Attending to our conceptualisations of race and racism in the pursuit of antiracism: a critical interpretative synthesis of the nursing literature

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REVIEW

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Attending to our conceptualisations of race and racism in the pursuit of antiracism: A critical interpretative synthesis of the nursing literature

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Abstract

Race and racism are matters of urgent concern for the international nursing community. Recent global events have presented the discipline with an opportunity to generate and sustain long overdue discussions. However, with this opportunity comes a need to consciously attend to what we mean by race and racism, especially in the context of the nursing literature. Indeed, the development of antiracism depends on how we conceptualise race and racism; it is these conceptualisations that actively shape the scope and priorities of antiracist organising and action. The aim of this critical interpretative synthesis (CIS) is to examine conceptualisations of race and racism in the nursing literature by drawing on contemporary race scholarship. The synthesis of diverse literature is enabled through the explorative and expansive process of the CIS method. This review generates three synthesising arguments—*a problem 'of' not 'for'*; *conceptual inconsistencies and drift*; and *reliance on the lens of experience*—that both critique and contribute to the nursing literature. In the pursuit of antiracism, this article urges us to pay close attention to our conceptualisations of race and racism by illuminating the pitfalls that occur when our conceptualisations are inconsistent, contradictory, or simply neglected.

KEYWORDS
antiracism, critical interpretative synthesis, critique, equity, race, racism, review, whiteness

1 | INTRODUCTION

Research and scholarship on race and racism demand close attention to how these concepts are conceived (Zalloua, 2020). Indeed, race and racism—as concepts rooted in history—are never value-neutral, but always say something about how we 'imagine the face and challenge of racism' (Zalloua, 2020, p. 2); this is the case whatever the context in which the concepts of race and racism are deployed. And so, our conceptualisations of race and racism matter; they speak of our position in the world and our worldview. Failure to be explicit about our conceptualisations of race and racism should not be misunderstood as concealing our position. Rather, our conceptualisations are betrayed by our choice of language even when we fail to consciously consider them (McCray, 2006). It is from this position that the following critical interpretative synthesis (CIS) commences and centres on the question of how we conceptualise race and racism in the context of nursing. The aim of this review is to critically examine how the concepts of race and racism are deployed in the

nursing literature, through the language and arguments therein, and to consider what this tells us about how these concepts are conceived. In meeting this aim, the review generates three reciprocal, synthesising arguments based on my critical interpretation of the literature: first, *a problem 'of' not 'for'*; second, *conceptual inconsistencies and drift*; and third, *reliance on the lens of experience*. Together, these lines of argument highlight major inconsistencies in the conceptualisation of race and racism within the nursing literature. And in doing so, the arguments underscore that conceptualisation in this area requires further theoretical and scholarly development.

2 | BACKGROUND

Undoubtedly, racism has been brought to the attention of nursing in the past 2 years. From 2020 onwards, there has been a cascade of editorials, comments, discussions and research papers focusing substantively on racism and nursing. In 2020–2021 alone, the number of published editorials, comments and opinion papers ($n = 34$) surpassed those published in the preceding 30-year period ($n = 28$). The coronavirus 2019 disease (Covid-19) pandemic and incidents of police brutality have catalysed the worldwide discussion of race and racism (BLM). Mirroring these wider discussions, it is the language of disease—'the disease of racism' (Emami & De Castro, 2021, p. 715); 'the racism pandemic' (Thorne, 2020, p. 1)—and the language of protest—'come together' (Moorley et al., 2020, p. 2452); 'call to action' (Waite et al., 2020, p. 2)—that frame much of the contemporary nursing discourse. There is a strong sense that, in this moment, all facets of the nursing community must respond; a sentiment demonstrated by Villarruel and Broome's (2020, p. 2) editorial remarks:

> We know so many of you reading this are grappling with these questions. Please send your thoughts (and actions) about what you are doing moving forward in examining and dismantling racism so we can share with others.

The review that follows considers a much broader sample of the nursing literature. However, it is noteworthy that much of emergent literature on racism and nursing is of an editorial, commentary and discursive nature. It functions to establish a conversation where (sustained) conversation has been lacking. Further, it indicates the entrance of new voices into the conversation, many of whom are contributing for the first time. Thus, understanding the nature of the conversation and the direction it is tracking becomes important for those committed to the sustainment and success of this work.

