

A bold initiative seeks to open hearts and minds—and catalyze real change.

**ABSTRACT:** In response to the killing of George Floyd on May 25, 2020, and with a sense of urgency, the authors created and conducted a unique approach—a reckoning—to confronting racism in nursing. The project began with a series of five online discussions centering on the voices of nurses of color, followed by further ongoing discussions aimed at building antiracist capabilities for all participating nurses. This article describes the implementation and early outcomes of the project and provides its underlying principles, which are based on insights from activists and scholars whose work has focused on antiracist guidelines.

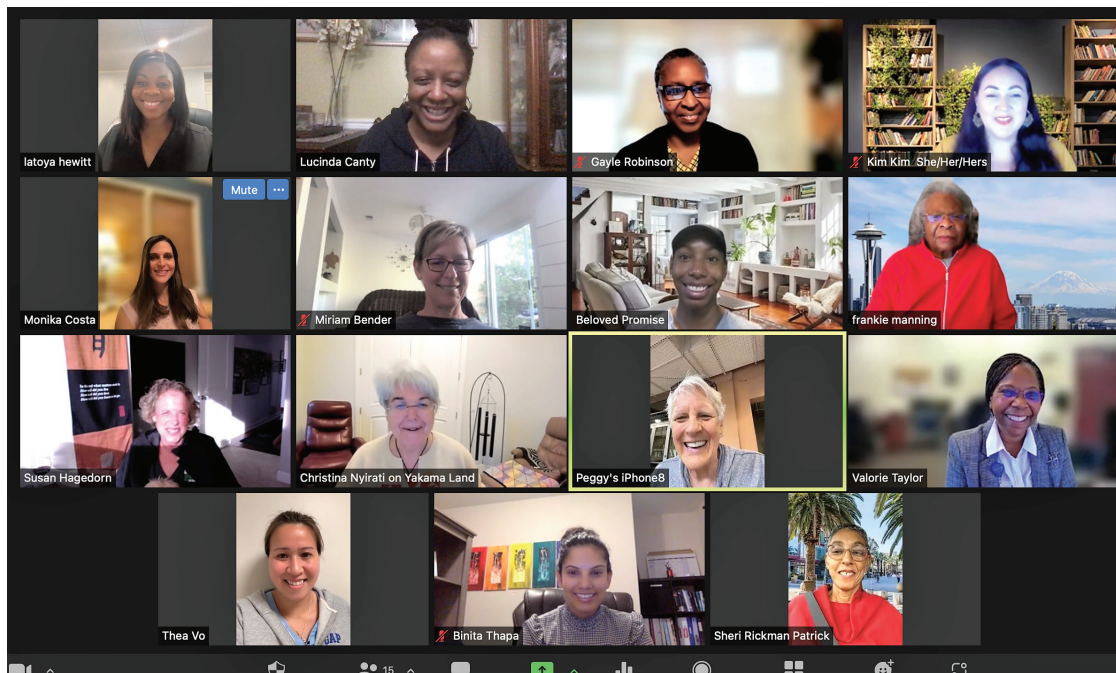
**Keywords:** antiracism, communication, diversity, equity, inclusion, racism, social activism

Three of us (LC, CN, PLC) already knew one another through prior professional connections in nursing organizations and academic settings, and we soon invited a fourth member (VT) to join us. We were aware of one another's commitment to addressing racism and social justice issues in nursing, and wanted to connect with one another in taking action. We were motivated by our belief that the nursing profession has unique opportunities to address racial injustices in health care. We also recognized that racism in nursing is essentially a taboo topic and that very few of us know how to address it. Although racism is a constant in the lives of nurses of color, the ability to recognize racism as it is happening is a challenge for all nurses. We also knew that there are nurses in all settings who want to understand racism and are eager to take action for change. Out of this context grew the evolu-

tion of the project Overdue Reckoning on Racism in Nursing (<https://nursemanifest.com/ongoing-overdue-reckoning-on-racism-in-nursing>). (The project is often called simply Overdue Reckoning.)

