ABSTRACT

Objective: to analyze, from the perspective of Critical Race Theory, a class about the impact of racism and the importance of affirmative actions for training and practice in nursing. Methods: experience report describing the preparation, organization, and development of a class in the subject entitled Psychiatric Nursing and Mental Health, taught in 2022 to sixth-term undergraduates as remote education. The class was based on an active methodology in order to promote dynamism and critical judgement in the learning about racism and affirmative and antiracist actions in an undergraduate nursing course. Results: class organization originated three thematic areas: “Racism: teaching and history of care actions in African philosophies”; “Racism: care and theory”; and “Racism: professional training, care practice in nursing, and affirmative actions in health”. These areas were addressed by means of theorization, discussion, and proposition. Conclusion: a class about racism like the object of the present study is a relevant affirmative action for decolonial training of nursing students, which can favor the construction of a society based on racial equity.

Descriptors: Racism; Psychiatric Nursing; Public Policy; Mental Health; Staff Development.

RESUMO

Objetivo: analisar, à luz Teoria Crítica da Raça, uma aula ministrada sobre o impacto do racismo e a importância das ações afirmativas na formação e atuação da enfermagem. Métodos: se trata de um relato de experiência de elaboração, organização e desenvolvimento de uma aula da disciplina de Enfermagem Psiquiátrica e Saúde Mental, realizada em 2022, com acadêmicos do sexto período de graduação, na modalidade de ensino remoto, pautado em metodologia ativa para propiciar dinamismo e criticidade na aprendizagem sobre racismo e as ações afirmativas e antirracistas na graduação em enfermagem. Resultados: a organização da aula resultou em três eixos temáticos, a saber, “Racismo: o ensino e a história das ações de cuidado nas filosofias africanas”; “Racismo: cuidado e teoria”; e “Racismo: formação profissional, prática do cuidar em enfermagem e as ações afirmativas em saúde”, os quais foram percorridos em movimentos de teorização, discussão e proposição. Conclusão: aula sobre racismo como a que foi apresentada configura em relevante ação afirmativa para a formação decolonial de estudantes de enfermagem, que pode favorecer a construção de uma sociedade pautada na equidade racial.

Descritores: Racismo; Enfermagem psiquiátrica; Política Pública; Saúde mental; Desenvolvimento de pessoal.
INTRODUCTION

The Brazilian formative learning process, initiated after its colonization, was strongly influenced by Europe since its origin\(^1\). The model that was the basis for the consolidation of teaching in that context was based on the Eurocentric culture — white, Christian, and patriarchal\(^2\), marked by an ethnical-racial relationship between European and African people that aimed for exploitation, subservience, slavery\(^2,3\), and social and cultural expropriation of nonwhite people\(^3\).

In those days, black people were not allowed to attend schools, let alone join professional training courses\(^3,4\). This impediment had tragic effects on the citizenship of black people in the period that followed slavery abolition in Brazil, since there was neither planning nor policy for this population to be inserted as proper citizens into that new model of society that was being established\(^5\).

Racism, that is, prejudice and inferiorization of people as a result of their race\(^6\), was expressed toward the black population as several forms of social discrimination and exclusion, which originated stigmas that have perpetuated until the present day. The consequence is that a large share of this group was given a marginalized, unambitious, and unprotected social place\(^6,7\).

Training of professionals at undergraduate level in the health area shows important marks of this process, and unequal access to university education is evident\(^8\). The proportion of black students in undergraduate nursing programs is 37.9\%, whereas the percentage in courses that train students to become nursing technicians or aides is 57.4\%\(^9\).

Critical Race Theory\(^7\) has proved an important tool to fight racism in its different facets, since its principles and premises imply reviewing the values of Western philosophy to modify the ethnical-racial hierarchy in force in order to transmute the foundations of racism. This occurs by means of antiracist policies\(^7\), in whose contexts affirmative actions are developed. These practices make up a set of strategies to nullify the differences in access and opportunities that the black population experiences. For these initiatives to have a formative impact, they have to enter academic spaces\(^7\).

Among the affirmative actions in nursing training, it is necessary to invest more in the process of decolonization, that is, break away with the hegemony scenario and incorporate the cultural constructs originating in nonwhite people\(^5,10\).