However, although there is a newfound urgency in the literature—'urgent because every day, people become ill, get injured, and die as a consequence of racism' (Emami & De Castro, 2021, p. 714)—the problem of racism is not new. On the contrary, there has been evidence of racism in nursing for decades (Acheson, 1998), echoed in calls for academic dialogue about racism and nursing (Barbee, 1993; Baxter, 1988; Beishon et al., 1995; Shaha, 1998). What the newfound urgency does suggest is a collective attempt to generate serious discussion about racism and to crack the 'shell of denial' that surrounds it (Thorne, 2022, p. 1), even if these strong calls to 'confront' racism in nursing are undermined by a demonstrable lack of clarity about what *it is* that nursing must 'combat'.

In any form of social research, how we conceptualise a problem matters. It shapes our understanding of what the problem is and delimits the contexts in which we find it to be of relevance (Scott, 2011). This, in turn, frames our response to the problem—what could or might be done about it and how significant, or otherwise, it is. Our conceptualisation impinges on the research and scholarship we take forward and share with our audiences (Blackstone, 2012). As race scholars Bonilla-Silva and Baiocchi (2008) point out, inadequate conceptualisation of race and racism—as social problems—lead to their minimisation and, in terms of research, to further reinscribing the racialist dynamics synonymous with the status quo. Indeed, the dangers of the social and political impasse created by conceptual incoherence were highlighted years earlier by sociologists, Gabriel and Ben-Tovim (1979). The clarification of concepts, by contrast, involves a process of excavating that which is apparently 'obvious' and 'commonsensical' about them—a process which simultaneously alerts us to our blindspots and to the seemingly natural, but quite unneutral, a standpoint from which we each begin (Giddens, 1987). Attention is needed then to the formulation of what we mean by racism and what we understand of race, if we are 'to understand what precisely anti-racism seeks to oppose' (Lentin, 2004, p. 10). This need is pointed out to us by the very existence and dynamism of contemporary race scholarship—there is no singular or universal view of how race and racism are conceived, but rather these are concepts continually contested, (re) negotiated and debated. As philosopher Zahi Zalloua (2020, p. 9), paraphrasing his contemporary Slavoj Žižek, writes: 'how we perceive or conceptualize the problem of racism may in fact be part of the problem'—a proposition that continues to drive concept development.

There is nothing then in the realm of race scholarship that suggests a basis or rationale for deploying the concepts of race and racism without due attendance to how they are conceived. Zalloua (2020) reminds us that an attempt to naturalise race and racism as collectively understood, as merely 'commonsense' rather than ideology, is in itself an ideological position. Responding to the imperative given to us by race scholarship to first conceptualise the problem, this review focuses on the ways that race and racism are, explicitly and implicitly, conceptualised within the nursing literature.

Three recent literature reviews are already instructive to our understanding of how the nursing literature engages with the concepts of race and racism. First, in their review of the extent to which the nursing literature addresses institutionalised racism in the context of Black Americans' experiences of racism in healthcare, Thurman et al. (2019) highlight a 'relative silence' on institutional racism, overshadowed by nursing's tendency to focus on interpersonal racism. This observation is born out in the empirical

literature; in the United States, researchers have repeatedly found that dominant (white) groups in education and healthcare settings define racism in terms of individual morality and interpersonal discrimination (Cunningham & Scarlato, 2018; DiAngelo & Allen, 2006; Malat et al., 2010). Similarly, in Australia, Grant and Guerin (2018) found that nurses can identify individual-level racism but have a limited understanding of its function at structural and ideological levels. As explored by Hilario et al. (2018), the (over) emphasis on the individual, and exaggerations of individual power, reflect a liberalist milieu in overdeveloped countries.

Second, in their review of the empirical nursing research, Iheduru-Anderson et al. (2021) point out nurses' use of coded language to speak about race without doing so explicitly. 'Culture' (Louie-Poon et al., 2022, p. 4), 'multiculturalism' (Hilario et al., 2018, p. 4) and 'ethnicity' (Oozageer Gunowa et al., 2021, p. 4512) have all been highlighted by nursing scholars as 'soft' terms used by nurses to attend to racialised difference in ways they might think are less socially and politically problematic. The use of soft terms has a bearing on how race is conceptualised. The conflation of race with 'culture', for example, reifies the notion that a particular 'race' has a particular homogeneous, boundaried and monolithic cultural identity that is constitutive of what that 'race' is, and that that can be communicated to and learnt about by nurses who are not identified with that race (Scammell & Olumide, 2012, p. 546). Additionally, Iheduru-Anderson et al. (2021) review explores the often one-sidedness of discussions about race and racism, in which racialised nurses are forced to carry the conversation in the face of deafening white silence or obfuscation. The authors call for an open dialogue about racism and a reckoning with the white, Eurocentric underpinnings of the profession that have rendered, and continue to render, this dialogue so difficult (Iheduru-Anderson et al., 2021, p. 128).

