

# Centering Black feminist thought in nursing praxis

Ismalia De Sousa  | Colleen Varcoe 

School of Nursing, University of British Columbia, Vancouver, British Columbia, Canada

## Correspondence

Ismalia De Sousa, School of Nursing, University of British Columbia, T201-2211 Wesbrook Mall, Vancouver, BC V6T 2B5, Canada.  
Email: ismalia.desousa@ubc.ca

## Abstract

Femininity and whiteness dominate Western nursing, silencing ontologies and epistemologies that do not align with these dominant norms while perpetuating systemic racism and discrimination in nursing practice, education, research, nursing activism, and sociopolitical structures. We propose Black feminist thought as a praxis to decenter, deconstruct, and unseat these ideologies and systems of power. Drawing from the work of past and present Black feminist scholars, we examine the ontological and epistemological perspectives of Black feminist thought. These include (i) the uniqueness and particular experiences of people, (ii) the acceptance of ontological and epistemological pluralism of truths and ways of knowing, and (iii) the mandate for equity in the health, social, political, and environmental structures of society. By focusing our attention on lived experiences and voices of those systematically excluded in nursing practice, education, research, and society, Black feminist thought offers an anticolonial, antiracist, and anti-discriminatory foundation for more effectively upholding nursing's disciplinary mandate for social justice and equity.

## KEYWORDS

Black, Black feminist thought, discrimination, feminism, intersectionality, nursing, racism, social justice

## 1 | INTRODUCTION

Western nursing is dominated by whiteness<sup>1</sup> and femininity, overshadowing subaltern voices and silencing ontologies and epistemologies that do not abide by Western Eurocentric norms. This contributes to processes of "Othering" (Krabbe, 2021; Santos, 2018) that perpetuate racism and other forms of discrimination within nursing, particularly against nurses of color, and by nurses toward others, including patients (Jenkins & Huntington, 2015; Metzger et al., 2020; Neiterman & Bourgeault, 2015; Nortvedt et al., 2020; Tie et al., 2018; Truitt & Snyder, 2020; Walani, 2015). In turn, these ideological stances have problematic

consequences in nursing discourse, clinical practice, education, research, and leadership. While the dual ideological threats of whiteness and femininity are built into the scaffolding of nursing, the sociopolitical values that orchestrate whiteness are rooted in individualism that, in turn, upholds individuals' competition and an intensive quest for self-improvement (Phelan & Dawes, 2018; Steger & Roy, 2021). Such individualism is evident in the notion of individual responsibility and desire to improve, leading to the false rationale that with enough hard work people will always overcome poverty and succeed (Bhopal, 2018; McMaster, 2019). In turn, these claims can lead to policies that deepen socioeconomic inequities by reducing social and welfare programs (Steger & Roy, 2021).

In this era of pandemic racism and discrimination worldwide, there is a wealth of evidence of the rampant health effects of

<sup>1</sup>Drawing on the works of Black feminist scholars such as bell hooks, Patricia Hill Collins, Kimberlé Crenshaw, and The Combahee River Collective, we conceptualize whiteness as the enactment of white privilege by diverse mechanisms and persons of any identity.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. *Nursing Inquiry* published by John Wiley & Sons Ltd.

individual and systemic racism and discrimination among racialized patients in the United States, Canada and the United Kingdom (Centers for Disease Control and Prevention, 2019; Denison et al., 2014; Office for National Statistics, 2018; Petersen et al., 2019; Public Health England, 2017). Thus, it is increasingly imperative that nurses eradicate performative solutions and slacktivism and strive toward meaningful action on equity and social justice that addresses health inequities and ensures every person is treated with respect, dignity, and free of discrimination. Moorley et al. (2020) have argued for a need to decolonize nursing care and Thorne (2020) has called on all nurses to revise their commitments to antiracism and social justice in this pandemic and be part of the solution. Yet, nursing is constrained by theorizing aligned with individualism and color-blindness.

To decenter ideologies of whiteness that perpetuate systems of power and create new approaches in nursing discourse, clinical practice, education, research, and leadership, nursing requires theorizing from the margins. Black feminist thought offers the praxis needed for transformation by aligning with our discipline's *socio-political knowing* (White, 2009) and *emancipatory knowing* (Chinn & Kramer, 2014) that locates the person in a cultural and structural context that influences health and disease and recognizes injustice, moving toward a social justice praxis (Kagan et al., 2014). Despite expanded scholarship since Barbee's critique of erasure of Black nurses' scholarly contributions (Barbee, 1993), the continued invisibility<sup>2</sup> of nurses at the margins of a predominantly white profession becomes situated in a larger ideological discourse: the supremacy of Eurocentric ontologies and epistemologies as a legacy from the colonial projects. The invisibility is evident in the paucity of literature on Black feminist theory in nursing and suggests the exclusion of Black feminist thought as a model of thinking by an elite that is anti-Black and/or interprets "Black" as of significance and use only to/by Black people, instead of attending to the rich theoretical and philosophical traditions that Black feminist thought offers to all. In this paper, we add to the body of nursing scholarship from the margins of the discipline by examining the philosophical underpinnings of Black feminist thought<sup>3</sup> and its potential contribution to advancing nursing praxis. We begin by centering Black feminist thought, providing historical background on its origins, and focusing on the intersectional paradigm that it offers. Drawing from the works of past and present Black feminist scholars, we examine the ontological and epistemological foundations of Black feminist thought and shift our attention to how it can inform and advance nursing inquiry to analyze the pervasive health problems in society. This model of thinking can dismantle the current premises that shape nursing knowledge in this era, strengthen nursing's sociopolitical and

emancipatory knowing, enhance health equity advocacy at policy-making and healthcare organizations, and help change the social, political, and environmental structures that shape society. As a praxis of reflexivity and consciousness-raising among student nurses, nurses, nurse leaders, and scholars, Black feminist thought can bring attention to the invisibility and under-representation of particular groups within the profession, and the effects of internal structures of power on nursing.

As authors, our social identity and positioning as unrepresenting of whiteness in the echelons of nursing give us the right to take this space and challenge the history of academic publishing in nursing philosophy. The first author identifies as Black (Afro-Portuguese), with Asian and white European descent, and calls Portugal and the United Kingdom homes. Her lived experience as a Black ciswoman in predominantly white spaces has been shaped by socioeconomic and gender privilege, as well as by racial discrimination. The second author is of Indigenous and European immigrant heritage and was born on Treaty One territory in what is now Canada, variously experiencing both white privilege and anti-indigenous racism. A plurality of different experiences and perspectives sparks our creative minds, giving us the political clout to argue for a historically silenced angle of vision in our discipline to be reacknowledged, that of Black Feminist Thought.

