings; university and college deans to collaborate with alumni and senior students to provide mentorship opportunities.

MACRO level

15 Provide mandatory courses or workshops that include topics of cultural humility, anti-oppressive behaviors, anti-racism and trauma-informed care in orientation and continuing education programs.

Hold all staff (professors, managers, health-care providers) accountable for addressing racial discrimination and develop specific strategies to combat it.

Developing and implementing advocacy strategies

MICRO level

- 16** Advocate for the establishment of a commission similar to the Truth and Reconciliation Commission to investigate and address racism against Black Canadians
- 17** Advocate for diversity in leadership, senior and/or administrative, education roles in the nursing profession as well as health sectors.

Policy-makers, leaders and educators

Nurses' unions, professional associations and regulatory bodies

MESO level

- 18** Stand in solidarity through partnership with health-care associations and organizations; advocate to diversify their senior team and provide equitable opportunities for Black individuals at the senior executive/management level.

Policy-makers, leaders and educators

Nurses' unions, professional associations and regulatory bodies (examples include the Ontario Hospital Association and Ontario Public Health Association)

MACRO level

- 19** Advocate for the federal and provincial governments to address racism against Black Canadians and include Black History within the educational curriculum in Canada.

Academic settings

Professional associations and regulatory bodies

SOLIDARITY THROUGH PARTNERSHIP AND ALLYSHIP

PILLAR 4

Partner with allies of the Black nursing community and collaborate with stakeholders leading initiatives in anti-Black racism and discrimination across the province

Allyship and solidarity with Black nurses will continue to be a priority of RNAO beyond the release of this report. It was from this report that RNAO developed specific recommendations, listed below, to integrate into its internal practices.

MICRO level

- 1 Chapter chairs and presidents of RNAO report on what they are doing to address systemic racism quarterly during “Members’ Voices” and how they are engaging Black nurses in their different chapters.
- 2 Plan to integrate anti-racism and discrimination training for all staff during onboarding process.
- 3 Develop a human resources framework that promotes equitable hiring practices.
- 4 Develop an RNAO Black Colleagues Task Force. The mandate of this group will be to draw from the experiences of Black colleagues and address anti-Black racism and discrimination within the workplace. The task force will be comprised of staff who identify as Black.

MESO level

- 1 RNAO and the BNTF stand in solidarity with organizations that are instituting advisory committees for marginalized nurses or encourage organizations in Ontario to have such committees.
- 2 Collaborate with allies (for example, Black associations such as the Black Business and Professional Association (BBPA) and Black Founders of Community Networks (BFCN) to address systemic racism in Ontario.
- 3 BNTF to act as an advisory group to the Black Nurses Leading Change (BNLC) Interest Group and RNAO.
- 4 RNAO to commit to collecting and reporting on race-based data within its membership.

MACRO level

- 1** Advocate for the College of Nurses of Ontario (CNO) and the Ontario government to acknowledge and address racism against Black nurses.
- 2** RNAO will continue to engage in political advocacy to encourage the provincial government and CNO to collect and report on race-based data.

Development of the Black Nurses Leading Change interest group

In their commitment to stand in solidarity, the RNAO has formed the Black Nurses Leading Change (BNLC) interest group, which will allow them to establish strong working relationships with Black nurses and communities in Ontario. This interest group will support the work of RNAO's Black Nurses Task Force, and continue to inform RNAO and its members on issues affecting Black nurses and nursing students. As the RNAO continues to address anti-Black racism and discrimination within the nursing profession, the BNLC interest group will support that mission and ultimately advocate for the advancement of Black nurses.

Political advocacy for race-based data collection

As discussed earlier in this report, racism is a determinant of health that plays a key role in generating and reinforcing health and social inequities among Canadians. Through this task force of Black nurses and the strong voices of RNAO members of all races, a clear recommendation that came forth was to urge the CNO—the regulatory body for nursing practice in Ontario—to collect race-based data as an important step in dismantling systemic racism within the nursing profession in Ontario.

In December 2020, RNAO called on the CNO to collect and report race-based and Indigenous identity disaggregated data and initiate community consultations on this process immediately (See Appendix E). RNAO strongly recommended that CNO re-examine how it collects and reports nursing data as part of the registration process (RNAO, 2020). RNAO hopes that CNO will also stand in solidarity and commit to achieve a health system in which Black nurses have equal opportunities to participate fully in the nursing profession to their maximum potential.

RNAO will continue to use their platform to call for decisive action from national and provincial nursing organizations and institutions to enable real and meaningful change to overcome the systemic racism that exists in our profession. Racism is a public health crisis that cannot be ignored and threatens the health and well-being of racialized nurses and their ability to provide safe, compassionate and ethical care to Ontarians.

Walking the talk: RNAO's Black Colleagues Task Force

To ensure strong support for RNAO employees who identify as Black, RNAO's CEO Dr. Doris Grinspun launched its Black Colleagues Task Force. The mandate of this group is to draw from the experiences of Black colleagues employed at RNAO to address anti-Black racism and discrimination within the workplace (RNAO, 2022).