Third, in reviewing the literature on racism, antiracism, and whiteness in the nursing education literature, Bell (2020) exposes the undercurrent of white supremacy that stifles the advancement of antiracism in nursing, nursing scholarship and nurse education specifically. Bell (2020) notes that racial literacy among nursing scholars is increasing, but that resistance to change—and to the majority white nurses identifying themselves with the problem of racism—runs deep. Through Bell's (2020) analysis we see that having the 'right' language to discuss race and racism does not necessarily equate to holding a deep understanding; the review highlights a potential gap between the language deployed and the conceptualisation (or lack of) underpinning it.

Together, these three literatures demonstrate the often one-dimensional understandings of race and racism that proliferate in nursing, and the tendency to avoid explicit 'race' talk (and discussions of racism) altogether. I contend that this should be understood within the context of a historically white profession and academic discipline—the relative inattention to the conceptual development of race and racism occurs in a space where the majority sees itself as nonracialised (Bell, 2020; Holland, 2015; Schroeder & DiAngelo, 2010). Attempting to unpack this, scholarship that relates structural whiteness with the problem of racism in nursing has been gaining ground over time (Hunter & Cook, 2020; Louie-Poon et al., 2022; Martin-McDonald & McCarthy, 2008; Puzan, 2003; Schroeder & DiAngelo, 2010; Wilby, 2009). In the anglophonic world, this discussion is being led by scholars in the United States, Canada, Australia and New Zealand, with the United Kingdom's voice yet to emerge.

3 | METHODS

The deconstructing and synthesising approach of CIS, in the spirit of Dixon-Woods et al. (2006), was chosen as the review method. CIS emerged from the traditions of qualitative inquiry and interpretative review methods (Dixon-Woods et al., 2006). However, in a departure from purely qualitative inquiry, CIS is *critical* in that it questions the (often) hidden aspects of the literature's agenda—who or what controls and constructs the problematics; the underlying assumptions and traditions that shape and delimit the narratives; and the discourse(s) that works through the texts (Dixon-Woods et al., 2006). Where an absence or discursive silence is identified in the literature base, this is considered valuable precisely because of how discourse manifests, even (and perhaps especially) when it is rendered invisible. Thus, in developing a critical review, what *is not said* is as important as what *is said*. The CIS approach is *interpretative* in that lines of argument are developed through the integration of the literature with the authorial critique in a creative and inductive process. For this reason, findings and discussion are presented in this review as necessarily intertwined and inseparable. Finally, CIS *synthesises* by developing synthesising arguments which draw together evidence from within the literature—the first and second order constructs expressed therein—with the emerging critical and interpretive insights of the author, known as *synthetic* (third order) *constructs* (Flemming & McInnes, 2012).

Although CIS does not call for strict systematic literature searching, a systematised search process was initially used to capture literature in the area of interest. This search took place in CINAHL database using Boolean search terms, including 'nurs*', and 'racis*', 'race', 'racial discrimination', 'ethnicity', 'minorit*', 'raciali*', 'whiteness' or 'white supremacy' and 'concept*', 'understand*' or 'theor*'. A total of $n = 200$ articles were retrieved. From this initial search, a total of $n = 128$ articles were included in the review process, of which: literature review $n = 4$, empirical $n = 47$, discussion $n = 28$, theory $n = 8$, editorial $n = 18$ and comment or opinion $n = 23$. CIS enables the synthesis of diverse bodies of literature, where inclusion is not bounded by methodology or research 'type' (e.g., qualitative/quantitative/mixed methods, empirical/theoretical/discursive), or traditional notions of 'quality' (e.g., knowledge hierarchies, peer review), but rather literature is included because of its relevance to the developing argument (Flemming & McInnes, 2012). Articles were included if they focused substantively on the nursing profession and engaged with 'race' and/or 'racism' within the text. Beyond this, no fixed inclusion and exclusion criteria were applied. In keeping with

the explorative and expansive nature of CIS, the review was not limited to literature from the initial search process; hand searching of nursing journals and reference-chaining augmented the review as it progressed. The review also engages dialectically with literature from other areas (e.g., government policy) where this is germane to the developing argument and as a reminder that nursing exists in a broader social context (Dixon-Woods et al., 2006).

The review proceeded through an iterative process that involved: reading the initially identified and wider literature; developing themes and ideas around how race and racism are conceptualised and deployed therein (remaining alert to discursive silences); comparing and translating these themes and ideas between papers to identify patterns of reciprocity; and developing my authorial critique by considering the themes and ideas in relation to a variety of contemporary race scholarship.