## 2 | CENTERING BLACK FEMINIST THOUGHT

### 2.1 | Origins and extensions

Black feminist thought is a unique standpoint founded on the experiences of African American womxn<sup>4</sup> ways of knowing and validation of knowledge claims that represents a "collection of ideas, writings, and art" (Few-Demo & Glass, 2015, p. 1). The Black liberation movements of the 1970s and 1980s in the United States emerged as a result of historical experiences of enslavement (including enslaved breeding and surgical experimentation), the Tuskegee study,<sup>5</sup> lynching, segregation, racism, civil rights, and colonialism (Araujo et al., 2019; The Combahee River Collective, 1982). Against such a backdrop, Black feminism disrupted the hegemonic canon of both the middle-class, white patriarchal and cisgender liberal feminist movement, and the struggle of Black womxn with Black liberation movements dominated by men. Black feminism recognized the Black liberation movement and the tenets of white liberal feminism failed to represent the views and experiences of Black womxn from an intersecting matrix of racism, sexism, oppression, and other

<sup>2</sup>It is the observer and their context that decide the visibility and invisibility of the Other. Nursing knowledge has focused primarily on the contributions of white women and obscured those from Black, Indigenous, and other people of color (BIPOC). Despite the many contributions of BIPOC nurses, nursing has been largely written, safeguarded, and uplifted by and for white scholars.

<sup>3</sup>We recognize the existence of different Black feminist ways of thinking such as Womanism, Black feminism, African feminism, Africana womanism, Black British feminism, and so forth. Despite different points of departure, we believe these are borne out of a Black feminist thought standpoint epistemology and share similar goals.

<sup>4</sup>We use the term "womxn" as a decolonial practice to disrupt the binary of "man" and "woman" and the English language. Womxn also centers 2SLGBTQIA+ communities.

<sup>5</sup>Experiment between 1932 and 1972 that studied African American men diagnosed with Syphilis to understand the progression of the disease. Participants in the study were misled to believe they were receiving treatment to cure Syphilis and were denied penicillin when it became the treatment of choice. This resulted in death and transmission of the disease to womxn, children, and grandchildren (Centers for Disease Control and Prevention, 2015).

discriminations (Collins, 2000; hooks, 2009, 2014; Taylor, 1998; The Combahee River Collective, 1982; Walker, 1983).

The Black liberation movements dominated by Black men rendered the existence and experiences of Black womxn invisible, sexually oppressing and relegating them to the confines of the family and home. This sexual oppression directly resulted from a Eurocentric patriarchal and capitalistic conceptualization of manhood, one defined by males' sexual ability and wealth production (Black Men for the Eradication of Sexism, 2009). Black men were thought by society to be weak for failing to liberate Black people from racism and were made to believe that Black womxn had gained socioeconomic status after using their bodies for the pleasure of white men, leaving Black men behind (Cade Bambara, 1970).

Black and white liberal feminists in the United States had vastly divergent lived experiences. Black womxn experienced economic challenges as a result of enslavement and segregation (e.g., Jim Crow laws), requiring them to work (usually in lower-paid or caring jobs with poor working conditions) in the pursuit of upward economic and class mobility (Barlow & Smith, 2019; Branch, 2011; Collins, 1998). These experiences were vastly incongruent with the interests of the white liberal feminism movement, which sought the liberation of white, middle-class college-educated womxn from their homes and motherhood, hoping to enter the workforce (hooks, 2014; Love, 2016).

Divergences related to the ideologies of racism, sexism, and patriarchy were also prevalent (Beale, 2005; The Combahee River Collective, 1982). Unlike white womxn, who argued that men were the oppressor, Black womxn experienced racism from the middle-class, white womxn as well as sexism from Black and white men. The transition from a matriarchal to a patriarchal society combined with the historical oppression of Black men and womxn by white people explained the root causes of Black men's values of dominance and competition with Black womxn and Black men's sexist attitudes (Barry & Grady, 2019; Dove, 2015; The Combahee River Collective, 1982). Thus, the quest for gender equality in the white liberal feminist movement was unfounded since Black womxn and other womxn of color were not socially equal to other womxn, and discrimination continued against Black men (hooks, 2014). The call for gender equality ignored the discrimination among those of the same sex or gender (hooks, 2014) by virtue of race. Further, it accentuated European colonial practices of gender-specificity and division within communities and society (Barry & Grady, 2019).

Different ideological stances between white and Black feminism reinforced the notion that white liberal feminism was not feminism for all. It accentuated the different lived experiences between middle-class white womxn living in a patriarchal society and African American womxn (Collins, 1998; Dorlin, 2019; hooks, 2014), as well as between Black womxn and Black men. However, other groups in the excluded segments of society embodied similar experiences as a result of discrimination based on class, sex, and ethnicity, which posited Black feminist thought as a sociopolitical activist movement that could end discrimination faced by African-Americans, Black womxn, and other similarly situated groups (Collins, 1998, 2000;

hooks, 2014; The Combahee River Collective, 1982). The lived experience of racialized Black womxn in geographic regions outside the United States has shaped Black feminist epistemology and widened the debate and social justice action by Black feminist thought on a global scale (Carvalho et al., 2019; Collins, 2000). For instance, scholars have expanded the theory of American Black feminisms to Brazilian Black feminism, Caribbean feminism, Latinx feminism, Romani feminism and other womxn of color (Barriteau, 2009; Carvalho et al., 2019; Nunes, 2019; Taylor, 2000; Todorova, 2017). Activist movements have also emerged as a result. This is evident in the Brazilian Black feminist movement "Who killed Marielle Franco?"; Marielle Franco was a Black, gay, feminist politician and human rights activist who was outspoken about police violence, particularly in *favelas* in Brazil.

Although we center Black feminist thought in the experiences of Black womxn, we argue this praxis can be deployed to better understand the experiences of people and groups at the intersection of multiple axes of historical connections such as colonialism, immigration, and experiences of racism and discrimination due to class, sex, gender, ethnicity, age, ability, language and so forth. Similar to Black feminist Jennifer Nash's discourse on the proprietary attachments to intersectionality (Nash, 2019), we seek to put forward a vision of Black feminist thought that is not invested in making Black women its only proprietary.

## 2.2 | Intersectionality as a paradigm

Extending Black feminist thought and its intersectional paradigm to all communities with historical and ongoing experiences of discrimination is paramount for nurses to consider the impact of sociopolitical forces in healthcare, promote health and wellness and prevent illness. An intersectional paradigm directs attention to the multiaxis of systems of power that shape each individual's identity<sup>6</sup> and experiences, amplifying the problems generated by commonalities and differences that underpin discrimination, and focusing on the sociopolitical structures that frame these problems (Cho et al., 2013; Crenshaw, 2011).

Intersectionality as a paradigm underpins Black feminist thought. Although Kimberlé Crenshaw first introduced the term (see Crenshaw, 1989), the conceptual understanding of intersectionality emerged from the works of other Black womxn and womxn of color such as Ida B. Wells-Barnett, the Combahee River Collective, bell hooks, Angela Davis, Audre Lorde, Patricia Hill Collins, and Gloria Anzaldúa (Moradi et al., 2020). Intersectionality recognized the multiaxis framework of identity (initially gender and race only) in African American womxn's experiences ignored by US law

<sup>6</sup>We use the term "identity" in its singular form when referring to individuals, instead of "identities." The intersection of multiple systems of power or factors (sex, gender, race, class, ethnicity, sexual orientation, immigration, nationality, spirituality, location, etc.) creates one identity in each person rather than multiple identities. An individual's identity at these intersections cannot be separated; neither can systems of power be analyzed separately or in a single-axis framework.

