Cultural Humility and Allyship: Enhancing Nursing Education

Jacqueline Mainwaring, PhD, DNP, MS, CRNA, CNE
Nurse Anesthesia Program, Jefferson College of Nursing, Thomas Jefferson University, Philadelphia, Pennsylvania

Rodnita Davis, PhD, MS, RN, CNE
Entry-Level Nursing, Notre Dame of Maryland University, School of Nursing, Baltimore, Maryland

Abstract: As nurse educators navigate the realities of racial injustice and deeply polarizing issues in the United States, we must reflect on our own biases, educate ourselves on the impact of inequities, and thoughtfully use our faculty privilege to create change. Purposefully adjusting admissions procedures, hiring diverse faculty, and embedding cultural sensitivity in the curriculum are stepping stones to shaping the future of nursing. Impacting race relations by developing cultural humility and collegial allyship begins with humble inquiry. This article recounts a dialogue and presents the personal reflection of two peers committed to the critical work of diversity, equity, and inclusion.

Keywords: nursing; diversity; equity; inclusion; cultural humility; allyship

As the United States continues to transition towards the projected 57% racial and ethnic majority-minority demographic composition by 2060, professionals must recognize the healthcare system will serve a more diverse patient population (U.S. Census Bureau, 2012). Even though racial and ethnic minorities will become the dominant demographic within the next 40 years, Blacks and Hispanics report the most significant mistrust of the healthcare system (Armstrong et al., 2007). Targeted attempts to improve diversity in health professions have occurred since the 1960s and the Civil Rights era (Smedley et al., 2003). Yet, ethnic and racial disparities remain among the most obstinate health inequalities in history, despite historical attempts to reform and improve health systems (Baciu et al., 2017). Erosion of trust between individuals of color and members of the dominant racial group remains pervasive.

Background and Significance

The global pandemic of 2020 has exposed the systemic inequities experienced disproportionately by communities of color. Further, the extent of distrust for medical professionals among Blacks results in a profound hesitancy to receive approved Covid-19 vaccines. Compared to other racial and ethnic groups, Blacks are less inclined to get vaccinated, with research citing only 42% of Blacks intend to receive the vaccine, while 61% of White adults intend to receive the vaccine (Funk & Tyson, 2020). As the U.S. patient population expands and becomes more diverse, addressing these health inequalities becomes a moral

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imperative for the nursing profession (Artinian et al., 2017). The nursing community must take radical and decisive action in responding to the disproportionate prevalence of poor patient outcomes among racial and ethnic minority groups. Combating inequities requires prioritization of the nursing profession, reflecting the diversity of the communities served. Therefore, the discipline must explore pragmatic steps aimed at addressing the lack of diversity in nursing. Measures that involve assessing admission practices, identifying recruitment and retention strategies, and diversifying the primarily white professorate are vital to creating more diversity, equity, inclusion, and belonging in the nursing profession.

Racism and social marginalization have a long and storied history in the American fabric. Increasing healthcare workforce diversity is key to reducing inequities and the health disparities prevalent today. However, the nursing education community must first understand how oppression and racism have and continue to operate within society before advances in diversity and inclusion can be realized. Further, it is insufficient to increase educational access opportunities alone. Nurse educators must take deliberate actions to disrupt the replication of the status quo. Student academic success is not a trade secret; instead, education is key to breaking cycles of oppression and enhancing upward social mobility, particularly in racially, ethnically, and marginalized communities. A significant first step in resolving structural health inequities is the entry of diverse student populations into the nursing workforce.

Terms

As we collectively resolve to embark on the work of diversity, equity, inclusion, and belonging, we must have a shared understanding of the terms relevant to this much-needed work. In Table 1, we offer definitions for the terms we will reference throughout this article.

Ally—The Journey to Becoming

We posit allyship is necessary but urge future allies to recognize that anti-oppression efforts evolve and require trusting-helping relationships. To appreciate the full scope of allyship, one must know some basic principles. Fundamental to the premise of allyship is the understanding that the designation as an ally is not a self-imposed title by a member of the dominant in-group. Instead, those interested in doing the work of an ally must realize that the minority outgroup members bestow that title upon them. We suggest that those doing the work must meet milestones in the journey to becoming an ally. For this article's purpose, the journey to becoming an ally is addressed in the context of race and ethnicity. However, allies are needed to advance the efforts of many other marginalized

