



National Commission to Address
Racism in Nursing

REPORT SERIES

Report #6 of 6

Racism in Nursing Research Themes



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Thematic Discussions on How and Where Racism Shows Up in Nursing Research

Racism has negatively impacted nurses, nurse researchers, the nursing profession, and patient outcomes. Over the past decade, the growth in Ph.D.-prepared compared to DNP-prepared nurses has been slower, particularly among Black, Indigenous and people of color (BIPOC) nurses, which has implications for nursing research since Ph.D.- and DNP-prepared nurses are needed as nursing faculty and contributors to research addressing health inequities (National Academies of Science, Engineering, and Medicine, 2021). Despite a growing number of nurses from racial and ethnic minority groups attaining doctoral degrees, the lack of diversity in leadership – especially at the executive level – or at decision-making tables has created systemic and institutional barriers for aspiring and seasoned nurse researchers from minoritized groups. According to a study by the National Institute of Nursing Research (NINR), almost 50% of NINR grant recipients were not minoritized nurses with white women recipients being and remaining the dominant race and gender (Kippenbrock & Emory, 2021). In this study sample of 135 grant recipients, only 6.8% of grants were awarded to Latinx nurses, with Black and Asian nurses as the lowest racial recipient group (4.1%) (Kippenbrock & Emory, 2021). These concerns underpin the need to prioritize research on racism, equity, and health disparities, which would be improved by diversifying funded recipients. Race must be recognized and understood as a sociological construct impacting the growth and development of minoritized nurse researchers and removed as a barrier to allow for health inequities in socially disadvantaged communities to be effectively addressed. Unfortunately, nursing research typically focuses on downstream and midstream factors, validating the importance of this Commission’s focus on upstream factors.

Dismantling structural racism in nursing research starts with addressing its roots. Structural racism has far-reaching effects and impact, ranging from its manifestations in nursing curricula to admission practices (e.g., SAT, GRE scores) that disadvantage students from minoritized and historically disadvantaged groups seeking to enter research training programs (Roberts et al., 2021). Additionally, there is an underlying perception by minority nurse researchers of having to take on additional uncompensated tasks to advance or improve diversity and inclusion at their institutions (referred to as the minority tax) or submergence which is “flying under the radar,” particularly if they do not hold institutional power and privilege.

Traditional research inculcation required methodologies that were discrete, answerable questions, with attainable samples of these restrictions providing set answers but consequently failing to illustrate the broader issues inherent in design and implementation of human research that shifts from inquiry to impact (Lyon, 2021). The themes below emerged from a nine-question survey to collect qualitative data from 19 nurse participants – 10 in practice and nine in academia – on how racism manifests in nursing research and how these issues can be addressed.

Top Themes Identified

There is a lack of funding and access for minoritized nurse researchers to conduct research. Funding is crucial to shift the nursing research paradigm. Minoritized researchers are not awarded funding at the same rate as white researchers, which is evidenced in funding disparities (Hoppe et al., 2019). Studies that seem to benefit white populations are prevalent, with race being listed as a risk factor, at the expense of further marginalizing minoritized groups. Federal and private research funding must be intentionally directed and focused on how racism has impacted nursing research. Funding would also provide support for examining and exploring registered nurses' (RNs) experiences of racism in the nursing workforce. Such efforts could also prioritize equitable advancement policies and practices to ensure RNs from minoritized racial and ethnic groups equitably ascend into the higher nursing ranks. Dedicated financial support also creates an avenue for effective and unconventional partnerships, such as engaging community leaders including but not limited to those from faith-based organizations, nonprofit organizations, and community activism groups. Efforts must be made to support studies investigating the impact of racism on nursing education, research, practice, leadership, and care delivery. To address access to funding and support for research by minoritized groups, funding bodies and boards must have representation of people from minoritized populations.

Systemic and institutional roadblocks exist with decision-makers, institutions, academia, publishing, and governmental agencies.