(Crenshaw, 1989) since intersectional factors such as race, ethnicity, class, sex, and gender were impossible to separate when the discrimination occurred as they were experienced simultaneously as systems of power (The Combahee River Collective, 1982). The intersection of systems of power (sexism, racism, ageism, classism, heteronormativity, and other forms of discrimination based on immigration, location, spirituality, language and so forth) shape each person's identity and, in turn, can create power differentials and discrimination in society (Collins & Bilge, 2016). Given that lived experiences vary, and these intersectional factors lead to privilege and discrimination, knowledge development should consider them.

To direct the work toward action on social determinants of health and systems of power, the discipline of nursing must adopt intersectionality as a paradigm. With the goal of sociopolitical change, intersectionality can provide insight into inequities within health care systems in its role as a tool for critical inquiry in research, teaching, and practice (Collins, 2019; Love, 2016; Moradi & Grzanka, 2017). In this line of thought, intersectionality is inextricably contextual and linked to a power analysis of sociopolitical, economic, and institutional structures (Cho et al., 2013; Collins, 2019; Crenshaw, 2011). These power analyses characterize intersectionality as a form of praxis, striving to unseat racism, sexism, classism, economic exploitation, colonial thinking, and other forms of discrimination (Collins, 2019). Thus, Black feminist thought prioritizes and problematizes racism and related pervasive social constructs (Barriteau, 2009).

### 3 | WHY BLACK FEMINIST THOUGHT IS NEEDED: A CRITIQUE OF WHITENESS AND FEMININITY IN NURSING

Whiteness is socially constructed as the background against which all life is examined (Puzan, 2003; Waite & Nardi, 2019). This ideology is time and place-specific (van Riemsdijk, 2010) and the result of imperialism, settler colonialism, and elitism. Racialized and naturalized whiteness represent the normative identity, body and knowledge located at the center of the social system (Gustafson, 2007) that leads to privilege and entitlement of those in positions of power and disregard for the advantages and disadvantages that these axes pose to one's living and being in the world.

Nursing as a predominantly white profession (regardless of the identities of diverse nurses) upholds whiteness as an ideology with profound negative effects for nurses and patients. Racialized nurses experience racism and discrimination from their counterparts (Jenkins & Huntington, 2015; Mappedzahama et al., 2012, 2018; Neiterman & Bourgeault, 2015; Nortvedt et al., 2020; Tie et al., 2018; Walani, 2015) that characterize them within the profession as the *Other*, lessening their sense of belonging and hindering career progression (Neiterman & Bourgeault, 2015; Nortvedt et al., 2020; Truitt & Snyder, 2020; Tuttas, 2014; van der Heever & van der Merwe, 2019; Walani, 2015). Such inequities in career progression are visible in the under-representation of racialized womxn in nursing leadership

positions in Canada, the United Kingdom, South African, and the United States (American Association of Colleges of Nursing, 2019; Calliste, 1996; Jefferies et al., 2018; Premji & Etowa, 2014; The WRES Implementation Team, 2020; van der Heever & van der Merwe, 2019). Experiences of discrimination in nursing as a result of whiteness are also felt among nurses in homogenous white groups with different naturalization than those in the countries in which they reside, such as white internationally educated nurses working in Canada and white Polish nurses working in Norway (Neiterman & Bourgeault, 2015; van Riemsdijk, 2010); and among racialized students in comparison to their white peers (Metzger et al., 2020; Truitt & Snyder, 2020). The systemic effects of whiteness also explicate the racism and discrimination that nurses experience from patients (Neiterman & Bourgeault, 2015).

When whiteness as an ideology in a patriarchal society combines with a predominantly feminine profession (Punshon et al., 2019), regardless of an increased membership by people other than cis-gendered womxn, it continues to exclude those at the margins by manifestations of racism and discrimination. In the interlock of whiteness and femininity, those identifying with this norm are privileged by race and excluded by gender. These ideologies of whiteness and femininity are evident today in discourses within nursing research focused on sex and/or gender disparities in pay and career progress (e.g., Punshon et al., 2019) that do not deploy analysis of the interlocking of social constructs of racism, classism or naturalization but favor a single-axis analysis. Further, the intersection of whiteness and femininity also upholds heteronormative ideologies that justify the paucity of research on individual experiences and organizational discrimination by nurses who identify as Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Intersex (Metzger et al., 2020; Younas, 2019). While the rhetoric of sex and gender disparities is tethered with patriarchal culture, it is not only male oppression, control and domination against womxn that is pervasive within nursing. It is clear that nurses who are womxn of color also experience discrimination from their white counterparts. In this line of thought, the idea of patriarchy after colonization and enslavement contrasts with the concept of matriarchy in African civilization in which males and females worked equally in society and respected each other (Dove, 2015), and similarly with matriarchal structures in many Indigenous societies (Roy, 2019). Thus, gender equality in a patriarchal society and nursing is an ideology constructed by a Western, Eurocentric, white feminine view, privileging the advancement of cis-gendered white people without regard for the impact of multiple intersections of privilege and oppression.

Individualistic and egalitarian values that favor self-improvement also protect whiteness (Bhopal, 2018) and trust that every humxn is equipped with the same tools for success. Consequently, failing to succeed is wrongfully attributed to individual inadequacy, unpreparedness, qualities, and characteristics rather than society's sociopolitical structures (Browne, 2001). These ideas are problematic in nursing. For instance, a nurse in a senior leadership position may fail to realize that the policies and guidelines applied "equally to all" are devoid of analysis of the intersectional discrimination that many

people experience and systematically hinder patients' and other nurses' career progression. The consequences of an egalitarian ideology in an era of globalization and migration are also akin to the thinking that a caring nurse should respect and consider every humxn as equal and hold no racial stereotypes (Gustafson, 2007). This idea can contribute to color-blind hegemonic discourses, denying the notion of race as a visible characteristic (Barbee, 1993) and hence denying the impact of racism. By ignoring race as a social construct, the egalitarian rhetoric deflects racism and other forms of interpersonal and structural discrimination as systems of power that underly social and health inequities (Hilario et al., 2018; Krieger, 2014) and fall short of our disciplinary mandate. It is insufficient to be "not racist," nurses must be antiracist.

The whiteness rhetoric portrays an ideology that is nationalistic, xenophobic and discriminatory, favouring only a specific subset of people and knowledge that abides by the norm of those who adhere to these values. When intersecting with femininity, whiteness in nursing has implications such as racism, discrimination, isolation and difficulty in recognizing forms of knowledge that are not aligned with Western European thought (Allen, 2006; Puzan, 2003; Tuttas, 2014; Wheeler et al., 2014). In summary, racism and other forms of discrimination protect, privilege, and center whiteness, excluding those at the margins and thus demand transformative praxis in nursing.