TABLE 1. Definition of Terms

Term	Definition
Allyship	Shift the advantages of privilege; amplify the voices of the oppressed (Merriam-Webster, n.d.)
Bias	A strong inclination of the mind or a preconceived opinion about something or someone (Dictionary.com, n.d.) Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair (Oxford English Dictionary, n.d.)
Blindspot	Metaphor for psychological and social aspects devoid of light, resulting from hidden biases that guide behavior without a conscious awareness (Banaji & Greenwald, 2013)
Cultural humility	Authority over own lived experiences; self-reflection and self-discovery (Hook et. al., 2013)
Humble inquiry	Relationship building through genuine curiosity; the art of drawing out the other (Schein, 2013)
In-group	Members share identities, such as race/ethnicity, religion, sexual orientation, gender; in-group members maintain a position of power or authority; may include Whites, Christians, heterosexuals, males (McPherson, 2018)
Mind bugs	"Ingrained habits of thought that lead to errors in how we perceive, remember, reason, and make decisions." (Banaji & Greenwald, 2013, p. 4)
Out-group	Individuals do not have shared identities with the group that historical hold positions of power; racial/ethnic, religious, gender, sexual orientation minorities (McPherson, 2018)
Privilege	Right or advantages by virtue of position, office, status; aspects of one's identity that affords certain advantages, benefits, or entitlements (Black & Stone, 2005)
Racism	Organized structure, rooted in an inferiority ideology (Bonilla-Silva, 1997)

persons regarding disabilities (visible or invisible), veteran status, or sexual orientation.

Acknowledge

The first action one can take on the journey to becoming an ally is to acknowledge economic disparities, gender and racial discrimination, intolerance, and the impact of explicit and implicit biases on members of minority outgroups. By acknowledging, aspiring allies accept or admit the existence of societal oppression. Some Americans endorse not *seeing race* or color-blindness, implying that not recognizing the most prominent feature that distinguishes people, skin color, is a healthy way to move beyond this nation's racist history and discriminatory past. However, the sooner race no longer becomes a taboo discussion topic, the quicker the behaviors associated with unconscious bias are revealed. Even well-intentioned people have blind spots. Unfortunately, failing to acknowledge race only mires the nursing community's ability to engage in productive conversations aimed at addressing the underlying issues.

Align

For lasting change to occur in nursing, aspiring allies must align in authentic relationships, through a measure of humble inquiry, with members of the minority outgroup. Members of groups who have historically had power must seek to align with those often marginalized, silenced, or left out of the conversation. Whether nurses hold leadership roles by title or respect, it is incumbent they expand their circle of colleagues to include members of diverse groups to help elevate the oppressed voices. Cultivating an expanded network of trusted confidants representing a variety of personal traits and thoughts is critical to advancing diversity, equity, inclusion, and a sense of belonging. Throughout this nation's history, White Americans have maintained positions of power. Therefore, frequently White people will need to intentionally operate within integrated spaces that will remove them from the comforts of familiar environments. It is insufficient to invite Black, Indigenous, or People of Color to environments in which White people feel safe or comfortable. When people who maintain power (White people) invite Black, Indigenous, or People of Color into the environments controlled by Whites, it shifts the responsibility of doing the work onto the marginalized. Further, extending an invitation to what may be perceived by the marginalized outgroup as hostile environments maintains the in-group's position of control and power-over dynamics.

As we seek to align our collective voices, we must approach crucial conversations with cultural humility, respect, and honor for those marginalized, listening with the intention of their experiences. We do not enter into authentic relationships casually. Instead, genuine relationships develop over time, and they result from earned trust, shared interest, and humble inquiry. Moreover, those committed to social justice recognize that authentic helping-trusting relationships are not abandoned when conflict occurs. Instead, we must lean into our genuine relationships' sincerity because our understanding of the marginalized lived experience must be rooted in their perspectives.

Advocate

As previously stated, White Americans have historically sustained their position of power over or dominance in the U.S. However, to reckon with this nation's racist history and discriminatory past, we must call on our White colleagues in this fight: Not to replace our voices but to amplify them. To effectively advocate for change, prospective allies must willingly acknowledge their privilege. These individuals take risks and face resistance from members of their in-group. However, those committed to antiracism seek to persuade other privileged members of their in-group to join in the work of dismantling systems of oppression that have perpetuated the cycles of racism. An advocate does not idly stand by and bears witness to the mistreatment of others. Instead, they seek to disrupt those behaviors and systems that have gone unchecked for decades.