The Black Colleagues Task Force is made up of staff who identify as Black. To date, they have developed terms of reference (see Appendix F) as well as a framework to support anti-racist human resource practices (see Appendix G). They will continue their work supporting equitable human resource practices and education at RNAO on ongoing basis.

Conclusion

The report's findings have several important implications for nursing educators, health-care and academic organizations, stakeholders, and policy makers. All health-care and academic organizations must immediately take action and acknowledge that anti-Black racism is deeply entrenched in the history of nursing in Ontario and Canada. This report highlights the devastating impact systemic racism has on the lived experiences of Black nurses in academic and workplace settings, and the dire need to address and ultimately expunge racism from our profession.

By analyzing the pilot and final survey results (both quantitative and qualitative data sets), we now have a sound depiction of the current state of anti-black racism within the health-care field. From this understanding, RNAO and the BNTF has developed multiple recommendations, with two goals in mind: first, address current problems; and then work to extinguish all anti-Black racism within nursing. RNAO will continue to push for high-level Ontario institutions to implement these recommendations, through the work of such groups as the BNTF and the Black Nurses Leading Change Group.

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Appendix A

RNAO anti-racism webinar series

2020/2021 – Topics, speakers, and participants

Date	Topic	Speaker/Panelist(s) Name(s)	Participants
June 15, 2020	Let's talk and tackle racism and discrimination in nursing and in health care	Allison Dalby, Hoodo Ibrahim, Nora Van Dalen, Shirley Davis, Anthony Morgan	238
July 20, 2020	Introducing RNAO's Black Nurses Task Force	Dr. Angela Cooper Brathwaite – RN, BN, MN, PhD, immediate past President RNAO Chantal Sorhaindo – NP, BScN, MN, St. Michael's Hospital	367
Aug. 17, 2020	Understanding Anti-Black racism in the education system: From preschool to graduate school	Keisha Jefferies – RN, PhD(C) Dalhousie University Jacqueline Spence – Toronto District School Board Superintendent of Equity, Anti-Racism, Anti-Oppression and Early Years	253
Sept. 21, 2020	Exploring the impact of systemic racism and discrimination in health care on career development for Black nurses	Dionne Sinclair – MScN, MCHM, RN, CHE, Director, Medicine Programs, Southlake Regional Hospital Dania Versailles – RN, BScN, MScN, CPMHN, Director Clinical Services at Canadian Mental Health Association	178
Oct. 26, 2020	Systemic racial discrimination and microaggressions in the workplace: From recognition to action	LaRon Nelson – PhD, RN, FNP, FNAP, FAAN, Independent Foundation Professor and Associate Professor of Nursing and Associate Dean of Global Affairs & Planetary Health at Yale University, Scientist with MAP Centre for Urban Health Solutions in the Li Ka Shing Knowledge Institute at St. Michael's Hospital Jackie Williamson – RN, BScN, MEd, PhD, Professor, Durham College Staff Nurse, Centre for Addiction and Mental Health (CAMH) Crystal Garvey – RN BScN MScN PhD (student) – Professor Collaborative BScN Program, Durham College/ Ontario Tech University	234

Nov. 16, 2020	Becoming an ally of the Black nursing community	Frances Delsol – Executive Director of the Black Business and Professional Association Allison Hector-Alexander – Director of the Office of Equity, Diversity and Inclusion at Durham College Tina Garnett – Human Rights and Inclusion Specialist at Hamilton Health Sciences Dr. Sally Thorne – Professor at UBC School of Nursing	166
Jan. 18, 2021	Building a mentorship movement for Black nurses	Michele James – Vice-President, People and Transformation, Scarborough Health Network Ryan Hinds – Community Engagement Lead, Toronto Central LHIN Sandra Robinson – NP, CNO Council President, Manager at Toronto Western Hospital Sharon Nwamadi – RN, Nurse Manager, Bayview Family Practice	210
Feb 16, 2021	The power of mentorship in nursing education	Dr. Bukola Salami – RN, MN, PhD, Associate Professor at the Faculty of Nursing, University of Alberta Ola Thomas Obewu – 3rd year BScN Student at York University, RNAO Black Nurses Task Force Panelist Birgit Umaigba – RN, BScN, MEd, CCRN, Clinical Instructor at Centennial College	177
March 15, 2021	Impacts of racism on the mental health of Black nurses	Dr. Oluremi Adewale – RN, BScN, MScN, EdD, President, CEO and Founder of Women Focus Canada Inc. and Mental Health Consultant Aaliyah Hoo Kim – RN, BScN, Clinical Nurse Educator at S.R.T. MedStaff	172
April 19, 2021	Recruiting, retaining and advancing Black nurses	Ingrid Wilson – CHRL, CMS, GridFern Strategic HR Josephine Etowa – PhD, RN, RM, FWACN, FAAN, Professor, OHTN Chair in Black Women’s HIV Prevention and Care in Health Sciences, University of Ottawa Suzanne Charles Watson – Program Manager, Equity, Diversity and Inclusion, SickKids Research Institute	153
May 17, 2021	An intergenerational conversation: Addressing Anti-Black racism	Nadia Prendergast – RN, LCCE, PhD, Assistant Professor at York University and Childbirth Educator at Mount Sinai Hospital Leanne Prendergast – MSc, President and Co-Founder of Love our Lives	139
Oct. 18 2021	The Lived Experiences of Black Nurses Using Mental Health Services in Ontario	Dania Versailles – RN, MScN, CPMHN (C), Director of Clinical Services, Canadian Mental Health Association - Ottawa Amina Joseph – RPN Nadeisha Pinnock – RN, APN, MN	42