## 4 | TOWARD TRANSFORMATIVE PRAXIS IN NURSING

To transform nursing's knowledge and science in this pandemic milieu, nursing needs to create spaces at the margins, open its doors to diverse ways of thinking that align with the profession's foundations, and allow a structural analysis of society that includes determinants of health and the determinants of inequity. Nursing ought to understand the philosophical underpinnings of Black feminist thought to decenter whiteness, widen its vision to encompass social justice causes, re-examine structures of power, and grapple with ideas and possible actions to help solve inequity issues in health and society. To serve this goal, the discourse in the works of various Black feminists informs a reflection on the philosophical underpinnings of Black feminist thought. Understanding how knowledge was constructed and manifested among African American womxn is the starting point to this standpoint epistemology.

### 4.1 | Ontology

Ontology is concerned with understanding reality and the meaning of being and existence (Jacquette, 2002). The ontological views in Black feminist thought see lived experience intertwined with unbalanced social structures of power. Together these form a reality in which people exist as individuals and in collectives, ultimately *coming to voice* their standpoint as sociopolitical activists.

Black feminist thought acknowledges lived experiences as a partial truth and the existing unbalanced social structures of power by decentering whiteness. Lived experiences of discrimination are evidence that unbalanced structures of power exist in society by the binaries that characterize the world: the powerful versus the powerless; the oppressor versus the oppressed; and/or the seen versus the not seen. The nonhierarchical distribution of power combined with intersectional factors creates a difference in lived experience and personal struggle, where no experience or existence is equal to the other. By centering on lived experience, each lived experience, anything that one lives, is assumed to be true (Collins, 2000) and thus, Black feminist thought challenges scientific truths and normative ways of knowing (Collins, 1998), breaking with extant positivist ideologies that argue the existence of only one reality and one truth waiting to be discovered (Lincoln et al., 2017). Further, a Black feminist thought standpoint also challenges the post-positivist argument that reality cannot be fully understood. The uniqueness of lived experiences, which are constantly evolving, offers an accurate representation of reality and truth. When one person's reality intersects and *comes to voice* with other people in similarly situated positions, truth is shared collectively. Thus, while multiple truths exist, the truth is partial and incomplete, considering how each person's lived experiences are constantly evolving due to their socially constructed nature (and influenced by the intersection of different structures), and how other lived experiences from those in similarly situated positions may not be known. *Coming to voice* recognizes the collective existence of these lived experiences and how these multiple truths offer an understanding of reality. *Coming to voice* recognizes the creative and life-affirming possibilities of power (hooks, 2014), personal and collective. It gives visibility to people as role models to each other in life, society and spirit, and it enriches and widens existence, preventing a narrowing view of life (Walker, 1983).

The ontology of Black feminist thought creates a world that is best represented by centering peoples' lived experiences as sources of knowledge development. By accepting a world that listens to all people, nursing accepts the existence of multiple realities, including nurses, patients, and knowledges situated at the margins of the discipline. Through the lenses of Black feminist thought, ontology involves creating the space that allows the subaltern voices to *come to voice* in dialogical daily practices within nursing and health research to transform partial truths into collective truths. This angle of vision calls upon nurses to attend to the diversity of lived experiences of those they serve, including experiences of systemic and individual racism, understand sociopolitical forces and be sensitive about the impact of social constructs. By recognizing these, nurses can critically reflect on their identities and the ways in which their position as nurses, researchers and educators privilege and perpetuate whiteness. Through their consciousness-raising, nurses can challenge systems of power and ultimately decolonize nursing care and the discipline as a whole, furthering nursing activism. This latter can include drawing attention about industries that have perpetuated injustice and harm and prevented structural equity (Scott et al., 2020).

## 4.2 | Epistemology

Epistemology is concerned with understanding what humxn beings know, how they know, what they think they know, how knowledge is acquired and the criteria to evaluate knowledge (Schultz & Meleis, 1988). The relation between the ontology of Black feminist thought and its epistemology is complex. Due to its ontological underpinnings, a Black feminist standpoint questions the relationship between what we see, what is known, truth, values, beliefs, and the dominance of positivism and postpositivism in nursing. Discrimination, privilege, and other forces of power can impose what we know and how we know it. Collins (2000) posited that Western structures of knowledge have either portrayed inaccurately or completely excluded the experiences of Black womxn from the United States and globally. As a result, this created two epistemologies: the Westerner and the Black feminist. Dichotomized epistemologies led Black feminist thought to create different ways of knowing and validating knowledge claims (Collins, 2000). To understand the nature of knowledge in Black feminist thought, we propose two dimensions of knowledge foundation: *the knower* and *collective knowers*.

### 4.2.1 | The knower

The *knower* is situated in lived experience, which is at the center of Black feminist epistemology. It considers that knowledge originates from the unique and particular and is experiential in the world. Collins' concepts of *subjugated knowledge* (Collins, 2000) and *outsider-within* location (Collins, 1998) are included in this dimension. In subjugated knowledge, individuals can be subject to another individual by domination and dependence and dependent on their conscience or self-knowledge. Black feminist thought subjugated knowledge is derived from lived experience existing in unbalanced power structures, and the Black consciousness and understanding of Black womxn as knowers. Black consciousness-raising is a reflexive process that illuminates the power that each one holds, linking thought and political activism toward a transformative action (Collins, 2000; Few-Demo & Glass, 2015). Through awareness about the power they hold, Black womxn recognize the knowledge that stems from their outsider-within standpoints (their dichotomized epistemologies). This angle of vision created the spaces for womxn to assert their power within Black communities, playing an important factor in womxn's struggle and the conceptualization of a Black feminist standpoint (Collins, 1998).

The dimension of knowledge of the *knower* is a valuable social justice tool for those situated at the margins. The search for the voice within Black womxn through Black-consciousness raising decenters the colonial mentality that often sees whiteness as tasked with "giving voice" to those at the margins. In nursing, this particular standpoint reinforces the knowledge of racialized nurses at the margins that can unseat whiteness and create thoughtful and sustained transformative actions in healthcare and academic institutions. Further, we recognize the importance of listening to those at the

margins and seeing people with lived experience as knowers rather than mere participants in knowledge mobilization processes.

### 4.2.2 | Collective knowers

The unique Black feminist thought standpoint is reflected in the interconnection between the *knower* and the *collective knowers*, where each individual's partial truth and knowledge is shared. Thus, collective knowing is the result of shared consciousness-raising through interconnectedness and shared experiences. The knower gains knowledge from their lived experience, while the collective knowers represent a community of people with lived experience. In this epistemological dimension of knowledge foundation, *sisterhood*,<sup>7</sup> family, and community are vital. Sisterhood breaks through ideologies of individualism, also present in liberal white feminism (hooks, 2014), and was noted by Walker (1983) when realizing how "each woman is capable of truly bringing another into the world" (p. 39). Further, the spirit of community in Black communities and other ethnic groups, especially among womxn can be a force of agency in dismantling structures of power. This community of inquiry with people with lived experience at the intersection of discrimination validates knowledge claims and the knowledge of the individual *knower*. Reproductive justice groups such as Black Mamas Alliance and SisterSong are examples of collective knowledge .