Racism shows up in career development, funding, education, and conduct of research. Representation from racial and ethnic minority groups is critical at governmental agencies like NINR and other funding sources that decide on and disseminate funding. Additionally, students from racial and ethnic minority groups experience hostility in predominantly white nursing schools from white faculty, staff, and

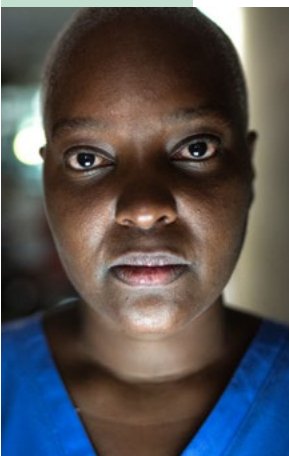
students (Whitfield et al., 2017). Already vulnerable minoritized nursing students also experience microaggressions and racial battle fatigue. Academic institutions must engage faculty from racial and ethnic minoritized groups who tend to be knowledgeable of racially and ethnically diverse university communities to develop plans to create equitable and nondiscriminatory spaces with agency, true intent, and initiative (Arnold et al, 2016). All faculty regardless of background should be encouraged to work together to find sustainable solutions. It is also important that all research funding entities, both federal and private, address policies and practices that support the repeated allocations of research funds to predominantly white schools of nursing (PWSOs), allowing them to build research departments larger than those of many Historically Black Colleges and Universities (HBCUs).

Health equity research is more extensive, fully culturally interpreted, and understood when people from racial and ethnic minority groups conduct research in communities that reflect their racial and ethnic identities. It also moves the dial from curiosity or a short-term “flash in the pan” exploitation to an actual long-term investment and commitment to improve access to resources and to employment-related and health outcomes in underserved communities. Upstream impact on nursing research starts with diversifying individuals at various decision-making tables of institutions and agencies that educate, cultivate, support, and disseminate nursing research conducted by nurses from racial and ethnic minority groups. It is critical that we acknowledge the interconnectedness of these issues that are part of the pervasive and systematic racism in nursing.

Lack of diversity among nurse scientists and researchers at PWSOs impacts the pipeline. In nursing education, most associate and full professors are non-Hispanic white women, while Black and African faculty occupy mainly instructor and assistant professor roles (Aycocock et al., 2021). Systemic barriers prevent faculty from racial and ethnic minority groups from ascending to higher levels of rank and/or leadership in nursing academia. Based on 2016 data from the American Association of Colleges of Nursing (AACN), only 15.9% of full-time nursing faculty come from racial and ethnic minority groups, with only 186 professors from minoritized backgrounds compared to 1,827 white professors (AACN, 2017). In a field of predominantly white leaders who are key decision-makers, hypervisibility (bearing representation responsibility) and invisibility (lack of acknowledgment by white peers) present occupational

hazards including racial battle fatigue (Cooke et al., 2021). These issues compound a cultural obligation among racially and ethnically minoritized nurse scientists to conduct research that highlights and exposes issues in their own communities, while feeling conflicted with further contributing to race based clinical care versus individual based care and data discrimination within systems that are hazardous to those researchers' own health and well-being (Cooke et al., 2021). It is important for racially and ethnically minoritized nurse researchers to conduct research to address health inequities; otherwise, methodologies and analyses can become decontextualized, whitewashed, inequitable, and mis-framed. The majority of data collection instruments need to be decolonized, as they were developed to study Western and white populations, which can be more self-serving for researchers serving the “publish or perish” culture – i.e., as research publications grow, underserved populations and communities continue to perish (Cooke et al., 2021).

A lack of racially and ethnically minoritized nurse researchers in turn shrinks the pool of diverse mentors to whet the appetites of future or aspiring nurse researchers from racial and ethnic minority groups. Furthermore, the current environment reduces interest in nursing research as a career among such future or aspiring nurses. Mentorship is critical for effective pairing for research competency to be achieved with aspiring minoritized nurse researchers and for a consistently diverse research participant pool that will eliminate harmful race-based healthcare based on inaccurate assumptions and algorithmic colonialism.