We conceptualize *racism* as systems of advantages that are based on White skin color and render disadvantages for others. *Antiracism* is anything that challenges and attempts to dismantle these advantages and disadvantages. Over the past several years, we have been reading numerous works addressing racism and antiracism. These include books and articles discussing

- the history of Black nurses in the United States<sup>2,3</sup> and worldwide.<sup>4</sup>
- the climate of Whiteness in nursing education,<sup>5</sup> and the impact of racism on faculty of color.<sup>6</sup>
- the influence of racism on nursing research.<sup>7,8</sup>
- what it would mean to decolonize nursing.<sup>9</sup>
- the caste system in America and why we must look beyond racism to dismantle systems of oppression.<sup>10</sup>
- why it's difficult for White people to talk about racism<sup>11</sup> and how to be an antiracist.<sup>12</sup>
- proposed ways to heal racial trauma.<sup>13</sup>
- proposed ways to combat White supremacy.<sup>14</sup>
- why nurses must become allies in fighting racism and other forms of discrimination.<sup>15</sup>



Screenshot: Overdue Reckoning Zoom session. Courtesy of the authors.

For a list of these and other works, see *Recommended Reading*.

In the summer of 2020, two of us (CN, PLC) discovered Nanette D. Massey's weekly Zoom discussions of Robin DiAngelo's book *White Fragility: Why It's So Hard for White People to Talk About Racism* (Beacon Press, 2018). Massey, an African American freelance writer, modeled for us that it was possible to engage people in honest and frank discussions about racism. She showed us how to confront everyday experiences of racism head-on, recognize the systems and thought patterns that sustain and perpetuate such experiences, and realize that awareness can be an impetus for change. Massey's discussions inspired us to create a context for honest and bold discussion of racism in nursing. (For more on Massey's work, visit <https://nanettedmassey.com>.)

As we contemplated what we might do, we began to identify the fundamental values on which we would build a list of guiding principles: the Principles of Reckoning.<sup>16</sup> These emerged from our immersion in antiracism literature, our observations of systemic and interpersonal dynamics that we've experienced during our nursing careers, and our fundamental beliefs about social justice. Table 1<sup>16</sup> shows each of the Principles of Reckoning, the explanation underpinning each principle, and examples of antiracism actions related to each

principle that surfaced during team discussions. Taken together, the principles serve as a statement of values, a pledge to dismantle racism, and an outline for action.

We also committed to requiring that project actions be led by nurses of color; as we see it, White nurses must support, but aren't qualified to lead, this work. Because of her research on racism in nursing and her experience with interviewing, one of us, Lucinda Canty, was asked to host a series of 90-minute discussions held over the online platform Zoom. We specifically aimed to challenge the long-standing norm that privileges White voices, and instead prioritize the voices of nurses of color, giving them opportunity to speak and share their experiences.

#### PROJECT DESCRIPTION

**The Zoom sessions.** The Overdue Reckoning project began with a five-week series of Zoom conversations in the fall of 2020. To get the word out, we posted blog posts on the Nursology (<https://nursology.net>) and NurseManifest (<https://nursemanifest.com>) websites; together their blogs reach over 3,000 followers. We also did outreach via our personal social media accounts on Twitter, LinkedIn, and Facebook. Potential participants could access the project description through the NurseManifest website. It included instructions for accessing the

## Recommended Reading

### Articles

- Barbee EL. Racism in U.S. nursing. *Med Anthropol Q* 1993;7(4):346-62.
- Barbee EL. A Black feminist approach to nursing research. *West J Nurs Res* 1994;16(5):495-506.
- Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health* 2000;90(8):1212-5.
- Lewenson SB, Graham-Perel A. "You don't have any business being this good": an oral history interview with Bernardine Lacey. *Am J Nurs* 2020;120(8):40-7.
- McGibbon E, et al. Toward decolonizing nursing: the colonization of nursing and strategies for increasing the counter-narrative. *Nurs Inq* 2014;21(3):179-91.
- McMillian-Bohler J, Richard-Eaglin A. Uprooting racism: the role of nurses in cultivating improved maternal outcomes for Black and African American women. *Creat Nurs* 2021;27(1):61-5.
- Schroeder C, DiAngelo R. Addressing whiteness in nursing education: the sociopolitical climate project at the University of Washington School of Nursing. *ANS Adv Nurs Sci* 2010;33(3):244-55.
- Villarruel AM, Broome ME. Beyond the naming: institutional racism in nursing. *Nurs Outlook* 2020;68(4):375-6.
- Weitzel J, et al. The role of nurses as allies against racism and discrimination: an analysis of key resistance movements of our time. *ANS Adv Nurs Sci* 2020;43(2):102-13.