Within the nursing discipline, the lack of nurses of color in academia and leadership positions in healthcare organizations contributes to a lack of a solid and robust community of collective knowers and to a lack of knowledge products from the margins that do not align with the normative (whiteness) ways of thinking (D. Smith et al., 2011). For instance, despite transformative practices that align with the equality, diversity and inclusion rhetoric, academia (and nursing) promote Western thought in course syllabi and favor knowledge produced within the bounds of their academic institutions or countries, excluding other epistemologies. Further, nursing textbooks continue to amplify correlations between diseases and social constructs (such as race), linking this correlation with skin color (in a misunderstanding of race as a biological process) and ignoring the influence of racism, structural systems and determinants of health (Dordunno, 2020; Gustafson, 2007). Black feminist thought raises awareness of the need for collaborative co-constructed knowledge that disrupts these dominant ways of knowing, including analyzing the structures that hinder this process. Such communities must not be bound by the color of the skin or other social constructs but rather by the intersect of experiences they share as a result of systems of power. We risk putting forward the notion of decolonial solidarity and the need for Black feminist thought to align forces with Indigenous ways of knowing and decolonizing practices (L. T. Smith, 2012) to dismantle racism and other forms of discrimination. This solidarity goes beyond knowledge of cultural competence, structural

<sup>7</sup>Sisterhood is defined as the "bond with other womxn on the basis of shared strengths and resources" (hooks, 2014, p. 46).

competence and antiracist practices and recognizes that political activism is needed to dismantle the multiple axes of systems of power that foster discrimination.

### 4.3 | Methodological implications

Centering Black feminist thought in nursing requires attention to the methodologies of knowledge development and evaluation. While recognizing the existence of mainstream methodologies and methods in healthcare research, prescribing specific methodologies for exclusive use with Black feminist thought would present a narrowing view of the possibilities of knowledge formation within the discipline. In contrast, we focus on the epistemological dimensions that should underpin these methodological choices.

Collins' (2000) epistemological dimensions of *lived experience as a criterion of meaning*, the use of *dialogue*, an *ethic of caring* and an ethic of *personal responsibility* explicate what constitutes legitimate knowledge and the criteria by which knowledge is evaluated. Exploring the lived experience of those who have experienced racism, discrimination or inequities is at the center of knowledge developed in research using Black feminist thought (Arireguzo et al., 2021; Crooks et al., 2021; Spencer et al., 2015). This focus goes beyond Black womxn, centering also Black and Hispanic girls (Opara et al., 2019). Aligning with these lived experiences is the need to select research topics that will illuminate social and health inequities and identify solutions to optimize people's health (Arireguzo et al., 2021).

When *coming to voice*, in the transition of the particular to the collective, that is, the knower (with subjugated knowledge from an outsider-within position) to the collective knowers (with collective knowledge), lived experience becomes a criterion of meaning. In this transition, dialogue is important (Walker, 1983). Thus, we argue that methodologies underpinned by Black feminist thought should allow people to *come to voice* to develop knowledge and remain grounded on those experiences of people in the liminal spaces of society. Dialogue as a way to construct meaning and share partial truths can be fostered through interviews or focus groups (e.g., Spencer et al., 2015). In considering the ways in which dialogue can occur, such as in interviews and focus groups, choosing spaces beyond the traditional locations where they are conducted may be important for the symbolism that specific places offer people. For instance, among Black womxn, kitchen tables are known to be associated with the transmission of intergenerational wisdom (McLane-Davison, 2018). Other possible ways of constructing meaning through dialogue are music and literature, storytelling, family or community gatherings, and spiritual and religious meetings. Dialogue should also acknowledge the role the researcher bears in the process as a witness to these dialogues (Abrams, 2004; Lindsay-Dennis, 2015). As a result, reflexivity about the researcher's positionality and intersecting identities with participants is necessary. Taylor (2005) suggested that researchers ask themselves how participants view them and why they should participate in research. However, irrespective of similarities or differences in race/ethnicity, gender, socioeconomic

or other intersectional factors that position the researcher as an insider or outsider, the researcher should uphold a high-level of commitment, an ethic of caring, accountability and collaboration with participants that extends beyond data collection (Lindsay-Dennis, 2015). Such principles of collaboration can be theorized as Integrated Knowledge Mobilization, and thus, attention to power and positionality in these spaces is imperative (Crosschild et al., 2021). In Integrated Knowledge Mobilization underpinned by Black feminist thought, researchers should also be attentive of questions such as "How do [researchers] write the critical essay or article and do not feel a sense of betraying or exposing [participants/communities]? How do [researchers] communicate [participants' words] in a way that emphasizes their voice?" (Taylor, 2005, p. 1486). Including the dissemination of research findings through academic and other nontraditional venues (Lindsay-Dennis, 2015) and ensuring knowledge partners (people with lived experience, families, caregivers, grassroots organizations, healthcare professionals and policy-makers) are involved, can maximize the potential for transformation and reformation across healthcare organizations, and sociopolitical and environmental structures.

Underpinning methodological analysis should also be a concern for constructing meaning that does not represent a single-axis of lived experience but rather the intersection of systems of power with social determinants of health, and how these come to bear in humxn experiences. Such analysis provides more upstream recommendations and solutions to tackle existing problems and facilitate sustainability (Salami et al., 2021). Adopting *our*<sup>8</sup> intersectionality is thus needed to develop research products that interrogate the trappings of colonialism, racism, and discrimination and lead to more upstream solutions with the potential for transformation for all.

## 5 | CONCLUSION

Black feminist thought is a model of thinking for transformative praxis in nursing. It provides a philosophical lens that aligns with the nursing discipline, develops knowledge and inquiry and can be adopted in nursing education, research, and clinical practice. Black feminist thought deconstructs and reconstructs white liberal feminism by using Black womxn's experiences as a unique standpoint to examine epistemologies (Collins, 2000). However, its importance goes beyond Black womxn's experiences and urges the consideration of lived experiences of people at the margins to address their historical and ongoing experiences of racism, sexism and other forms of discrimination, and the inequities that these harmful dominant ideologies produce in healthcare and society.

While nursing has been opened (to an extent) to epistemic pluralism, recognizing multiple ways of knowing are required to develop nursing knowledge (Carper, 2009; Jacobs-Kramer & Chinn, 1988; White, 2009), it has yet to embrace Black feminist thought.

<sup>8</sup>We refer to "our" intersectionality as the intersectionality conceptualized in this paper.

Black feminist thought accepts the pluralism of lived experiences, partial truths and shared collective truths in constructing knowledge. This angle of vision is needed to rectify the paucity of people of color in leadership and academia, and develop and validate nursing knowledge with the views of those who have been silenced and underrepresented in the white spaces of nursing. In addition, Black feminist thought opens the space for a broader analysis of the intersection of multiple structures of power with social determinants of health that come to play in people's experiences, unseating values within the discipline that protect whiteness and offering a closer alignment to nursing's social justice and health equity mandate. A similar analysis of the structures of power in nursing and their privileges can reconstruct the group of nursing experts who evaluate knowledge claims.