Minoritized nurse researchers feel devalued, experiencing hostility, microaggressions and feeling unsafe. The devaluation, covert and overt hostilities, and microaggressions toward minoritized nurse researchers must be understood to be addressed. Nurse researchers' “fly under the radar” survival approach has been normalized for far too long as nurses from racial and ethnic minority groups must be psychologically safe to conduct research that is not based on what is tolerable or desirable by decision-makers. The opportunity cost of the current system has directly impacted the professional and personal lives of nurses and the communities that nurses should equitably serve.

Strategies and Next Steps

Deficit funding for racially and ethnically minoritized nurse researchers, systemic and institutional roadblocks, lack of diversity of nurse scientists and researchers, and marginalization of diverse researchers and research projects were identified as root causes for the lack of meaningful health equity knowledge development and subsequent impacts. We should no longer sustain a fraught system designed with health inequalities; a revision of that system is urgently required (Cooke et al., 2022). We must dismantle systems of exploitation of participants and communities of color in nursing research that favor individual career advancement, funding inequalities, lack of growth in health equity research, and biased institutional policies and practices by advancing the following strategies:

- 1) Create awareness of racism in nursing research and the impact on health inequities.
- 2) Assess for faculty from racial and ethnic minority groups' disengagement and burnout from the minority tax evidenced by overcommitment of responsibilities without recognition for the work, and fear of saying no out of fear of being excluded and/or of retaliation.
- 3) Address upstream structural racism by changing policies and diversifying based on race and ethnicity the decision-makers, review panels, committees, and research investigators.
- 4) Direct and provide access to funding.
- 5) Design anti-racist research methodologies and prioritize research on social determinants of health, health equity, health inequities, and health disparities.
- 6) Educate, mentor, sponsor, and fund more nurse researchers from minoritized groups.

In response to the question “Where Does Racism Show Up in Nursing Research?” we present key findings and recommendations related to increasing the number of nurse researchers from racial and ethnic minority groups and advancing an anti-racist nursing research agenda. The recommendations include the following:

- 1) Prioritize funding to support the research career development of current and aspiring nurse researchers from racial and ethnic minority groups.
- 2) Mitigate (or eliminate) systemic and institutional practices and policies that adversely influence the research career development and trajectories of nurse researchers from racial and ethnic minority groups.
- 3) Increase the number of racial and ethnic minority nurse researchers.
- 4) Eradicate hostility and microaggressions toward racial and ethnic minority nurse researchers.

When addressing these recommendations, it is imperative that a wide array of diverse stakeholders (i.e., no matter the race or role) work in tandem to mitigate racism across the entire nursing research continuum and to alleviate the impact of racism on the research interests, efforts, and career trajectories of nurse researchers from racial and ethnic minority groups. To identify where racism shows up in nursing research, one must simultaneously acknowledge the existence of racism in nursing education, administration, and practice. The implicit acceptance, and thus complicit support, of racism in our society is engrained in the institutional fabric of nursing and evident in nursing research. Increasing the number of nurse researchers from racial and ethnic minority groups is critical for addressing racism across the research continuum and advancing nursing science while reflecting the composition of the U.S. population and improving the health outcomes of populations from racial and ethnic minority groups. Thus, one recommendation is for federal and private grant funding agencies to prioritize funding to support the research career development of current and aspiring nurse researchers from racial and ethnic minority groups. This is particularly important for early to mid-career nurse researchers from racial and ethnic minority groups. As funding organizations (federal and private), nursing research societies, and others express an interest in increasing diversity and inclusion programs, calls for proposals should reflect a commitment to enhancing racial and ethnic diversity in the research pipeline to inform, implement, evaluate, and disseminate research using an anti-racist lens. We need more initiatives that focus on supporting the research career development of investigators from racial and ethnic minority groups; for example, the NINR previously funded the Mentored Research Scientist Development Award for Minority Investigators. This will encourage the development of qualified racial and ethnic minority nurse investigators in research settings who in turn can serve as role models and mentors for nursing students belonging to racial and ethnic minority groups. The NINR Strategic Plan Working Group Draft Framework is another example where dismantling structural racism will be critical for advancing nursing science and supporting the research career development of racial and ethnic minority nurse researchers at each career stage (NINR, 2021).