Appendix B

Regional representation in Ontario-wide survey

Algoma Chapter	1
Brant Haldimand Norfolk	3
Durham Northumberland Chapter	25
Halton Chapter	4
Hamilton Chapter	11
Kawartha Victoria Chapter	2
Kingston Chapter	1
Middlesex Elgin Chapter	8
Muskoka Huronia Parry Sound Chapter	2
Niagara Chapter	7
Oxford Chapter	1
Peel Chapter	42
Region 10 - Ottawa	17
Region 6 - Toronto West	37
Region 7- Toronto East	26
Sioux Lookout Chapter	2
South Simcoe	2
Sudbury	2
Waterloo Chapter	6
Wellington	1
Windsor-Essex Chapter	2
Other jurisdiction outside of Ontario, please specify:	2
Unspecified	1
TOTAL	205

Appendix C

Pilot survey (October 2020)



PILOT SURVEY

Dear Task Force panelists,

You are invited to pilot-test the survey below by answering a series of questions related to anti-Black racism and discrimination within the nursing profession. RNAO's Black Nurses Task Force will serve as the focus group pilot testing the survey. The lived experiences of Task Force panelists will be included in the overall data obtained from the survey. Your input will also help refine the next iteration of the survey, which will be circulated to self-identified Black nurses across the health system in Ontario through RNAO mass emails, social media, webinars, and word-of-mouth.

Your feedback on the survey is incredibly valuable as we move forward. Please inform us of the:

- a) Length of time to complete the entire survey
- b) Clarity/quality of questions (i.e. Is anything missing? Should anything be removed? Anything to clarify?)

Your survey response is anonymous and will not be identified by individual. All data will be compiled and analyzed together. Survey comments on the open-ended questions will be thematically analyzed and included in the final report.

Deadline for survey completion: Wednesday, October 28, 2020 by end of day.

Below is how the survey will look to participants:

Dear survey participant,

As you may be aware, RNAO launched a Black Nurses Task Force in June, 2020. The goal of the task force is to reduce anti-Black racism and discrimination within the nursing profession. As part of our work, we are conducting a survey with both RNAO and non-RNAO members who identify themselves as Black RNs, RPNs, NPs and/or nursing students. The survey seeks to uncover issues and experiences related to anti-Black racism and discrimination within the nursing profession.

You will see below a series of questions related to your experience as a Black nurse. We ask that you respond to each question candidly. Results will be reported in aggregates and no attribution will be provided to you. The survey will take you approximately ____ minutes.

Your responses are incredibly valuable as we move forward with the work of the task force, which will include a final report.

PART A: GENERAL

1. Do you identify as a Black person?

- Yes
- No

2. What is your nursing type? (select one)

- Registered Nurse (RN)
- Registered Practical Nurse (RPN) (select this option if not currently enrolled in bridging program)
- Nursing student
 - Collaborative Bachelor of Nursing Program/4 year pathway
 - Post RN for Internationally Educated Nurses Program
 - RPN to RN Bridging Program
 - Second Level Entry Compressed
- Nurse Practitioner (NP)

3. In which sector do you primarily work? (select one)

- Public health
- Primary care
- Hospital care
- Home and community care
- Long-term care
- Rehabilitation and complex care
- Mental health and addiction
- Education
- Research
- Administrative
- Policy
- Currently in school and not working
- Other _____

4. Which of the following best describes your current role? (select all that apply)

- Nursing student
- Staff Nurse
- Charge Nurse
- Nurse Manager
- Nurse Practitioner
- Nurse Educator
- Clinical Nurse Specialist
- Coordinator
- Researcher
- Professor
- Administrator/senior management
- Policy advisor or policy maker
- Other _____

5. In which region of Ontario do you live?

- Drop down menu of all RNAO chapters/regions
- Other jurisdiction outside of Ontario, please specify: _____

6. As a Black nurse in Ontario, do you believe you have experienced racism and/or discrimination?

- Yes
- No
- Not sure

7. On a scale of 1 to 5, please rate the extent to which you are made to feel uncomfortable in your academic or workplace settings because of your race, colour or ethnicity as a Black nurse?