Until nursing (including nursing leadership within academia and within the workforce) is representative of the population, it may well continue to acknowledge the pluralism of truths, but these truths will be incomplete. Thus, we pledge that the discipline uses and teaches Black feminist thought and sees it as a sociopolitical praxis that engages with social justice globally, fostering the emancipation of the invisible and underrepresented. Each nurse has the power to make one commitment: to "come to voice" in opposition to the silence of those who are indifferent and to continue to do so until the day when health inequities no longer prevail in society.

#### DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

#### ORCID

Ismalia De Sousa  <http://orcid.org/0000-0002-4919-1181>

Colleen Varcoe  <http://orcid.org/0000-0001-9090-2793>

#### REFERENCES

- Abrams, M. (2004). Faith and feminism: How African American women from a storefront church resist oppression in healthcare. *Advances in Nursing Science*, 27(3), 187–201. <https://doi.org/10.1097/00012272-200407000-00004>
- Allen, D. G. (2006). Whiteness and difference in nursing. *Nursing Philosophy*, 7, 65–78. <https://doi.org/10.1111/j.1466-769X.2006.00255.x>
- American Association of Colleges of Nursing. (2019). 2018-2019 enrollment and graduations in baccalaureate and graduate programs in nursing. *American Association of Colleges of Nursing*. <https://www.aacnnursing.org/Portals/42/News/Surveys-Data/Race-and-Ethnicity-of-Students-Nursing-Programs.pdf>
- Araujo, C., de, G. S., Silva, L., de, M., & Silva-Reis, D. (2019). Translation studies and black women in the light of feminism. *Revista Artemis*, XXVII(1), 14–24. <https://doi.org/10.22478/ufpb.1807-8214.2019v27n1.46695>
- Aririguzo, C., Spencer, B. S., & Freystinson, W. (2021). "You're acting womanish!" A qualitative descriptive study of the experiences of African American women in menopausal transition. *Journal of Women & Aging*. Advance online publication. <https://doi.org/10.1080/08952841.2021.1915095>
- Barbee, E. L. (1993). Racism in U.S. nursing. *Medical Anthropology Quarterly*, 7(4), 346–362.
- Barlow, J. N., & Smith, G. P. A. (2019). What the health (WTH)?: Theorising southern Black feminisms in the US south. *Agenda*, 33(3), 19–33. <https://doi.org/10.1080/10130950.2019.1668725>
- Barriteau, V. E. (2009). The relevance of Black feminist scholarship: A Caribbean perspective. In S. M. James, F. S. Foster, & B. Guy-Sheftall (Eds.), *Still brave: The evolution of Black women's studies* (pp. 413–434). The Feminist Press.
- Barry, F. B., & Grady, S. C. (2019). Africana womanism as an extension of feminism in political ecology (of health) research. *Geoforum*, 103, 182–186. <https://doi.org/10.1016/j.geoforum.2018.09.024>
- Beale, F. (2005). Double jeopardy: To be Black and Female. In Cade Bambara, T. (Eds.), *The Black woman: An anthology* (pp. 109–122). Washington Square Press.
- Bhopal, K. (2018). *White privilege: The myth of a post-racial society*. Bristol University Press. <https://www-jstor-org.ezproxy.library.ubc.ca/stable/j.ctt22h6r81>
- Black Men for the Eradication of Sexism. (2009). Mission statement. In James, S. M., Foster, F. S. & Guy-Sheftall, B., (Eds.), *Still brave: The evolution of Black women's studies* (pp. 361–362). The Feminist Press.
- Branch, E. H. (2011). The illusion of progress: Black women's work in the post-civil rights era, *Opportunity denied: Limiting Black women to devalued work* (pp. 127–153). Rutgers University Press. <https://muse.jhu.edu/book/14174>
- Browne, A. J. (2001). The influence of liberal political ideology on nursing science. *Nursing Inquiry*, 8(2), 118–129. <https://doi.org/10.1046/j.1440-1800.2001.00095.x>
- Cade Bambara, T., (Ed.). (1970). *The Black woman: An anthology*. Washington Square Press.
- Calliste, A. (1996). Antiracism organizing and resistance in nursing: African Canadian women. *The Canadian Review of Sociology and Anthropology*, 33(3), 361–390. <https://doi.org/10.1111/j.1755-618X.1996.tb02457.x>
- Carper, B. A. (2009). Fundamental patterns of knowing in nursing. In Reed, P. G. & Crawford, N. B., (Eds.), *Perspectives on Nursing Theory* (pp. 377–384). Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Carvalho, L., de, O., & Dias, L. deO. (2019). Contribuições dos feminismos negros brasileiros aos feminismos transnacionais [Contributions of Brazilian black feminism to transnational feminism]. *Revista Humanidades e Inovação*, 6(16), 118–127.
- Centers for Disease Control and Prevention. (2015). *U.S. Public Health Service Syphilis Study at Tuskegee*. <https://www.cdc.gov/tuskegee/index.html>
- Centers for Disease Control and Prevention. (2019). *Infant mortality rates by race and ethnicity, 2016*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
- Chinn, P. L., & Kramer, M. K. (2014). *Knowledge development in nursing: Theory and process* (9th ed.). Elsevier. <https://ebookcentral.proquest.com>
- Cho, S., Crenshaw, K., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785–810.
- Collins, P. H. (1998). *Fighting words: Black women and the search for justice*. University of Minnesota Press.
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.
- Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.
- Collins, P. H., & Bilge, S. (2016). *Intersectionality*. Polity Press.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
- Crenshaw, K. (2011). Postscript. In H. Lutz, M. T. H. Vivar, & L. Supik (Eds.), *Framing intersectionality: Debates on a multi-faceted concept in gender studies* (pp. 221–233). Ashgate.