### Dissertation

- Canty L. It's not always rainbows and unicorns: the lived experience of severe maternal morbidity among Black women [doctoral dissertation]. Storrs, CT: University of Connecticut Graduate School, 2020. <https://opencommons.uconn.edu/dissertations/2426>.

### Books

- Carnegie ME. *The path we tread: Blacks in nursing, 1854–1984*. Lippincott, 1986.
- DiAngelo R. *White fragility: why it's so hard for white people to talk about racism*. Beacon Press, 2018.
- Hassouneh D. *Faculty of color in the health professions: stories of survival and success*. Dartmouth College Press, 2017.
- Hine DC. *Black women in white: racial conflict and cooperation in the nursing profession, 1890–1950*. Indiana University Press, 1989.
- Kendi IX. *How to be an antiracist*. Random House, 2019.
- Menakem R. *My grandmother's hands: racialized trauma and the pathway to mending our hearts and bodies*. Central Recovery Press, 2017.
- Saad LF. *Me and white supremacy: combat racism, change the world, and become a good ancestor*. Source-books, 2020.
- Wilkerson I. *Caste: the origins of our discontents*. Random House, 2020.

Zoom sessions, conduct guidelines (which we called Zoom-keeping), the underlying Principles of Reckoning, and links to additional resources on antiracism. (For details, see <https://nursemanifest.com/ongoing-overdue-reckoning-on-racism-in-nursing/launch-overdue-reckoning-on-racism-in-nursing/>.)

The 90-minute sessions were led by Lucinda Canty. During each session, by intention, only nurses of color spoke and were heard. White nurses attending the sessions were asked to listen and to use the chat feature if they had questions or comments. Each session opened with the Principles of Reckoning read aloud. As the host, Canty then gave a brief talk, speaking from her experiences as a Black nurse. She shared stories of applying to nursing schools, entering practice, and continuing to face challenges as a nurse of color. (For an expanded version of her talk, see *Prelude to a Reck-*

*oning*.<sup>17,18</sup>) After this opening, nurses of color were invited to share their experiences. This format was used to encourage nurses of color to take the floor and speak frankly of their own experiences. Each session ended with the reading of an original poem (see *An Overdue Reckoning*).

Each Zoom session was attended by between 110 and 120 nurses. Most participants called in from different regions of the United States, and two called from South Africa. Over the span of five weeks, a total of 37 nurses of color revealed specific instances of racism that were life and career shaping, and shared the circumstances and resources that made it possible for them not only to survive but also to thrive. The speakers, who ranged from nursing students and new graduates to nurses with over 60 years' experience, represented all areas of nursing: clinical practice, academia, research, and administration. At each