- 1 (not uncomfortable at all)
- 2 (slightly uncomfortable)
- 3 (neutral)
- 4 (uncomfortable)
- 5 (very uncomfortable)

8. On a scale of 1 to 5, to what degree has experiencing systemic discrimination and racial microaggressions affected your mental health?

- 1 (not at all)
- 2 (mildly)
- 3 (neutral)
- 4 (moderately)
- 5 (strongly)

9. In your opinion, how has the COVID-19 pandemic impacted your experience of racism and discrimination in nursing, your health organization, and the broader health system?

10. Please describe ways in which RNAO and the Black Nurses Task Force can demonstrate solidarity with Black nurses in Ontario?

11. In your view, what is the single most important next step to actively tackle anti-Black racism within nursing in Ontario/other jurisdictions?

PART B: EDUCATION SYSTEM & ACADEMIA

12. Based on lived/personal experience or observations, what do you believe to be the primary barrier for Black nurses to pursue further education? (select one)

- Financial resources
- Family responsibilities
- Education application process
- Previous negative experiences in the education system
- Work-life-school balance
- Lack of peer support and mentorship
- Lack of knowledge or awareness for educational options (e.g. distance learning)
- Other: _____

13. Does/did your nursing curriculum encompass any of the following topics or themes: (cultural competence, cultural humility, Black history, anti-racism and oppression training, trauma-informed care, race as a social determinant of health)?

- Yes
 - If yes, which topics were covered? _____
 - Were they meaningful? Yes or No
- No

14. As a current or past Black nursing student, please describe if and how experiences of systemic racism in the clinical and academic environment influenced your learning?

15. Were you aware of and/or involved in any organizations in your college/university that were for Black students and/or focused on anti-Black racism and discrimination?

- Yes,
 - If yes, were they effective? _____
- No
 - If no, please indicate reasons?
 1. Not available
 2. No interest
 3. Did not think they were useful
 4. Other _____

16. In nursing school, how many Black clinical instructors or professors did you have?

- 0
- 1-2
- 3-4
- >5

17. With respect to your university/college nursing program, please describe the degree of diversity in the faculty and student body?

PART C: WORKPLACE

18. Within the nursing profession, which group have you primarily experienced and/or witnessed overt or covert anti-Black racism and discrimination from?

- Patients/clients
- Families of patients/clients
- Nursing colleagues
- Managers
- Directors
- Executive leadership team members
- Other members of the interdisciplinary health team
- Not applicable

19. Have you ever raised the issue of racism with:

- a) Employer
 - b) manager/director
 - c) professor
 - d) human resources staff
 - e) nursing union
- i. Yes
 - ii. No, because: _____
 - iii. Prefer not to say

20. Would you consider your current place of employment diverse in terms of race and ethnicity?

- Yes
 - If yes, is this reflected in the executive leadership of your organization? Yes or No
 - No
 - If no, what are some ways in which your organization can implement diversity and inclusion practices to better improve racial and ethnic diversity in the organization?
- _____

21. Have you engaged in conversation(s) with your non-black colleagues about the meaning of white privilege and/or white fragility?

- Yes
- No
- Prefer not to say

PART D: CAREER OPPORTUNITIES & PATHWAYS

22. Have you ever considered that having an English name on your resume would increase your likelihood of getting an interview?

- Yes
- No

23. Do you have equivalent or greater education/qualifications/experience than your immediate supervisor in your current employment?

- Yes
 - If yes, is your immediate supervisor non-Black? Yes or No
- No

24. Please describe how workplace policies, hiring practices, and/or orientations can be enhanced to recruit and retain Black nurses?

25. What are some initiatives that you believe would empower or enable you to apply for higher education programs and/or career opportunities?

26. What are potential strategies to facilitate more Black nurses to be hired in executive positions across the health system?

Thank you for taking the time to complete the survey and to provide critical feedback aimed at improving and refining the survey prior to widespread circulation. Your input and experiences are respected and valued.

Appendix D

Ontario-wide survey (November 2020)



BLACK NURSES TASK FORCE SURVEY

As you may be aware, RNAO launched a Black Nurses Task Force in June 2020. The task force is comprised of 17 RN, NP and nursing student members of RNAO who identify as Black, with broad representation from diverse nursing career roles, stages, health sectors, geographic locations and organizations/institutions.

The mandate of the Black Nurses Task Force is to reduce anti-Black racism and discrimination within the nursing profession—its organizations, regulatory body, associations, academic institutions and the broader health system—targeted towards and experienced by Black nurses in Ontario. As part of this work, we are conducting a survey of both RNAO and non-RNAO members who identify themselves as Black RNs, RPNs, NPs and/or nursing students. The survey questions seek to uncover critical issues, experiences, and opportunities related to anti-Black racism and discrimination within nursing.