Allyship

In the journey to allyship, we offer that the process is continual. Unlearning and learning become vital to an ally's work, and inevitably mistakes will happen. Therefore, allies must acknowledge their mistakes and proactively work to educate and inform themselves daily. However, despite the risks, an ally commits to taking on this work, and they accept the struggle of oppression as their own. Still, allies do not assume that every person in a group generally identified as marginalized or underinvested feels oppressed. Instead, allies cultivate authentic trusting-helping relationships, cautious that they do not impose personal ideology or views onto any person(s). Though, allies should

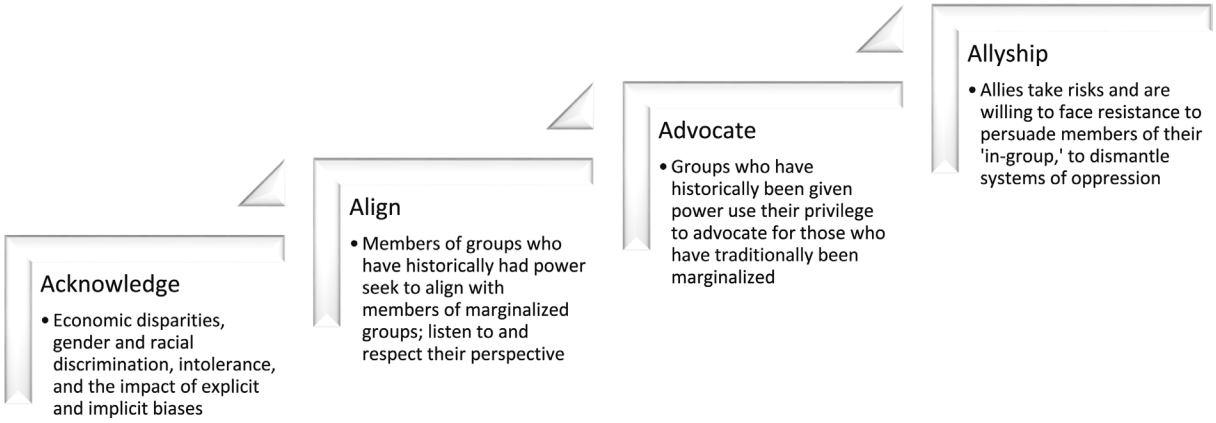

Figure 1. Guiding steps towards allyship.

recognize that many racial and ethnic minority students report immense perceived pressures to succeed or to serve as a credit to their race (Pyne & Means, 2013; Young-Brice & Dreifuerst, 2019) because doing otherwise would only confirm the stereotypical assumptions portrayed in history or media. As allies, we come alongside those marginalized, aiming to deliver on promises of diversity, equity, inclusion, and belonging, but still not yet realized by so many.

McGhee (2021) urges that we all pay the price for racism. Yet, "it's only by linking arms that we can actually overcome these barriers" (Moyers, 2020). However, cross-racial solidarity is promising, and its impact results in mutual benefits for all. McGhee coined the term solidarity dividends, representing the quantifiable and shared benefits of transforming race relations in the U.S. (McGhee, 2021). We advance that solidarity dividends are not limited to the broader society but are also integral to the academic setting. Sensing a once-in-a-generation opportunity, we must unify our voices to promote change that previously seemed improbable. Allyship is a verb requiring demonstrable actions consistently over time.

The Lived Experience of Two Nursing Faculty-Our Story

Author Two, a first-generation college graduate and Black nursing faculty member, teaches in an undergraduate nursing program where the school of nursing's mission is to promote social responsibility and build inclusive communities. Author One is a White nursing faculty member who teaches in a graduate nursing program where the college of nursing's vision is to reimagine, transform, and disrupt the way nurses lead and impact society. We have chosen to celebrate our diversity (our age, race, personal qualities, work background, and education) by honoring each other and intentionally uniting through our commonalities instead of being divided by our differences. In the spirit of cultural humility and allyship, we present our personal experiences of collaborating to address racial challenges facing nursing students and faculty. As you read our reflection, we invite you to consider your personal biases, privileges, and encounters with racism. How did you respond to those situations? How can you attend to and honor members of the out-group by extending them in-group biases and privileges? What steps must you personally take to advance and foster allyship in your organization?

Author Two's Story

I have always self-identified as a racial and ethnic minority and have frequently felt the sting of racism in my personal, professional, and academic life. Sadly, I vividly recall the pain of hearing a patient call me a n****r. Many times, patients presumed I was a nursing assistant or technician instead of a professional nurse. On many occasions, White family members needed validation from my White colleagues about my care decisions. While the overt forms of racism I experienced were disgusting, particularly in clinical practice, one thing was clear–I knew exactly how those patients and family members felt about me. However, the undermining of my identity caused by constant microaggressions has far-reaching consequences that I continue to work on in my adult life. (Author Two).