The objective of the present study was analyzing, from the perspective of Critical Race Theory, a class about the impact of racism and the importance of affirmative actions for training and practice in nursing.

METHODS

This was an experience report about the preparation and development of a class about racism and affirmative actions in 2022 to 45 sixth-term nursing undergraduates offered as remote education as part of the subject entitled Psychiatric Nursing and Mental Health, offered by a federal university in the Brazilian state of Rio de Janeiro.

In order to design the class plan and organize and develop activities, sources such as scientific papers\(^8\)-\(^10\), data from the Brazilian Institute of Geography and Statistics\(^11\), public policies\(^12\), books\(^7,13,14\), and pictures and images obtained on Google\(^\circledR\) were used.

The applied pedagogical structure, inspired by active methodologies, encompassed three steps dynamically: theorization, discussion, and proposition, which allowed to produce, by means of a dialogic interaction with the students in the virtual learning environment, a space for reflection, criticism, and suggestions related to affirmative actions and coping with racism.
RESULTS

The class had a participatory nature and was split into three thematic areas:
1. Racism: teaching and history of care actions in African philosophies;
2. Racism: care and theory; and
3. Racism: professional training, care practice in nursing, and affirmative actions in health.

Racism: teaching and history of care actions in African philosophies

In this initial theme, the objective was characterizing care in the philosophy of African peoples and the centrality of use of elements of nature as sources of materials for health recovery in these cultures. The National Comprehensive Health Policy for the Black Population (Política Nacional de Saúde Integral da População Negra - PNSIPN, as per its abbreviation in Portuguese) stood out as an affirmative action in health and as a tool to help point out components of academic life that express advances in this area. The description of this dimension of the class and its stages are shown in Table 1.

Table 1. Development of the theme “Racism: teaching and history of care actions in African philosophies” as per the pedagogical stages carried out in the subject Psychiatric Nursing and Mental Health, Rio de Janeiro, Brazil, 2022

<table>
<thead>
<tr>
<th>Theme: Racism: teaching and history of care actions in African philosophies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedagogical stages: theorization, discussion, and proposition</td>
</tr>
</tbody>
</table>

The theoretical exposition addressed care in African philosophies, showing that it was not guided by either positivism or medical and pharmacological centrality. It was emphasized that care was extended and did not limit to a symptom, procedure, or medication. In addition, it was stressed that decolonial care results from ancestry and uses nature as a source of ingredients for health recovery.

In the classroom context, some students talked about care offered by midwives and healers and mentioned use of plants, which led to extraction of the active ingredient of a series of medications currently taken. Positivist teaching narrowed down care actions and opposed practices out of the scope of scientific evidence. At present, discussions aim to expand care practices, because it is necessary to understand that there are other care types in the health field.

The students reported and offered examples of lack of recognition and insertion of therapies originating in African culture and acknowledged the need to institute actions and planning oriented toward the population’s health, especially the black segment. Many students knew little about National Comprehensive Health Policy for the Black Population – PNSIPN. This theme had not been addressed over the previous terms.

Some strategies used as affirmative actions to overcome racism in history and education were discussed. Three stood out: 1) mandatory inclusion of the item “race/color” in forms of Health Information Systems; 2) racial quotas in civil service examinations and courses; and 3) adoption of heteroidentification committees and of the items “black” and “brown” to identify the black race.

The students mentioned other examples and considered that these guidelines must be inserted into the curricula and subjects in training in health. This is why the appropriation of National Comprehensive Health Policy for the Black Population – PNSIPN is necessary in nursing courses. The students jointly developed a proposal of a strategy for local and collective coping. They suggested the formation of an internal working group to strengthen as well as create a historical memory of affirmative action in nursing at the university. The class also believed necessary to include other groups made invisible by society that insist on dialoguing with (white, cis, Christian, and heterosexual) neutrality and disregard diversity.

Racism: care and theory

This theme allowed discussing the need to draw the attention of theoreticians that address racism as a general health determinant and, more specifically, a mental health determinant in the black population. Authors such as Fanon and Souza are important for the agenda related to the psychopathologies that affect the black population the most and the influence of racism in the emergence of the main diseases and complications in this social group.