Your responses will be anonymous and only aggregate data will be shared. Responses will not be identified by individual and will be compiled and analyzed as a group. RNAO plans to use the data to inform the work of the task force and to be included in a future final report. We recommend you complete the survey in one sitting, as there is no save feature, and anticipate the survey will take you approximately **15 - 20 minutes** to complete.

Your responses are incredibly valuable as we move forward with the work of the task force and we sincerely thank you for taking the time to share your perspectives.

The survey will be live from November 4th through to November 18th, 2020. Your survey response is requested by **November 18, 2020** by end of day.

PART A: GENERAL

1. Do you identify as a Black person?

- Yes
- No

2. What is your nursing type? (select one)

- Registered Nurse (RN)
- Registered Practical Nurse (RPN) (select this option if not currently enrolled in a bridging program)
- Nursing student
 - Collaborative Bachelor of Nursing Program/4 year pathway
 - Post RN for Internationally Educated Nurses Program
 - RPN to RN Bridging Program
 - Second Level Entry Compressed
- Nurse Practitioner (NP)

3. In which sector do you primarily work? (select one that is most appropriate)

- Public health
- Primary care
- Hospital care
- Home and community care
- Long-term care
- Rehabilitation and complex care
- Mental health and addiction
- Education
- Research
- Administrative
- Policy
- Currently enrolled in education and not working
- Other, please specify: _____

4. Which of the following best describes your current role? (select all that apply)

- Nursing student
- Staff Nurse
- Charge Nurse

- Nurse Manager
- Nurse Practitioner
- Nurse Educator
- Clinical Nurse Specialist
- Coordinator
- Researcher
- Professor
- Administrator/senior management
- Policy advisor or policy maker
- Other _____

5. In which region of Ontario do you live?

- Drop down menu of all RNAO chapters/regions
- Other jurisdiction outside of Ontario, please specify: _____

6. As a Black nurse in Ontario, do you believe you have experienced racism and/or discrimination?

- Yes
- No
- Not sure

7. On a scale of 1 to 5, please rate the extent to which you are made to feel uncomfortable in your academic or workplace settings because of your race, colour or ethnicity as a Black nurse?

- 1 (not uncomfortable at all)
- 2 (slightly uncomfortable)
- 3 (neutral)
- 4 (uncomfortable)
- 5 (very uncomfortable)

8. On a scale of 1 to 5, to what degree has experiencing systemic discrimination and racial microaggressions affected your mental health?

- 1 (not at all)
- 2 (mildly)
- 3 (neutral)
- 4 (moderately)
- 5 (strongly)
- Not applicable

9. Please describe up to 3 ways in which RNAO and the Black Nurses Task Force can stand in solidarity with Black nurses in Ontario and across Canada?

PART B: EDUCATION SYSTEM & ACADEMIA

10. Based on lived/personal experience or observations, what do you believe to be the primary barrier for Black nurses to pursue further education? (select one)

- Financial resources
- Family responsibilities
- Education application process
- Previous negative experiences in the education system
- Work-life-school balance
- Lack of peer support and mentorship
- Lack of knowledge or awareness for educational options (e.g. distance learning)

11. Does/did your nursing curriculum encompass any of the following topics or themes: (cultural competence, cultural humility, Black history, anti-racism, anti-oppression, trauma-informed care, race as a social determinant of health)?

- Yes
 - If yes, which topics were covered? _____
 - Were they meaningful? Yes or No
- No

12. As a current or past nursing student, how has systemic racism in the clinical and academic environment influenced your learning? (select all that apply)

- Unequal treatment from professors/clinical instructors compared to non-Black counterparts
- Felt unsafe or unwelcome in classroom and/or clinical environment
- Negative impact on mental health status
- Needing to overachieve to “prove” place and/or have a sense of belonging
- Decreased opportunities for learning in the classroom and clinical setting due to a lack of Black mentors/educators
- Negative impact on grades and overall ‘success’ in the nursing program
- Other, please specify: _____

13. Were you involved in any groups/committees/associations in your college/university that were for Black students and/or focused on anti-Black racism and discrimination?

- Yes
 - If yes, were they effective? _____
- No
 - If no, please indicate reasons?
 1. Not available
 2. No interest
 3. Did not think they were useful
 4. Other, please specify: _____

14. In nursing school, how many Black faculty members were/are there (clinical instructors or professors)?

- 0
- 1-2
- 3-4
- >5

15. With respect to your university/college nursing program, how racially diverse was the nursing student body?

- 1 (very diverse)
- 2 (moderately diverse)
- 3 (minimally diverse)
- 4 (not diverse at all)

PART C: WORKPLACE

16. Within the nursing profession, from which group have you primarily experienced and/or witnessed overt or covert anti-Black racism and discrimination? (select one)

- Patients/clients
- Families of patients/clients
- Nursing colleagues
- Managers
- Directors
- Executive leadership team members
- Other members of the interdisciplinary health team, please specify: _____
- Not applicable

17. Have you ever raised the issue of racism with:

- a) Employer
 - b) Manager/director
 - c) Professor
 - d) Human resources staff
 - e) Nursing union
- i. Yes
 - ii. No, because: _____
 - iii. Prefer not to say

18. Would you consider your current place of employment diverse in terms of race and ethnicity?

- Yes
 - If yes, is this reflected in the executive leadership of your organization? Yes or No
 - No
 - If no, what are some ways in which your organization can implement diversity and inclusion practices to better improve racial and ethnic diversity in the organization?
-

19. Have you engaged in conversation(s) with your non-black colleagues about the meaning of white privilege and/or white fragility?