4 | DISCUSSION OF FINDINGS

In what follows, I discuss the three synthesising arguments that represent the findings from the review process: *a problem 'of' not 'for'*; *conceptual inconsistencies and drift*; and *reliance on the lens of experience*. These synthesising arguments result from my particular authorial critique of what can be seen to exist across and between the literature with regards to how race and racism are conceptualised therein; the arguments are grounded in the literature but result from my critical interpretation of that literature. Throughout, I draw upon meta-examples from the literature to illustrate the findings in action. A common thread running through the three synthesising arguments is that papers and studies in the nursing literature frequently purport to be doing one thing in relation to the conceptualisation of race and racism, but are found to be doing another when the framing and deployment of these terms are considered. In other words, the literature betrays underlying conceptualisations of race and racism that are not made explicitly or can be seen to contradict what is explicitly done.

4.1 | A problem 'of' not 'for'

Within the nursing literature, racialised health inequities or disparities are the most frequently cited reason why nursing must urgently address racism. These disparities are established by evidence generated in population health research, a field which uses race as a demographic variable and ascribes race—not racism—as a population 'risk factor' (Chowkwanyun, 2011; Cogburn, 2019; Rabelais & Walker, 2020). The essentialising of race is itself problematic, but what I wish to highlight here is how this use of race posits racial disparities as a problem of, not for, racialised communities.

Consider, for example, a recent study about the ethnic disparities of compulsory psychiatric admission in the United Kingdom. Oduola et al. (2019) found higher rates of admission among Black African and Black Caribbean groups and discussed this in terms of increased prevalence of psychiatric disturbance, distrust in services and lack of health literacy. What this framing does is ascribe the problem as originating within the community. Here, racialised communities, rather than being understood as those subjected to the sharp end of a racialising and racist society, become the locus of the problem; it is within their supposed 'difference' that the problem occurs.

The normative practice of focusing discussions of health inequities on the communities affected exists at the state level too. Indeed, it infiltrates the policies and strategies which condition the healthcare spaces where nursing takes place. The Scottish Government's *Race Equality Framework for Scotland 2016–30* is a case in point (Scottish Government, 2016). Theme 6, 'Health and Home', like the rest of the strategic vision, focuses on levelling up 'minority ethnic communities'. It states the aim that: 'Minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life' (Scottish Government, 2016, p. 15). The strategic caveat ('as far as is achievable') aside, we might consider how the term 'appropriate to their needs' functions twofold: it establishes ('their') difference and makes this difference a special case, further denoting deviation. Meanwhile, unnamed in the document is Scotland's prevailing whiteness, which sets the parameters of normalcy and difference, and which establishes the conditions for inequitable racialised outcomes to occur. As Rabelais and Walker (2020) theorise, the roles and responsibilities of those who enjoy the advantages of a racialising and racist system are completely erased through such normative practices. In a government strategy purportedly designed to overcome racialised inequities, the conditions in which they occur are further reproduced and entrenched.

This framing of difficulties as a problem of the racialised 'other' spills over into nursing and nursing scholarship. In their discussion of the disproportionate deaths of Black adults due to Covid-19, Scott et al. (2021) ask nurses to resist 'blame' narratives that locate the problem within Black communities. Yet, throughout, Black communities are described in terms of the deficit, reinforcing the idea that it is the communities themselves that need to be 'fixed'. Subtly and insidiously, a process of othering occurs whereby whiteness is the (unnamed) standard and all else, in deviation, is marked as different and, by extension, problematic. In their concept analysis, Roberts and Schiavenato (2017, p. 179) describe the effects of othering in nursing as 'profound', 'far-reaching' and, crucially, 'self-reinforcing'; the dominant social standard is continually being (re)enforced in and through its relationship to the subordinated 'other'. The authors demonstrate how the naturalising of this dynamic also works to foreclose the conceptual space in which alternatives or 'a way out' of this social ordering might be imagined. Symptomatic of this naturalisation is the language used to mark out racialised difference in the context of nursing and beyond. Those with the marker of difference, 'BAME/Black/Asian/minority ethnic people' (racialised, nonwhite) are contrasted with 'people' (nonracialised) implicitly understood to be, although not named as, white. This way of expressing difference not only contrasts racialised communities

against a standard of invisible whiteness, but by making 'people' invisibly white, those with a marker of difference before their humanity become something other than simply human.