In this context, the concept of intersectionality is fundamental for promoting new teaching and practice that dialogue from a decolonial perspective. The development of this second theme is summarized in Table 2.

Racism: professional training, care practice in nursing, and affirmative actions in health

In this theme, topics such as racism, professional training, and care practice in nursing, as well as its interface with the Brazilian Unified Health System (SUS, as per its acronym in Portuguese), were addressed. Table 3 shows the involved pedagogical stages.
DISCUSSION

Critical Race Theory\(^7\) offers a critical, theoretical, and practical framework, which supports antiracist and affirmative actions, of which nursing must take hold. By taking Critical Race Theory as a framework for undergraduate training, the purpose was identifying, based on its principles, the paths affirmative actions must take, so education in nursing is really analytical, reflective, and antiracist.

Therefore, the authors opted for a discussion based on two principles of Critical Race Theory: the principle of racism as a rule and the principle of racial neutrality.

Nursing and racism as a rule

Assuming as a premise that racism is a rule rather than an exception means considering that society was structured by taking racism as a “normal” condition, since it is the “habitual way society functions, the common and current experience of most people who belong to racial minorities in this country”\(^7\).

The history of nursing professionalization followed this rule. It is considered that the activity was initiated in Europe, where the norms were dictated by the white majority, with its racial domination privileges. Florence Nightingale was seen as an imagistic and identity model of nurse, which seemed to contribute to an education characterized by the predominance of high social class white women.

In Brazil, this imaginary identity turned into power relations, given that, at the time modern nursing emerged in Brazil, the population was not mostly white, but dominated by white people. Still according to COFEN data, the category of nurses with a higher education degree shows a lower percentage of black people than the other categories (technicians and auxiliary). White people prevail in the class with a college degree, whereas the high school categories show a predominance of black people.

Table 2. Development of the theme “Racism: care and theory” as per the pedagogical stages carried out in the subject Psychiatric Nursing and Mental Health, Rio de Janeiro, Brazil, 2022

<table>
<thead>
<tr>
<th>Theme: Racism: care and theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedagogical stages: theorization, discussion, and proposition</td>
</tr>
<tr>
<td>A discussion was proposed to elucidate the triple influence over the black population by adopting intersectionality as a framework. It suggests the “interfacing” of race, gender, and class as a more comprehensive perspective for understanding health determinants. This concept was developed as essential for understanding the actions and policies that support guiding principles of the Brazilian Unified Health System (SUS, as per its acronym in Portuguese).</td>
</tr>
<tr>
<td>The discussions in this thematic area reinforced that training in nursing requires a dynamic encounter between theory and practice. This dynamism can offer theoretical fields to support professional nursing actions (praxis). It was emphasized that professionals in this area must be aware that care must be grounded in the theoretical input offered by frameworks before it is carried out. Additionally, there was an attempt to facilitate the understanding that care in nursing is not just the reproduction of a technique. Instead, it occurs by means of identification of problems and planning, execution, and evaluation of actions. Therefore, nurses must know what care planning is best to be established.</td>
</tr>
<tr>
<td>The activities included suggesting some readings about the theories contributing to reflections that help systematize comprehensive care and properly recognize subjectivity and difference. The works of four theoreticians were discussed to think about how to care from a decolonial perspective: Wanda Aguiar Horta (Basic Human Needs Theory)(^15,16), Hildegard Peplau (Interpersonal Relations Theory)(^15,16), Madeleine Leininger (Transcultural Nursing Theory)(^15,16), and Jean Watson (Philosophy and Science of Caring)(^15,16). There was an attempt to stress that in these frameworks sociocultural issues can be addressed as a care axis.</td>
</tr>
<tr>
<td>According to the students, nursing theories seem distant from offered care. However, some students considered that practice without a theoretical framework means action without reflection and judgement, which is incompatible with academic training. Some students even declared that these models do not allow deepening, interaction, and problem identification and, therefore, the nursing process becomes bureaucratic and lifeless.</td>
</tr>
<tr>
<td>By addressing the works of more contemporary theoreticians, such as Fanon(^13) and Souza(^14), the purposes were showing how society’s structural constructions create ways to cope with the withdrawal of “me” (a problem materialized by racism) and the impossibility of being “the other” (white person) and emphasizing that these mismatches originate psychic distress with different, singular structures.</td>
</tr>
</tbody>
</table>
The aim was stressing that care delivered by laypeople, religious people, and healers was opposed in detriment of the European positivist scientific rationality and that pedagogical and teaching references followed the European model, mainly the English and French ones.