- Yes
- No
- Prefer not to say

PART D: CAREER OPPORTUNITIES & PATHWAYS

20. Have you ever considered that having an English name on your resume would increase your likelihood of getting an interview?

- Yes
- No
- Not applicable

21. Do you have greater or equivalent position qualifications (education or experience) than your immediate supervisor in your current employment?

- Yes
 - If yes, is your immediate supervisor non-Black? Yes or No
- No

22. How can workplace policies, hiring practices, and/or orientations be enhanced to recruit and retain Black nurses? (select all that apply)

- o Ensure human resources and hiring teams are racially diverse
- o Mandate cultural safety and anti-oppression training during orientation for all staff
- o Avoid burdening Black employees with the responsibilities of workplace diversity and inclusion
- o Hire more Black nurses in executive leadership and managerial positions
- o Encourage staff to report all incidents of racism and discrimination, guaranteed anonymity if desired
- o Showcase and celebrate Black nurses contributions' within the workplace
- o Zero tolerance policies for racism and discrimination
- o Create and sustain mentorship initiatives for career development
- o Maintain fair and transparent hiring practices
- o Include Black nurses in workplace decision-making
- o Other, please specify: _____

23. What is a priority initiative that you believe would empower or enable you to apply for higher education programs and/or career opportunities? (select one)

- o Host and/or promote workshops/conferences/symposiums with racially diverse panelists
- o Provide mentorship opportunities with Black health care leaders in academia or clinical settings
- o Present financial scholarships/research grants/bursaries/fellowships to Black nurses
- o Other, please specify: _____

24. What are potential strategies to facilitate more Black nurses to be hired in executive positions across the health system? (select all that apply)

- o Establish mentoring programs
- o Ensure succession planning for emerging Black leaders
- o Host leadership development workshops
- o Hold those in executive positions accountable to role model anti-racist, anti-discriminatory and anti-oppressive behaviours
- o Foster safe spaces and opportunities for trauma-informed dialogue amongst Black nurses
- o Embed diversity, equity and inclusivity practices in the hiring process
- o Other, please specify: _____

25. In your view, what is the single most important next step to actively tackle anti-Black racism within nursing in Ontario/other jurisdictions?

Thank you for taking the time to complete the survey. Your input and experiences are respected and valued.

Appendix E

Text of RNAO letter to College of Nurses of Ontario



December 2nd, 2020

Anne Coghlan, Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1

Dear Anne,

Re: Race-based and Indigenous identity data:—advancing racial equity in nursing

Racism is a determinant of health that plays a key role in generating and reinforcing health and social inequities amongst Canadians. Racism is also entrenched in the very history of nursing in this country and continues to impact the current lived experiences of racialized nurses. It is well past time for better information about the representation of racialized groups in nursing so that we can appropriately address and ultimately expunge racism from our profession.

The Registered Nurses' Association of Ontario (RNAO) is calling on the College of Nurses of Ontario (CNO)—the regulatory body for nursing practice in Ontario—to collect and report race-based and Indigenous identity disaggregated data and initiate community consultations on this process immediately. Decisive action from national and provincial nursing organizations and institutions is urgently needed to enable real and meaningful change to overcome the systemic racism that exists in our profession. Racism is a public health crisis that cannot be ignored and threatens the health and wellbeing of racialized nurses and their ability to provide safe, compassionate and ethical care to Ontarians.

As you may be aware, RNAO launched a Black Nurses Task Force in June 2020. The Task Force is comprised of 17 registered nurse (RN), nurse practitioner (NP) and nursing student members of the association who identify as Black and are from diverse nursing career roles, stages, health sectors, geographic locations and organizations/institutions.¹ Through this task force of Black nurses and the strong voices of RNAO members of all races, a clear recommendation has come forth: appeal to the CNO to collect race-based data as an important step in dismantling systemic racism within the nursing profession in Ontario. Nurses across this province understand that data is needed to measure the scope of systemic racial inequality and to track progress towards creating an inclusive and equitable profession for all nurses. To achieve CNO's vision of *leading in regulatory excellence*, RNAO strongly recommends that this process be undertaken without delay to pave the path forward to close the gaps, eliminate barriers, and advance a stronger nursing profession in Ontario.