The othering of racialised communities within nursing is coupled with an ongoing failure of white nurses to implicate themselves with the mechanisms of racism (Bell, 2020). Holland's (2015) critical qualitative study of white nurse educators demonstrates their tendency to view themselves as nonracial beings; race being something which 'others', by their difference, possess and which for 'them' (not 'us') is problematic. Additionally, Malat et al. (2010, p. 1439) found that while white healthcare workers made attempts to name white advantage ('… I think that white people are more likely to demand referrals to specialists. And have, um, even have a sense of entitlement to that' [respondent]), they simultaneously avoid implicating themselves and their actions (the granting of referrals) into narratives about how racial order is maintained. An individualistic conceptualisation of racism is predisposed to the creation of such distancing moves. When perpetrators are identified only through acts of overt racism, bystanders or onlookers (the rest of us) can assume positions of neutrality and nonaccountability. This is summarised in Allan's (2022, p. 5) candid reflection upon her long career as a nurse researcher, 'I found the racism I heard about in the IEN's [international nurse migrants] accounts disturbing but I did not yet recognise my own part in the white supremacy which underpinned the systemic racism I was told about'. The creation of distance enables white nurses to position racism as a 'BAME/Black/Asian/minority ethnic nurses' issue.

There are pockets of the nursing literature where this positioning is disrupted. By discussing racism in terms of the oppressor rather than the oppressed, Schroeder and DiAngelo (2010, p. 244) reframe the problem of racism as a problem of whiteness, '… racism as a multilayered, multidimensional, ongoing, and adaptive process that functions to maintain, reinforce, reproduce, normalize, and render invisible white power and privilege'. This creates a strikingly different starting point for their research. Rather than seeing racism as a problem for 'them' not 'us', they direct us not to understand racism as a problem for racialised communities certainly, but a problem of, or originating within, society's whiteness. Ideas associated with Critical Whiteness Studies (CWS) have advanced in nursing, with Robin DiAngelo's work having established a direct connection between CWS and nursing research (see Schroeder & DiAngelo, 2010). However, it is worth noting that the utility of adopting a lens of whiteness to counter racism is not uncontested in contemporary race scholarship. Andrews (2016), for example, queries whether rational engagement with the irrationality, or 'psychosis', of whiteness can ever really be possible when the self-affirming nature of whiteness is so deeply rooted.

4.2 | Conceptual inconsistencies and drift

Despite differences in how nursing practice, education and regulation operate across English-speaking countries, the content and rhetoric of the emergent literature on racism and nursing have a similar flavour and rhetoric. There is a tendency for nursing scholars to reference other nursing scholars, almost exclusively, rather than engage with or cross-pollinate insights from other disciplines (for a lively debate on interdisciplinarity in nursing, see responses to Algase et al., 2021). This kind of disciplinary insularity is particularly dubious when it comes to theorising concepts such as race, racism and antiracism. Superficially, the scholarship sends the 'right' message—racism is a problem; nursing must address it—but the substance behind this message is lacking and can betray conceptual contradictions, inconsistencies or underdevelopment.

Race is less frequently defined than racism within the literature base. Where race is defined, this is commonly from a social constructivist perspective—race as a socially or culturally constructed means of categorising human beings (see e.g., Hall & Fields, 2013; Loyd & Murray, 2021). It is not inconsistent then for the literature to use race in ways that are categorical—this accords with a categorising view. However, the *social* aspect of the constructivist perspective—that which sets it apart from defunct, indeed racist, biological perspectives—seems lost. As Zalloua (2020, p. 12) puts it: 'we know that race is a social construct, but nonetheless we act as if it were a biological given'. Social categorisations are not uncontested or incontestable, yet this is how they appear in the nursing literature. For example, Sellers et al. (2016, p. 578) state that, '… patient race along with other information can help guide diagnostic and treatment decisions in some circumstances…'; this categorising view of race is echoed by Dywili et al. (2021, p. 20), '…the absence of participants from other races deprived the study of their experiences', as well as Beard and Julion (2016, p. 593), '… analysis of the data leads to the conclusion that race is indeed a factor that hinders the nursing profession from achieving its diversity goals'. This lack of nuance makes it possible for the reader to confuse a constructivist authorial perspective on race with a biological one. If the contestability of race is not indicated or attended to, the effect is that the linguistic use of 'race' as a category functions the same way: it 'fixes' race as a concrete marker of identity. An alternative approach developed in contemporary race discourse by Bonilla-Silva (2021), attends to the process of attributing 'race' to social actors, a process termed 'racialisation'. This term appears in the nursing literature (see e.g., Grant & Guerin, 2018; Hilario et al., 2018; Lamberson et al., 2021), but rarely without slippage into discourse that affixes race object—rather than process—status. Perhaps this is unsurprising, given the congruence with gathering, or perhaps more accurately assigning, patient demographics in nursing practice—it is the marker not the process that remains. Rarer still is engagement with race scholarship that shatters an identity-driven view of race altogether (whether biologically or socially assigned), such as Gilroy's influential texts on race as absurdity (see, e.g., Gilroy, 2000) and Coleman's theorisation of race as technology (Coleman, 2009).