The students contextualized the existence of racism at that time, because, according to nursing history, the requirements for receiving training in nursing were being a white (race) woman (gender), in addition to having high social status. For the other functions, the European colonialist-racial requisite did not exist. Another piece of data that highlights this intersectional difference between gender and race in training is the lack of black female professors in undergraduate courses. All the people present in class agreed that the representativeness of this group is low in teaching bodies.

Data from the Brazilian Federal Nursing Council (COFEN, as per its abbreviation in Portuguese) were presented, which showed the following scene: overall, the nursing activity is carried out mostly by black women from a low social class. However, analysis of the category “nurses” indicated a racial difference: 57.4% were white and 37.9% were black. Some black students expressed their opinion and corroborated COFEN data based on their life experiences.

The students identified this disparity found in the numbers and interpreted it as the result of a construction that occurs since the first steps of training in nursing. They also expressed their full understanding that measures taken in universities and affirmative action policies must reach working environments. Some students mentioned that, in practice settings, ethnical/racial inequality remains.

The students questioned about these intersectional differences in working environments, because they noticed that, although nursing is a profession in which women prevail, race and class inequalities remain between nursing categories. After thinking about a possible solution for this problem, they recognized that councils and unions are important for reducing these disparities.

There was also a discussion about how racism structured society and the process of uncritical reproduction of this organization by health and education institutions. Law no. 8,080/90 was cited as a way to guarantee the rights of the Brazilian population and citizenship for all regarding health.

Ethnical/racial inequalities in health were widely discussed, and some students provided examples of the importance of acting in accordance with the Brazilian Unified Health System (SUS, as per its acronym in Portuguese) guidelines — universality, comprehensiveness, and equity —, in order to reinforce the guarantee of health as a right of the black population and a duty of the state.

In this context, affirmative actions in health care and consequently in nursing were understood as a possibility to break away with racist premises affecting black people, who face unfavorable conditions compared with white people. The students recognized some of the widely disseminated myths, despite the lack of any scientific basis. An example mentioned by the students was the myth that black people had greater tolerance to pain and were more violent.

The students recognized the need to ensure respectful and co-responsible care in order to create a humanized meaning for care receivers and givers. The students’ remarks involved two SUS principles: universality and equity. Regarding the first, they questioned what they understand as “being for all”, because they observed that racism negatively affected access to services and procedures. Regarding the second principle, all the students who argued that racism is a consolidated fact reported that other indicators can be added when it is intersected, including age, sexual identity, gender, and religion. They brought examples in which care followed the rule of racism, according to which black people were treated differently by nursing professionals in comparison with white people. Therefore, they find it valuable that the formative process is oriented toward working on these issues as an antiracist action.

It is important to consider this episode, but if we focus on it only we can fall into the trap of thinking that it is an isolated fact. In Brazil, something similar contributed to this construction when Anna Neri became the imagistic and identity model of nursing in the country and people forgot to mention Maria José Barroso, popularly known as “Maria Soldado”, who, like Neri, offered care to the injured during the Paraguayan War.

Consequently, the rule for the imaginary of a female nurse is a white woman. Whiteness is beyond the skin color, with the existence of something symbolic that supports this “rule”. The psychiatrist and philosopher Frantz Fanon refers to racism as an impossibility of being black in a racist and colonizer society, which did not recognize members of nonwhite races as individuals and put them in the place of object by means of domination.
Another noteworthy observation is related to the unpreparedness of nursing schools regarding the formative process (theory and practice) in higher education. Every day, universities become more plural, that is, have different economic and social (gender, race) groups to be part of their staff (students, faculties, and employees in administrative functions). However, their contents are still thought in the European and North American learning context.