COVID-19 has added an especial rationale and urgency to the collection of race-based data. This pandemic is an unprecedented crisis that has had a disproportionate impact on racialized and marginalized people in Ontario, as confirmed by the findings of novel race-based data. For example:

- Toronto Public Health has found certain racialized groups were over-represented in areas with higher COVID-19 case rates, including people who are Black, South Asian, Southeast Asian, and Latin American. 83 per cent of people with reported COVID-19 infection identified with a racialized group.²

- The region of Peel reported that South Asian, Black and Latino race groups were overrepresented among COVID-19 cases compared to their respective share of the Peel population.³

Further, healthcare workers (HCW) in Ontario—including nurses—have faced exceptional risks during the pandemic.⁴ In Canada, women represent the majority of HCWs, many of whom are immigrant or racialized, and represent a substantial proportion of COVID-19 HCW cases.

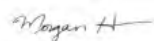
COVID-19 has ignited critical dialogue on why race-based data matters, but data must go beyond this crisis. By 2036, racialized people will account for an estimated 48 per cent of Ontario's population.⁵ Ontario's nursing workforce should mirror the composition of the Ontario population and data is a necessary and powerful tool to achieve this standard. At present, of the over 175,000 nurses (NP, RN, RPN) registered and practicing in Ontario, there is no information on the proportion of Indigenous, Black, and other racialized groups that make up that total.⁶ There is broad recognition that this is a problem that needs to be corrected. Ontario's *Anti-Racism Act, 2017*⁷ mandates the collection of race-based data by certain organizations in the public sector for the purpose of eliminating systemic racism and advancing racial equity. Anti-racism data standards released in 2018⁸ provide guidance on how to proceed with data collection, management and use. The Canadian Institute for Health Information asserts that organizations collecting race-based data should not only implement data standards, but also measures to mitigate the risk of harm—e.g. facilitating informed consent, ensuring privacy, security and confidentiality, committing to transparency and accountability for its use.⁹

RNAO strongly recommends that CNO re-examine how it collects and reports nursing data as part of the registration process. We hope that you will stand in solidarity with RNAO in our commitment to achieve a health system in which all have equal opportunities to participate fully in the nursing profession to their maximum potential. If you wish to discuss this further, please do not hesitate to contact us. We look forward to your response to this request.

Warm regards,



Doris Grinspun, RN, MSN, PhD,
LLD(hon), Dr(hc), FAAN, O.ONT.
Chief Executive Officer, RNAO



Morgan Hoffarth, RN, MScN
President, RN

CC: Sandra Robinson, President, CNO Council

Dianne Martin, CEO, Registered Practical Nurses Association of Ontario (WeRPN)
Suzanne Schell, President, WeRPN
Dana Cooper, Executive Director, Nurse Practitioners' Association of Ontario (NPAO)
Leanna Lefebvre, President, NPAO
Mike Villeneuve, CEO, Canadian Nurses Association (CNA)
Tim Guest, President, CNA
David O'Toole, President and CEO, Canadian Institute for Health Information
Nosa Ero-Brown, Assistant Deputy Minister, Ontario Anti-Racism Directorate
Ena Chadha, Chief Commissioner, Ontario Human Rights Commission

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Appendix F

RNAO Black Colleagues Task Force terms of reference



RNAO BLACK COLLEAGUES TASK FORCE TERMS OF REFERENCE

Background:

The CEO of RNAO has requested that colleagues, who identify as black, volunteer as part of a task force to examine racism within the RNAO; and whether or not they are supported by RNAO. The internal task force is to be aligned with the external task force's mandate which is "to actively tackle anti-black racism and discrimination within organizations, associations and the broader health system targeted towards and experienced by black nurses."

Membership:

Membership is comprised of staff members who identify as black and the Human Resources Manager. Participation on this task force is on a voluntary basis.

- Peta Gay Batten, Co-Chair (until December 2021)
- Dolare Seran, Co-Chair (Human Resources)
- Ifrah Ali
- Kenya Dames
- Susan McRae
- Valerie Sergnese
- Rita Wilson

Term of Office:

This Terms of Reference is effective from June 26, 2020 and will be ongoing until terminated by agreement between the parties (members of the task force and CEO of RNAO).

Frequency of Meetings:

Monthly until December 2020, thereafter frequency will be reassessed.

Task Force Objectives:

- Examine past incidents of racism and how these have been dealt with within RNAO
- Identify areas for interventions and/or continued action for permanent results
- Provide recommendations to address anti-black racism and discrimination within the RNAO's internal human resources and operational practices/policies

Amendment, Modification or Variation:

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the task force members.

Appendix G

Draft framework for equitable human resources practices at RNAO



RAISING AWARENESS AND CHANGING ATTITUDES A FRAMEWORK FOR HR PRACTICES AT RNAO

- (1) Develop a definition or Policy Statement for RNAO

Policy Statement and Purpose: RNAO will “maintain an anti-racism strategy that aims to eliminate systemic racism and advance racial equity” in its hiring and human resource practices. This policy will follow the principles set out in the *Ontario Anti-Racism Act 2017* as well as the *Canadian Human Rights Act*.