Author One's Story

I grew up not realizing racism still existed. After all, I was an Air Force brat with friends from all races, ethnicities, and religions. I naively thought skin color didn't matter, not even my own. In fact, I never grasped the White privilege concept until

recently. I was unaware of the relentless impact of racism in the country I so proudly call home. Advance to 2020, teaching in a nurse anesthesia program, I actively listened as students from all backgrounds discussed the prevalence of bullying in the clinical arena. I remember feeling shame when admitting to Author Two that it never occurred to me that my minority students were experiencing racism. It wasn't until the combination of George Floyd's murder and attending a presentation exploring this very phenomenon in the clinical arena that I started to see the horror unfold. I worried about my minority students' well-being and felt an urgency to take action. Seeking guidance and insight through humble inquiry, I reached out to Author Two for help (Author One).

Reflections

Offering perspective in sharing her personal story of experiencing racism, Author Two, without judgment, inspired Author One to take on issues facing her minority students as if they were her own. For example, when Author One wondered why her minority students never brought up racism in the clinical arena up in their multiple advising meetings, Author Two was candid in explaining possible reasons. She explained that anecdotally, minority students are reluctant to *blame* performance evaluations on racism, fearing their White faculty may not understand or that they may face retaliation from their clinical preceptors.

This example and other questions discussed during our shared experience give insight into visualizing humble inquiry in action. Additional example questions include "Would the minority students trust my authenticity?" "Could I reach out to them (individually) for their input?" "What diversity and inclusion initiatives would be meaningful?" "How can we encourage engagement without creating an extra burden for our minority students?" "How can we encourage engagement without creating an extra burden for our minority students?" In Table 2, we share actionable items that could help others as they look for strategies to become an ally and create change in our call to action.

Next, we offer examples of ways we have started to address diversity, equity, and inclusion in the clinical and didactic curriculum. First, we examined our teaching resources and materials, such as textbooks, case studies, and lectures, to ensure they reflect diverse perspectives and lived experiences. Intentionally working to amplify the groups and voices that have been historically left out or oppressed, we started replacing images in our PowerPoints and videos with those reflecting racial, ethnic, visible disabilities, transgender, and religious difference. We successfully selected manikins/task trainers that represent diverse skin tones when ordering new simulation and skills lab equipment. If this is not possible, we suggest using moulage to transform existing manikins and task trainers.

Lastly, faculty should consider adjusting teaching strategies to address health disparities, diversity, and inclusion. For example, integrate case studies and simulation scenarios that explore the needs of vulnerable populations and include

TABLE 2. Call to Action

	Educate and inform	**Take action**
Acknowledge	Read books/articles Listen to podcasts Watch videos Attend webinars	Recognize implicit bias Describe the personal historic underpinning of bias Attend diversity and bias training
Align	Observe others' lived experiences Self-reflection on one's behaviors and beliefs	Prioritize building authentic relationships with colleagues from diverse backgrounds Listen with empathy to the experiences of others Identify other in-group members interested in this work
Advocate	Research strategies and identify ways to integrate	Disrupt systems of oppression Maximize faculty privilege to create more inclusive and supportive learning environments Influence institutional change Create circles of support
Allyship	Constantly analyzing the literature and current events for new ways to foster diversity, equity, inclusion, and belonging	Link common core values Design admissions, faculty recruitment, and diversity/inclusion initiatives intentionally Leverage collective histories of injustice and resistance Transform nursing education

patients from various racial, ethnic, and religious backgrounds. Develop assignments that challenge students to reflect on their own biases, privileges, and experiences with racism. Post-clinical conferences can specifically ask students to role-play scenarios to build empathy for patients from different backgrounds other than their own. Encouraging students to feel and share their patients' experiences will enable them to grow into culturally sensitive nurses. Nurse educators are perfectly positioned to lead in shaping the next generation of nurses.

Summary

The nursing community must acknowledge that certain races/ethnicities have remained more or less desirable in society. Therefore, we must realize and understand that individuals will experience the world differently based on these traits, personal efforts notwithstanding. Collectively, we have taken steps towards allyship and sustainable nursing education change in areas such as curriculum development, unconscious bias training, admissions strategies, marketing, community outreach, and developing a more inclusive environment. We encourage others in the nursing community to join us in utilizing cultural humility and allyship to reshape nursing education.

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Correspondence regarding this article should be directed to Jacqueline Mainwaring, PhD, DNP, MS, CRNA, APRN Nurse Anesthesia Program, Jefferson College of Nursing, Thomas Jefferson University, 901 Walnut Street, Suite 727, Philadelphia, PA 19107, United States of America. E-mail: Jacqueline.mainwaring@jefferson.edu