The reliance on individualistic conceptualisations of racism in the nursing literature has been discussed elsewhere (see, e.g., Cunningham & Scarlato, 2018; Thurman et al., 2019). What has not been discussed are the ways in which limited conceptualisations of

racism also, quietly and pervasively, play out in the literature itself. Structural racism may be named, but frequently the discussion that follows returns, over and again, to speaking in terms of the individual. This dissonance between what is claimed (a structural approach) and what is expressed (an individualistic approach) is summed up in a commentary entitled, 'Not just one bad apple: calling out racism among nurses' (Morone, 2021). The author elaborates a narrative about a well-respected nurse colleague who 'although he was an experienced nurse, he had one major *flaw*. He was openly racist' (italics added, Morone, 2021, p. 536). Being racist is framed as an error of individual character. Furthermore, the addition of 'openly' is curious, suggesting that it is the publicness, at least as much as the racism itself, that is problematic. In concluding, the author further inflates the role of lone actors, 'My colleague is not the only one with racist ideas and behaviours. Unfortunately, despite nursing being one of the most trusted professions in the nation, *one bad apple can poison a system*' (italics added, Morone, 2021, p. 538).

Where articles do invoke a broader range of terminology—usually to highlight a multilayered conceptualisation of racism (individual, interpersonal, institutional, structural, ideological)—the terms are more often than not undefined. When these terms are then used interchangeably or seem to drift from the anchor of their (supposedly self-evident) meanings, the authorial message becomes confused. This is exemplified when authors call for the 'dismantling' of structural racism but go on to discuss the dismantling mechanisms as: developing communication skills ('tackling someone who makes an offensive comment requires skills in assertive communication', Stone & Ajayi, 2013, p. 408); reflecting upon the nurse-patient interaction ('The most accessible locus at which we might have an impact on racial health disparities from a nursing perspective is to examine the care encounter for evidence of racial microaggression'; Hall & Fields, 2012, p. 36); or white nurses, privately, reckoning with their privilege ('my thoughts have been predominated by and worried about the need to carry out an initial self assessment of my implicit racism'; Wolf, 2021, p. 1). In these solutions, individual-level change is presented as disruptive to the structure. I contend that there is a naivety to this position, and that the solutions do not measure up to the seismic nature of the problem named. This undermines the theoretical coherency of much of the nursing scholarship, leaving us to wonder what the authors understand by structural racism and what understanding they, in turn, are advancing to the readership.

This is to be read as a warning to be thoughtful about the promise we invest in the solutions we offer. Further, it speaks to the need to engage conceptually and critically with the terminology we use as a prerequisite for developing properly attuned antiracist action. I contend that Louie-Poon and colleagues (2022, p. 1) have it right when they say, 'While the urgency to seek and implement antiracist solutions demands the attention of nurses […] analysis of the mechanisms that continue to perpetuate racism within nursing's theoretical foundation is required first'. Their ideas have affinities with the recent writings of contemporary race scholar-activists, Shafi and Nagdee (2022, p. 9), who link the shape and form of antiracist action with the conceptualisations of race and racism that underpin it: 'exactly how ideas of race, and thus racism, are conceptualised and mobilised in popular discourse today determines the priorities of antiracist organising, the forms that organising takes and the basis of solidarities that form as part of it'. If, for example, 'lack of diversity' is important to our conceptualisation of racism and how it operates within healthcare and other social structures, then we might reasonably conceive of 'increasing diversity' as an antiracist action; this is a goal often cited in the nursing literature (see, e.g., Bonini & Matias, 2021, p. 621; succinct argument on why diversity is an important aim). If, however, we consider the social structures themselves to be fundamentally racist (i.e., historically organised around racialising and racist ideology), then the target of our antiracist action necessarily shifts—change *within* the system no longer goes far enough (Lentin, 2008; Shafi & Nagdee, 2022). This is the difference between racism being synonymous with what happens within the system, and racism being synonymous with the system itself. Depending on our point of view, 'what counts' as antiracist action might look dramatically different.

4.3 | Reliance on the lens of experience

The major theme in the empirical nursing literature is the researching of *experiences* of racism within nursing contexts. In the United States, barriers in nursing leadership and the academy are centred (Beard & Julion, 2016; Loyd & Murray, 2021; Robinson, 2014). In the United Kingdom, discrimination in nursing practice and barriers to career progression have been widely researched (Brathwaite, 2018; Da-Cocodia, 1984; Isaac, 2020; Johnson et al., 2021; Kalra et al., 2009; Tuffour, 2021). These experiences are also well-documented in relation to international nurses joining the domestic workforce (Alexis, 2015; Alexis & Vydelingum, 2005; Stuart, 2012). Further, there is research reporting on patients' experiences of racism (Kapadia et al., 2022; Robertson et al., 2021). Together, these interlocking bodies of experience-based knowledge build a picture of *all* racialised stakeholders, regardless of position, being subject to racism within the healthcare system.