- Crooks, N., Singer, R., & Tluczek, A. (2021). Black female sexuality: Intersectional identities and historical contexts. *Advances in Nursing Science*, 44(1), 52–65. <https://doi.org/10.1097/ANS.0000000000000332>
- Crosschild, C., Huynh, N., De Sousa, I., Bawafaa, E., & Brown, H. (2021). Where is critical analysis of power and positionality in knowledge translation? *Health Research Policy and Systems*, 19(1), 92. <https://doi.org/10.1186/s12961-021-00726-w>
- Denison, J., Varcoe, C., & Browne, A. J. (2014). Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened. *Journal of Advanced Nursing*, 70(5), 1105–1116. <https://doi.org/10.1111/jan.12271>
- Dordunno, D. (2020). Race is not pathological but racism is. *Revista Baiana de Enfermagem*, 34:e34990. <https://doi.org/10.18471/rbe.v34.34990>
- Dorlin, E. (2019). Revolucao do feminismo negro! [Black feminism revolution!]. *Revista Artemis*, XXVII(1), 63–88. <https://doi.org/10.22478/ufpb.1807-8214.2019v27n1.46699>
- Dove, N. (2015). Matriarchy and patriarchy. In M. J. Shujaa, & K. J. Shujaa (Eds.), *The SAGE encyclopedia of African cultural heritage in North America* (pp. 572–575). SAGE Publications.
- Few-Demo, A. L., & Glass, V. Q. (2015). Black feminist thought. In G. Ritzer (Ed.), *The Wiley Blackwell encyclopedia of race, ethnicity and nationalism*. John Wiley & Son. <https://doi.org/10.1002/9781118663202.wberen390>
- Gustafson, D. L. (2007). White on whiteness: Becoming radicalized about race. *Nursing Inquiry*, 14(2), 153–161. <https://doi.org/10.1111/j.1440-1800.2007.00365.x>
- Hilario, C. T., Browne, A. J., & McFadden, A. (2018). The influence of democratic racism in nursing inquiry. *Nursing Inquiry*, 25:e12213. <https://doi.org/10.1111/nin.12213>
- Hooks, B. (2014). *Feminist theory: From margin to centre* (3rd ed.). Routledge.
- Hooks, B. (2009). Black women: Shaping feminist theory. In S. M. James, F. S. Foster, & B. Guy-Sheftall (Eds.), *Still brave: The evolution of Black women's studies* (pp. 31–44). The Feminist Press.
- Jacquette, D. (2002). *Ontology*. McGill-Queen's University Press.
- Jefferies, K., Goldberg, L., Aston, M., & Tomblin Murphy, G. (2018). Understanding the invisibility of black nurse leaders using a black feminist poststructuralist framework. *Journal of Clinical Nursing*, 27, 3225–3234. <https://doi.org/10.1111/jocn.14505>
- Jenkins, B. L., & Huntington, A. (2015). A missing piece of the workforce puzzle: The experiences of internationally qualified nurses in New Zealand: A literature review. *Contemporary Nursing*, 51(2–3), 220–231. <https://doi.org/10.1080/10376178.2016.1158079>
- Kagan, P. N., Smith, M. C., & Chinn, P. L. (2014). *Philosophies and practices of emancipatory nursing: Social justice as praxis*. Taylor & Francis Group. <https://ebookcentral.proquest.com>
- Krabbe, J. S. (2021). Resisting the muddy notion of the 'inclusionary other': A re/turn to the philosophical underpinnings of othering's construction. *Nursing Philosophy*, 22, 12352. <https://doi.org/10.1111/nup.12352>
- Krieger, N. (2014). Discrimination and health inequities. *International Journal of Health Services*, 44(4), 643–710. <https://doi.org/10.2190/HS.44.4.b>
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2017). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 108–150). Sage.
- Lindsay-Dennis, L. (2015). Black feminist-womanist research paradigm: Toward a culturally relevant research model focused on African American girls. *Journal of Black Studies*, 46(5), 506–520. <https://doi.org/10.1177/0021934715583664>
- Love, K. L. (2016). Black Feminism: An integrated review of literature. *ABNF Journal*, 27(1), 11–15.
- Mapedzahama, V., Rudge, T., West, S., & Kwansah, A. K. (2018). Making and maintaining racialised ignorance in Australian nursing workplaces: The case of black African migrant nurses. *The Australasian Review of African Studies*, 39(2), 48–73. <https://doi.org/10.3316/informit.971609043828640>
- Mapedzahama, V., Rudge, T., West, S., & Perron, A. (2012). Black nurse in white space? Rethinking the in/visibility of race within the Australian nursing workplace. *Nursing Inquiry*, 19(2), 153–164. <https://doi.org/10.1111/j.1440-1800.2011.00556.x>
- McLane-Davison, D. (2018). Cornbread, collard greens, and a side of liberation: Black feminist leadership and AIDS advocacy. *Meridians: Feminism, Race, Transnationalism*, 16(2), 286–294. <https://doi.org/10.2979/meridians.16.2.09>
- McMaster, J. (2019). Racism, colonialism, imperialism. In K. Howe, J. Boal, & J. Soeiro (Eds.), *The Routledge companion to theatre of the oppressed* (pp. 116–128). Routledge.
- Metzger, M., Dowling, T., Guinn, J., & Wilson, D. T. (2020). Inclusivity in baccalaureate nursing education: A scoping study. *Journal of Professional Nursing*, 36(1), 5–14. <https://doi.org/10.1016/j.profnurs.2019.06.002>
- Moorley, C., Ferrante, J., Jennings, K., & Dangerfield, A. (2020). Decolonizing care of Black, Asian and minority ethnic patients in the critical care environment: A practical guide. *Nursing in Critical Care*, 25(5), 324–326. <https://doi.org/10.1111/nicc.12537>
- Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counselling Psychology*, 64(5), 500–513. <https://doi.org/10.1037/cou0000203>
- Moradi, B., Parent, M. C., Weis, A. S., Ouch, S., & Broad, K. L. (2020). Mapping the travels of intersectionality scholarship: A citation network analysis. *Psychology of Women Quarterly*, 44(2), 151–169. <https://doi.org/10.1177/0361684320902408>
- Nash, J. (2019). *Black feminism reimaged*. Duke University Press.
- Neiterman, E., & Bourgeault, I. L. (2015). The shield of professional status: Comparing internationally educated nurses' and international medical graduates' experiences of discrimination. *Health*, 19(6), 615–634. <https://doi.org/10.1177/1363459314567788>
- Nortvedt, L., Lohne, V., & Dahl, K. (2020). A courageous journey: Experience of migrant Philippine nurses in Norway. *Journal of Clinical Nursing*, 29(3–4), 468–479. <https://doi.org/10.1111/joc.15107>
- Nunes, S. (2019). Gênero e corpo em devir: Prospecção decolonial a partir do feminismo negro brasileiro [Gender and boy to become: Decolonial prospection from Brazilian black feminism]. *Revista Humanidades e Inovação*, 6(16), 201–211.
- Office for National Statistics. (2018). *Child and infant mortality in England and Wales: 2016*. <https://webcache.googleusercontent.com/search?q=cache:C7ljmBQL3SAJ:https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2016+&cd=1&hl=en&ct=clnk&gl=ca>
- Opara, I., Lardier, D. T., Reid, R. J., & Garcia-Reid, P. (2019). "It all starts with the parents": A qualitative study on protective factors for drug-use prevention among Black and Hispanic girls. *Affilia*, 34(2), 199–218. <https://doi.org/10.1177/0886109918822543>
- Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Syverson, C., Seed, K., Shapiro-Mendoza, C., Callaghan, W. M., & Barfield, W. (2019). Racial/ethnic disparities in pregnancy-related deaths - United States, 2007–2016. *MMWR Morbidity and Mortality Weekly Report*, 68, 762–765. <https://doi.org/10.15585/mmwr.mm6835a3>
- Phelan, S., & Dawes, S. (2018). Liberalism and neoliberalism. *Oxford research encyclopedia of communication*. <https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-176>
- Premji, S., & Etowa, J. B. (2014). Workforce utilization of visible and linguistic minorities in Canadian nursing. *Journal of Nursing Management*, 22, 80–88. <https://doi.org/10.1111/1365-2834.2012.01442.x>