Funding agencies, academic leaders, journal editors, grant reviewers, and other key decision-makers should commit to mitigating systemic and institutional practices and policies that adversely influence the research career development and trajectories of racial and ethnic minority nurse researchers. Our survey's qualitative findings revealed that racial and ethnic minority nurse researchers encounter barriers when proposing

research projects that include a focus on structural racism or other topics of systemic oppression or inequities. Even though some improvements have been made in addressing lack of diversity in publication authorities, bias remains pervasive in the publication process from authors to peer reviewers to editorial board members and editors, indicating lack of representation of underrepresented racially and ethnic groups (Rouan et al., 2021). During the grant review process, there are concerns that some reviewers issue unfavorable reviews because they focus on the topic (e.g., racial injustice) instead of the science of the actual proposal. Funding agencies and organizations should immediately institute mission and vision statements and a strategic plan that incorporate principles and practices that support anti-racist research principles and policies. These barriers coupled with the lack of appropriate mentorship diminish a racial and ethnic minority nurse researcher's ability to establish a program of research compatible with their commitment to reduce health disparities and achieve health equity.

Removing systematic and institutional policies and practices that perpetuate racism across the entire research continuum is critical for ensuring that nurse researchers from racial and ethnic minority groups secure promotions and tenure in academia, sustain a program of nursing research and scholarship, and receive recognition for their unique contributions to advancing nursing science. Some barriers to pursuing a research career may manifest during the admission process when the GRE is required to enter a doctoral nursing program. Increasingly, some graduate programs have reconsidered this requirement, citing concerns about diversity and the exam's poor ability to predict success, both of which are of concern for underrepresented minorities (URMs). Some nursing programs have adopted a holistic approach to nursing school admissions, emphasizing equity and diversity with less focus on traditional test scores as a requirement for entry into a program (AACN, 2020; Glazer & Bankston, 2015). The adoption of a holistic admissions framework at the doctoral level has the potential to increase the numbers of URMs seeking admission into a Ph.D. nursing program, the research career degree in nursing. Further, the adoption of holistic admissions frameworks for entry-level nursing degrees can increase the pipeline of racial and ethnic minority nurses prepared to enter Ph.D. nursing programs (Wilson et al., 2019). DNP-prepared nurses are engaged with teams of researchers in the application of this research and are uniquely qualified as a bridge between research and the bedside, given their foci

and understanding of key concepts in organizational systems, translation of evidence into practice, implementation science, and research (Trautman et al., 2018). When we prioritize the conceptualization of racism and anti-racism in nursing, we are better positioned to advance nursing science and improve clinical care.

Noting the importance of disseminating scholarly publications, peer-reviewed journal publishers have instituted new guidelines for writing, reviewing, and publishing scholarly work in recent years. For example, in 2021, the journal *Advances in Nursing Science* issued new author guidelines to include an anti-racist framework for scholarly publications and resources. These guidelines benefit all researchers who conduct research with racial and ethnic minoritized populations. We anticipate that other publishers will institute similar guidelines for writing and publishing scholarly work.