This gap is also present in health policies, in which there was the need for formulation of specific actions for black (National Comprehensive Health Policy for the Black Population — PNSIPN) and indigenous (National Policy of Attention to Health of Indigenous People) people. SUS guidelines did not seem enough to ensure universal, comprehensive, and equitable health for the Brazilian population. Directions included in political-pedagogic projects oriented toward education of health professionals, especially nurses, must also experience some progress.

Racial neutrality and antiracist training

Antiracist training faces a great challenge: how to fight against something that is considered a neutrality condition? It could be said that the principle of equality that has become a constitutional right protects every person, with no distinction of race, gender, and social class, among others. However, Critical Race Theory radically disagrees on this neutrality, because critical race theoreticians argue that it attenuates the effects of different types of discrimination, caused either by gender, social class, nationality, and especially race.

Critical Race Theory recognizes the need of reexamining history and offers another view and narrative that analyze facts by adopting historical revisionism, aiming to overcome this false racial neutrality/equality. It prevents and limits discussions that have differences as a starting point. Therefore, the prevailing Eurocentric view considered equality from its own biased perspective, but planet Earth and its geophysical, political, social, and economic divisions are very different, which does not allow the existence of equalities, including the racial one.

By denying the existence of neutrality in nursing training, discussions can advance and be expanded. By means of a new epistemological proposal, we can turn back to a renewed theoretical framework that, without losing the dialogical perspective, confronts the everyday academic racism experienced by black students and professors in nursing. This perception of nursing education aims to create ways so whiteness privileges are extinguished and access to equality and opportunities for nonwhite people can be guaranteed.

The affirmative actions established for admission of black people to universities are undeniably a great step toward the entry of this group into the academy. But the myth of neutrality hinders the arrival of new knowledge in this space of professional training. It is necessary to decolonize knowledge and practices. To achieve this goal, there must be more black professors and researchers, who have to offer greater diversity in their pedagogical contents.

For affirmative actions to fight racial neutrality, it will be necessary to increase, both quantitatively and qualitatively, the share of people who study and stand for antiracism in education in health, including nursing. Doing that will increase the chances that discussions about race, racism, and raciality in nursing be permanent and extended, with the objective of building a historical narrative in which the work of nonwhite people shows itself and is legitimated, since this false neutrality favors the protagonism of whiteness and its privileges in the nursing profession.

From the perspective of health and care, the neutrality resulting from the equality principle does not sustain itself. Delgado and Stefancic bring up the following narrative: “People from racial minorities live shorter, receive worse medical care, have a lower level of education, and occupy a higher number of nonqualified jobs in comparison with white people”.

This observation becomes relevant in nursing education, since undergraduate contents rarely address National Comprehensive Health Policy for the Black Population (PNSIPN) and other policies that fight neutrality. Consequently, everyday educational activities in the classroom could also be a powerful affirmative action tool in the learning process and overcoming of the Eurocentric, Christian, and white way of doing things.

Developing this class was an important decision for inserting this topic into the subject Psychiatric Nursing and Mental Health. Antiracist education is complex and multifaceted, and must consider some points: the first is understanding that nursing undergraduate courses are not exclusive for white students and, consequently, that affirmative actions must be part of the whole formative process; the second point is that teaching bodies, being predominantly white, will have to recognize their privileges and reconstruct an antiracist pedagogy in nursing.

Reports of this nature can contribute to organizing teaching-learning activities in other subjects and other course terms, favoring the development of a formative environment guided by racial diversity.
CONCLUSION

A class about racism in nursing undergraduate education can become a relevant affirmative action for de-colonial antiracist training of future professionals.

FUNDING

The present study did not receive financial support.

CONFLICT OF INTERESTS

None.

AUTHORS’ CONTRIBUTIONS – CRediT

LSAHS: conception; data collection; formal data analysis; methodology; visualization; writing - original manuscript and writing - proofreading and editing.

CMMT: data collection; formal data analysis; methodology; supervision; visualization; writing - original manuscript and writing - proofreading and editing.

MMF: visualization; writing - original manuscript and writing - proofreading and editing.

TNS: visualization; writing — original manuscript and writing - proofreading and editing.

REFERENCES