Legislation and principles of anti-discrimination and racial equality are clearly documented (summarized below). The purpose of this policy is to raise awareness and change attitudes to bring legislation to the lived experience.

“Anti-Racism Act 2017 – Preamble

Everyone deserves to be treated with fairness, respect and dignity, and the Government of Ontario is committed to eliminating systemic racism and advancing racial equity.

Systemic racism is a persistent reality in Ontario, preventing many from fully participating in society and denying them equal rights, freedoms, respect and dignity.

Systemic racism is often caused by policies, practices and procedures that appear neutral but have the effect of disadvantaging racialized groups. It can be perpetuated by a failure to identify and monitor racial disparities and inequities and to take remedial action.

Systemic racism is experienced in different ways by different racialized groups. For example, anti-Indigenous racism, anti-Black racism, antisemitism and Islamophobia reflect histories of systemic exclusion, displacement and marginalization.

Eliminating systemic racism and advancing racial equity supports the social, economic and cultural development of society as a whole, and everyone benefits when individuals and communities are no longer marginalized.”

“Canadian Human Rights Act (R.S.C., 1985, c. H-6)

Prohibited grounds of discrimination

3 (1) For all purposes of this Act, the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, genetic **67**

characteristics, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

Marginal note:Idem

(2) Where the ground of discrimination is pregnancy or child-birth, the discrimination shall be deemed to be on the ground of sex.

Marginal note:Idem

(3) Where the ground of discrimination is refusal of a request to undergo a genetic test or to disclose, or authorize the disclosure of, the results of a genetic test, the discrimination shall be deemed to be on the ground of genetic characteristics.”

(2) **Examine current practices**

Recruitment

Review current recruitment methods – terminology used in advertising, how are candidates shortlisted, who determines which candidates are to be contacted, who determines the members on the interviewing panel, who develops the types of questions to be asked for all interviews

Types of interviews to be held either in person or virtually – short phone screens, 1st meeting, 2nd meeting.

Phone Screen

Who are on the panel to conduct a brief introductory phone screen to determine the suitability, skill and ability of the candidates?

1st Meeting

Who are on the panel to determine the suitability, skill and ability of the candidates?

2nd Meeting

Who are on the panel to determine the suitability, skill and ability of the candidates?

How are candidates appraised, what method is used and what qualities are weighted?

Hiring the candidate of choice

Who makes the final decision on the candidate. Who determines the salary, who conducts the references, who presents the letter of offer and determines the start date of the candidate?

Orientation of the new colleague

HR conducts the orientation, with introduction of RNAO’s vision, policies and procedures, benefits etc. Directors/Supervisors make arrangements for new colleagues to meet with different departments as they see fit. Currently, socialization of new colleagues is being done by zoom and regular phone calls by HR. What changes to be made?

Probationary period of new colleague

Four months for Union colleagues and six months for non-Union. Conducted by Directors/Supervisors on pre-set goals and objectives of the role and is measured by performance. If performance is unsatisfactory, extension of probation, coaching and if not meeting expectations employment will end in termination.

Yearly Reviews

Conducted annually by Directors/Supervisors on pre-set goals and objectives and is measured by performance.

(3) Changes to current practices

(4) RNAO to develop

“1. Initiatives to eliminate systemic racism, including initiatives to identify and remove systemic barriers that contribute to inequitable racial outcomes.

2. Initiatives to advance racial equity.

3. Targets and indicators to measure the strategy’s effectiveness.”

(5) Developing Reporting procedures

(6) Developing a Complaint Form

(7) Developing an Investigation Process

(8) Developing a Prevention Program with Monitoring in place

(9) Educate and ensure all staff have knowledge

(10) Develop and implement a process for evaluation

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<https://www.ontario.ca/page/ontarios-anti-black-racism-strategy>

<https://www.ontario.ca/laws/statute/s17015>

<https://laws-lois.justice.gc.ca/eng/acts/h-6/section-3-20170504.html>

RNAO STAFF SUPPORT

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OUR COVER IMAGE:

The image on the front cover of this report includes the BNTF co-chairs, Dr. Angela Cooper Brathwaite (top left) and Corsita Garraway (middle left). It also features the co-chairs of RNAO's newly formed Black Nurses Leading Change interest group Dania Versailles (bottom left) and Daria Adèle Juüdi-Hope (bottom right). Task force member Claudette Holloway is RNAO's President-Elect (top right). We recognize that Black nurses who identify as male also experience racism and discrimination. Maurice Coppin (middle right), is the male member of the task force. The BNTF's report was organized around four main pillars, which you see depicted on the cover.

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system and influenced decisions that affect nurses and the public we serve.

For more information about RNAO,
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