Experience is researched with a view to providing 'critical insights' into how racialised nurses, nurse academics and patients navigate nursing and healthcare spaces, as well as the barriers they face (Beard & Julion, 2016, p. 584). This type of research acts as a testimony to the problem, evidencing where and how it manifests, and informs discussions around how these spaces could become more equitable. In this sense, the evidence of experience has twin purposes: to inform and to persuade. Alongside this, the evidence of experience is validating in a system which otherwise invalidates racialised experiences. In their implementation of an online nursing community, *Overdue Reckoning on Racism in Nursing*, Canty et al. (2022) reflect on the deep connection and solidarity created when experience is shared in dialogue. As one participant describes, 'When the nurses of color began to disclose their experiences of racism, I felt overwhelmed with grief and then awash with relief when I realized their stories resonated with me' (Canty et al., 2022, p. 32). However,

the sharing of experience within the community and the reporting of experience in literature are altogether different platforms for how experience is voiced and received. A singular focus on experience without theory may be inadequate to find a 'way out' out of the status quo.

Researching experience keeps us circling around the evidencing of the problem (racism) as if it is something yet to be substantiated (Allen & Cloyes, 2005). Nursing research leans heavily on a positivist, scientific tradition leading even qualitative studies (the majority) to frame racism in such a way as to seemingly hypothesise it (*do* nurses experience racism in [*x* clinical setting/*y* employment etc] and, *if so*, in what ways?). The implicit doubt or scepticism within this start point is indicative of a white-centric worldview where racism, because it is not part of the white experience, is something to be proved or disproved. A recent headline from the Royal College of Nursing (RCN) (the UK nursing union and professional body) reads, 'Black and Asian nurses overlooked for promotion due to structural racism, RCN research reveals' (RCN, 2022). While it is positive that the RCN engages with this work, the choice of the word 'reveals' is itself revealing; at this point, after all of the experiential research (cited above), what can possibly be new or unexpected about such a finding. It will be progress when we can move beyond speaking about racism as if it is something only just (and every time) discovered.

In looking at what exists across the nursing literature on racism, a common practice emerges: that of 'making the case' for racism in the introductory and background passages of the pertinent nursing literature. Typically, these passages (re)state the evidence, using variations on a similar set of arguments. 'Racism is important to nursing because…' of the health inequities that mar society; of nursing's obligation to social justice; of the barriers faced by racialised students, nurses and faculty; of recent antiracist uprisings. All of which are true and not up for dispute in this paper. On the contrary, it is the very truth of racism that should lead us to question whether qualifications beyond 'Racism is important.' are necessary at all, and to consider what we do by making these qualifications. I contend that repeatedly (re)starting from a position in which we justify the conversation concedes too much to the idea that there remains any doubt about the conversation's place in the nursing literature. In grappling with this, we might reasonably ask what the utility of the literature is intended to be; is its purpose to win minds (and how successful is it at doing this) or is its purpose to move the conversation forward?

Evidence continues to grow and be presented, but white nurses and white leadership still see racism as something which happens 'over there'. By returning to Allan's (2022) reflection, 'I found the racism I heard about in the IEN's [international nurse migrants] accounts disturbing but I did not yet recognise my own part in the white supremacy which underpinned the systemic racism I was told about', we can see how this speaks to the potential overinvestment we make in the evidence of experience to impact the hearts and minds of white people, or disrupt the status quo. A recent large-scale survey in the United States found that white nurses simply do not understand the severity of the problem; 72% of Black respondents said there is 'a lot' of racism in nursing compared to 29% white respondents (Tobbell & D'Antonio, 2022). This is *despite* the evidence over time and the global activism of 2020–2022.

If the aim of the research is to influence change in institutions and structures, then we need to engage with change theory. In the absence of something more explicit, there appears to be a reliance upon an implicit theory of change in nursing research: demonstrate strongly enough that something is wrong, that a problem exists, and this will catalyse change. Conversely, I wonder if researching experience alone risks camps becoming more polarised. On the one hand, those who experience racism and their 'allies' who engage with activism and research, and on the other, the rest of the population, generally white, who do not engage with, nor see themselves reflected in, this problem and this work. As Frankenburg (1993, p. 4) writes, there exists a 'gulf of experience and meaning between individuals differentially positioned in relation to systems of domination'. The question is whether presenting experience overcomes this gulf, or re-entrenches our differential positions. Nursing researchers have remarked on the one-sidedness of the discussion (Iheduru-Anderson et al., 2021). Racialised nurses carry the conversation, while their white counterparts remain largely silent (Hall & Fields, 2013). A double burden is thus placed on racialised nurses and nurse academics—they are subject to living through the experience of racism *and* to evidencing and explaining that experience. Yet a trap of inaction awaits when this evidence is received by institutional or structural powers, as captured in Philip Darbyshire's (2022, p. 1) recent tongue-in-cheek commentary, 'In an evidence-based era, it is vital that large amounts of the best possible evidence are gathered and assessed before making any changes that could lead to actual change […] This cannot occur overnight and may take several executive group lifetimes to be finalised'.