The recommendation **to increase the limited numbers of racial and ethnic minority nurse researchers** is dependent on the success in implementing and evaluating the recommendations mentioned above. For some nurses from racial and ethnic minority groups, racism shows up when they receive counseling to pursue a diploma or an associate degree in nursing versus a baccalaureate degree in nursing. This negatively affects an applicant's potential exposure to nursing research presented during BSN or graduate education. This lack of exposure to research early in the educational process can limit exposure to nurse researchers who are advancing nursing science and can serve as role models and mentors for aspiring nurse researchers. Research mentoring and sponsorship are key to enhancing research competency and necessary for the development of nursing science as the foundation and the growth of nursing as a discipline and profession (Byrne & Keefe, 2002). Numerous authors have provided exemplars of programs and models focused on exposing students to nursing research as one strategy to increase the pipeline of nurse researchers from racial and ethnic minority groups (Goepfing et al., 2009; Kim et al., 2009; Leeman et al., 2003; Stanfill et al., 2019; Wallen et al., 2005). Increasing the awareness of nursing research and facilitating exposure to nurse researchers, especially for aspiring nursing students from racial and ethnic minority groups, will stimulate interest in pursuing a nursing research career. Such efforts have the potential to translate into better health outcomes for some of our most economically disadvantaged and marginalized and minoritized

populations. Notably, the executive summary of the NINR Pathways Work Group Report supports early exposure to nursing research and its impact on patient outcomes. This is particularly important for undergraduate nursing students from racial and ethnic minority groups.

Devaluing hostility/and microaggressions toward racial and ethnic minority nurse researchers, our final recommendation, is critical for addressing racism across the nursing research continuum. Oftentimes nurses from racial and ethnic minority groups avoid nursing research because of institutional and interpersonal barriers, which depict nursing research as daunting and unattainable. In many settings, most experienced senior nurse researchers are white women. This can leave prospective nurses from racial and ethnic minority groups, in need of mentorship and research opportunities, alone to work with senior researchers who may lack competencies in cultural humility and best practices that facilitate successful cross-cultural mentorship. Nurses from racial and ethnic minority nurse groups may find themselves on the receiving end of micro-aggressive or macro-aggressive behaviors and toxic or hostile work environments. Racial isolation, racial battle fatigue, hypervisibility, and invisibility tend to result from these types of unhealthy work environments. Such environments deter racial and ethnic minority nurses from pursuing a nursing research career. Increasingly, as more schools and colleges of nursing employ associate deans of diversity, equity, and inclusion, there is movement to implement and monitor anti-racist policies, practices, and faculty training as well as create environments where all students, faculty, and staff feel included, valued, and respected. For example, schools and colleges of nursing should institute mandatory education on implicit bias, individual and institutional racism, anti-racism, and other forms of inequities as a key component to address these efforts. Ro and Villarreal (2021) recommended creating a functional department-level diversity committee, incorporating implicit bias into faculty training, and developing an anonymous reporting system as important strategies to combat microaggressions in academia. In summary, a well-prepared and supported anti-racist workforce, including a larger proportion of nurse researchers from racial and ethnic minority groups, is critical to begin to dismantle, reimagine, and redesign the nursing research agenda to truly reflect the diversity of our society.

High-level Conclusions

- Racism will show up wherever it is given space, time, and energy.
- The nursing profession has both actively and passively contributed to racism in healthcare.
- Anti-racist nursing research and funding is critical to support the career development of nurse researchers from racial, ethnic and minoritized groups.
- Findings from research that addresses racism in nursing should be disseminated widely, translated, urgently addressed, and incorporated into nursing practice.
- Nurse educators and faculty must keep the phenomenon of racism and its legacy of harm on the radar across all academic disciplines and programs, not solely schools of nursing.
- Racist and discriminatory practices and policies in nursing research harm people from racial, ethnic and minoritized communities.
- Nurses from racial and ethnic minority groups are underrepresented in leadership roles, especially at the executive level. As such, organizations must take measurable and monitored steps to increase multilevel representation of leaders from these groups, and, just as important, ensure inclusion and equity practices.
- Scholarly work (dissertations, research projects, etc.) must be continuously evaluated to determine whether there are embedded structures of racism within the writing, theories, methodologies, etc.

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