- Public Health England. (2017). *Public health outcomes framework: Health equity report*. Public Health England. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733093/P\\_HOF\\_Health\\_Equity\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733093/P_HOF_Health_Equity_Report.pdf)
- Punshon, G., MacLaine, K., Trevatt, P., Radford, M., Shanley, O., & Leary, A. (2019). Nursing pay by gender distribution in the UK: Does the glass escalator still exist? *International Journal of Nursing Studies*, 93, 21–29. <https://doi.org/10.1016/j.ijnurstu.2019.02.008>
- Puzan, E. (2003). The unbearable whiteness of being (in nursing). *Nursing Inquiry*, 10(3), 193–200. <https://doi.org/10.1046/j.1440-1800.2003.00180.x>
- Roy, S. (2019). 'I live off this land': Tahltan women and activism in northern British Columbia. *Women's History Review*, 28(1), 42–56. <https://doi.org/10.1080/09612025.2017.1333947>
- Salami, B., Denga, B., Taylor, R., Ajayi, N., Jackson, M., Asefaw, M., & Salma, J. (2021). Access to mental health for Black youths in Alberta. *Health Promotion and Chronic Disease Prevention Canada*, 41(9), 245–253. <https://doi.org/10.24095/hpcdp.41.9.01>
- Santos, P. M. (2018). The other in us: Representation of black African identity in Portuguese social space. *Journal of Anthropological Research*, 74(4), 468–484. <https://doi.org/10.1086/699940>
- Schultz, P. R., & Meleis, A. I. (1988). Nursing epistemology: Traditions, insights, questions. *Journal of Nursing Scholarship*, 20(4), 217–221.
- Scott, K. A., Bray, S., & McLemore, M. R. (2020). First, do no harm: Why philanthropy needs to re-examine its role in reproductive equity and racial justice. *Health Equity*, 4(1), 17–22. <https://doi.org/10.1089/heq.2019.0094>
- Smith, D., McAlister, S., Gold, S. T., & Sullivan-Bentz, M. (2011). Aboriginal recruitment and retention in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship*, 8(1), <https://doi.org/10.2202/1548-923X.2085>
- Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). Zed Books.
- Spencer, B., Wambach, K., & Domain, E. W. (2015). African American women's breastfeeding experiences: Cultural, personal, and political voices. *Qualitative Health Research*, 25(7), 974–987. <https://doi.org/10.1177/1049732314554097>
- Steger, M. B., & Roy, R. K. (2021). What's 'neo' about liberalism? *Neoliberalism: A very short introduction* (pp. 1–19). Oxford University Press. <https://www-veryshortintroductions-com.ezproxy.library.ubc.ca/view/10.1093/actrade/9780198849674.001.0001/actrade-9780198849674-chapter-1>
- Taylor, J. Y. (1998). Womanism: A methodological framework for African American women. *Advances in Nursing Science*, 21(1), 53–64. <https://doi.org/10.1097/00012272-199809000-00006>
- Taylor, J. Y. (2000). Sisters of the Yam: African American women's healing and self recovery from intimate male partner violence. *Issues in Mental Health Nursing*, 22(3), 33–47. <https://doi.org/10.1080/01612840050044267>
- The Combahee River Collective. (1982). A Black feminist statement. In G. T. Hull, P. B. Scott, & B. Smith (Eds.), *All the women are white, all the blacks are men, but some of us are brave: Black women's studies* (pp. 13–22). The Feminist Press.
- Taylor, J. Y. (2005). No resting place: African American women at the crossroads of violence. *Violence against women*, 11(12), 1473–1489. <https://doi.org/10.1177/1077801205280275>
- The WRES Implementation Team. (2020). *NHS workforce Race Equality Standard 2019 data analysis report for NHS Trusts*. NHS Equality and Diversity Council. <https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf>
- Thorne, S. (2020). Pandemic racism—And the nursing response. *Nursing Inquiry*, 27(3), 12371. <https://doi.org/10.1111/nin.12371>
- Tie, Y. C., Birks, M., & Mills, J. (2018). The experiences of internationally qualified registered nurses working in the Australian healthcare system: An integrative literature review. *Journal of Transcultural Nursing*, 29(3), 274–284. <https://doi.org/10.1177/1043659617723075>
- Todorova, M. S. (2017). Race and women of color in socialist/postsocialist transnational feminisms in Central and Southeastern Europe. *Meridians: Feminism, Race, Transnationalism*, 16(1), 114–141. <https://doi.org/10.2979/meridians.16.1.11>
- Truitt, A. R., & Snyder, C. R. (2020). Racialized experiences of Black nursing professionals and certified nursing assistants in long-term care settings. *Journal of Transcultural Nursing*, 31(3), 312–318. <https://doi.org/10.1177/1043659619863100>
- Tuttas, C. A. (2014). Perceived racial and ethnic prejudice and discrimination experiences of minority migrant nurses: A literature review. *Journal of Transcultural Nursing*, 26(5), 514–520. <https://doi.org/10.1177/1043659614526757>
- van der Heever, M. M., & van der Merwe, A. S. (2019). A framework to facilitate the promotion of women nurses of colour to leadership positions in hospital. *International Journal of African Nursing Sciences*, 10, 136–144. <https://doi.org/10.1016/j.ijans.2019.04.003>
- van Riemsdijk, M. (2010). Variegated privileges of whiteness: Lived experiences of Polish nurses in Norway. *Social & Cultural Geography*, 11(2), 117–137. <https://doi.org/10.1080/14649360903514376>
- Waite, R., & Nardi, D. (2019). Nursing colonialism in America: Implications for nursing leadership. *Journal of Professional Nursing*, 35(1), 18–25. <https://doi.org/10.1016/j.profnurs.2017.12.013>
- Walani, S. R. (2015). Global migration of internationally educated nurses: Experiences of employment discrimination. *International Journal of African Nursing Sciences*, 3, 65–70. <https://doi.org/10.1016/j.ijans.2015.08.004>
- Walker, A. (1983). *In search of our mothers' gardens: Womanist prose*. Harcourt Brace Jovanovich.
- Wheeler, R. M., Foster, J. W., & Hepburn, K. W. (2014). The experience of discrimination by US and Internationally educated nurses in hospital practice in the USA: A qualitative study. *Journal of Advanced Nursing*, 70(2), 350–359.
- White, J. (2009). Patterns of knowing: Review, critique, and update. In P. G. Reed, & N. B. C. Shearer (Eds.), *Perspectives on nursing theory*. Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Younas, A. (2019). Lesbian-, gay-, bisexual- and transgender-related inequalities within nursing: A neglected research area. *Journal of Advanced Nursing*, 75, 1374–1376. <https://doi.org/10.1111/jan.14005>

**How to cite this article:** De Sousa, I., Varcoe, C. (2022). Centering Black feminist thought in nursing praxis. *Nursing Inquiry*, 29, e12473. <https://doi.org/10.1111/nin.12473>