Research on experience is crucial for understanding where and how racism manifests and its oppressive effects. The experiences of racialised people need to be platformed, heard and understood, but I wonder how effective the nursing literature is or has been in erecting this platform. Whiteness has all manner of tools to insulate itself from listening and some of these are seated deeply within the research foundations this literature relies upon. Moorley et al. (2020) point out that we have enough evidence to know there is a problem, the challenge now is to act. To progress antiracism work in nursing, we must move beyond the trap of gathering evidence ad nauseum and diversify our approach to the problem, recognising that racialised experiences are the effects and *not* the root cause. In turning always to the immediate, experience alone cannot lead to a 'way out' of race and racism. We also need theory to help us reach beyond the limits of 'what is' and consider the kind of future we want—what our antiracism efforts are *for* as well as what they are *against* (Gilroy, 2004).

4.4 | Limitations

The importance of having an international scope to the review was apparent early on, as a dearth of UK-based literature emerged. Due

to my own limitations, however, only English language literature has been included in the review, making it only a partial review of what will be available across other languages. Nor does the review claim to identify and review all English language literature in the area of interest, this would require an alternative method such as systematic reviewing.

CIS rejects a traditional 'stage' approach to reviewing, instead acknowledging the subjective and contingent nature of any human engagement with 'data' (Dixon-Woods et al., 2006). The centrality of the authorial voice is what lends the method its creative, critical and interpretative strengths. Yet, I acknowledge that these same strengths may be considered weaknesses where traditional notions of research reproducibility and transparency are concerned (Dixon-Woods et al., 2006).

While it is beyond the scope of this review to decide which conceptualisations and understandings of race and racism nursing should subscribe to, the review nonetheless succeeds in critically exposing the importance of conceptualising race, racism and antiracist objectives, while also highlighting the relative inattention that such theorisation has received within the nursing literature to date.

5 | CONCLUSION

It remains to be seen whether recent interest in race and racism in the nursing literature is the emergence of short-term or substantive discussion. To encourage the latter, I have argued that our conceptualisation of race and racism matters; it provides the basis from which the conversation is propelled or falls flat. The insights offered in the review both critique and contribute to the nursing literature by illuminating pitfalls that occur when our conceptualisations of race and racism are inconsistent, contradictory or neglected.

The CIS presented argues that common and coherent conceptualisations of race and racism are lacking in the nursing literature and that, too often, race and racism simply enter the literature undefined, when their meaning is far from self-evidential or settled. My analysis builds on what is already known about nursing's tendency to return to individualistic conceptualisations by demonstrating how this occurs, even when structural analyses are named. The three synthesising arguments raise questions about what might be missing from a singular focus on immediate experience in research and, further, show the subtle yet material ways in which language locates the problem and establishes difference. This returns us to Zalloua's (2020) point that, 'how we perceive or conceptualize the problem of racism may in fact be part of the problem'. In light of this insight and the review findings, the implication for nursing, as a profession and academic discipline, is that our conceptualisations of race and racism matter. Whether consciously or unknowingly invoked, they are always and already demarcating the boundaries of how we value, relate to, and respond to these issues.

I have also contended that how we frame the discussion of race and racism is fundamentally important and worthy of further consideration. Starting from the basis that racism exists, categorically, is an ideological and political claim important to antiracism work (Shafi & Nagdee, 2022). Yet, the academic convention of (re)starting from a position in which we performatively legitimise the conversation ('Racism is important to nursing because…') unwittingly leads us to betray this very foundation by suggesting its legitimacy is not already well established. Attending to our conceptualisation of race and racism must also lead us to reflect upon this convention to consider whether and how well it serves the discussion. The purpose of this paper has not been to propose particular conceptualisations or understandings of race and racism that nursing should adopt (although I suspect something of my leanings are clear), but rather to suggest that nursing scholarship attend clearly to this question in its pursuit of antiracism.

CONFLICT OF INTEREST

The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no data sets were generated or analysed during the current study.

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