**Table 1.** Principles of Reckoning<sup>16</sup>

Principle of Reckoning	Explanation	Actions
Principle 1: We claim the courage to join together through the experience of building our antiracist capacity in nursing.	<p>We recognize that to become antiracist, nurses of color and white nurses have to work together. These difficult conversations open the door for real change.</p> <p>We choose this time of heightened societal consciousness as an opportunity for reflection and a time to evolve and strengthen our antiracist capacity in nursing.</p>	<p>Acknowledge that racism exists in nursing and that it impacts everyone, not just nurses of color.</p> <p>Acknowledge that we can all do something, regardless of our position or role (student, faculty, clinical care provider, administrator, researcher) in nursing.</p> <p>Learn how to acknowledge racism and to engage in antiracist action by reading, listening to antiracism lectures and webinars, and most importantly, opening discussions with your colleagues of color.</p> <p>When you realize that you are in a white-only group, instead of “recruiting” people of color, take the time and effort to examine what’s going on in your group that excludes people of color.</p>
Principle 2: We cherish the contributions and honor the voices of Black, Indigenous, Latinx, and other nurses of color, and yield the floor to those voices throughout our time together.	<p>This principle moves from one of mere inclusion to one that promotes a sense of belonging. The experiences of nurses of color guided the direction of the online discussions. Through deliberately allowing only nurses of color to have the floor, we all gained a deeper understanding of what it means to truly belong.</p>	<p>In all interactions in which nurses of color are present, establish a practice of deliberately hearing, respecting, and honoring the voices of nurses of color. Be aware of situations in which the voices of nurses of color are neglected or discounted, and act to change such situations.</p> <p>Acknowledge that the experiences of nurses of color have value and are instrumental in creating a nursing profession that is antiracist.</p>
Principle 3: We recognize that we cannot move forward without a deep understanding of the experiences with racism of Black, Indigenous, Latinx, and other nurses of color.	<p>This principle acknowledges that, historically, white nurses have failed to comprehend the experiences of anyone who is not white. Nurses of color have had the double burden of recognizing this fact and working within systems where their experiences of racism are devalued.</p> <p>The time has come to center and value the voices and experiences of nurses of color.</p>	<p>In all instances in which racism or the specter of racism is present, take deliberate steps not only to acknowledge this, but also to take explicit action to understand what happened and imagine ways to move forward.</p> <p>Learn about and understand the history of nursing, particularly with regard to how nursing education has excluded nurses of color and their work. Acknowledge the contributions of nurses of color.</p>
Principle 4: The insights and recommendations of Black, Indigenous, Latinx, and other nurses of color are vital to ground our thinking and guide our actions.	<p>In order to become antiracist and foster this in others, we seek to deliberately create spaces that center on nurses of color and to commit to following their leadership. We seek to appreciate and bring into the profession the values and perspectives—ways of thinking and doing—that derive from the perspectives and wisdom of people of color.</p>	<p>Resist the urge to sustain practices embedded in the white-dominated culture. Turn instead to nurses of color for insight and guidance in creating new ways of conducting day-to-day matters.</p> <p>Partner with nurses of color, allowing them to lead any initiative aimed at improving diversity, equity, and inclusion.</p> <p>Nurses of color must be included in leadership positions for all strategic planning in all settings where nursing is taught or practiced.</p>
Principle 5: We pledge to listen deeply and with respect to any and all expressions of anger, rage, despair, and grief arising from racism.	<p>This principle acknowledges the painful truth that racism has caused and continues to cause harm. We know we cannot turn away from facing this truth.</p> <p>Nurses of color have long had to suppress their emotions, lacking safe spaces for expression, in order to survive in the profession. Accepting and respecting their expressions of anger, rage, despair, and grief are prerequisites to healing and reconciliation.</p>	<p>When emotions run high for nurses of color, allow time and space for these nurses to express their feelings.</p> <p>Provide support and respect for whatever feelings are expressed.</p> <p>Listen and do not diminish or dismiss their experiences.</p>



**Table 1.** Continued

Principle of Reckoning	Explanation	Actions
Principle 6: We commit to healing those harmed by racism.	We believe that the telling of stories—in this context, specifically those of nurses of color—is a powerful way to engage in a healing process.  The stories of nurses of color reveal the persistence of racism and provide insight into the harmful attitudes and actions being perpetuated by white nurses. These stories also show the courage, strength, persistence, and resilience that were called for and can serve to inspire.	Once an instance of racism is acknowledged, take action to heal the harm that has occurred, and take action to change the situation in the future.  Acknowledge your role, unintentional or intentional. Consider what actions you can take in your role.
Principle 7: We commit to challenging, resisting, and ending the voices and actions that sustain white privilege.	By shining a light on the experiences of nurses of color, we can disrupt white privilege and spark awareness of what must change. The privileges that white nurses claim are not scarce commodities. They are fundamental human rights that must be freely available for all to claim.	Establish a mutual understanding that when an instance of racism occurs, it will be called out and action will be taken to change the situation in the future.  Evaluate the current systems and develop a plan of action to dismantle racist systems.
Principle 8: We seek to nurture authentic antiracist awareness.	It's impossible to change the status quo by standing on the sidelines. Stepping into spaces of deep awareness inspires antiracist words and actions.	Subscribe to the media platform Anti-Racism Daily ( <a href="https://the-ard.com">https://the-ard.com</a> ) and use the posts as points of discussion with your peers.  Establish how the actions developed in any antiracist plan will be evaluated. Evaluate these actions on a regular basis.
Principle 9: We will inspire and nurture action as we boldly claim an antiracist identity for nursing.	We acknowledge that racism exists in nursing and that nursing can be instrumental in addressing racism in nursing education, clinical practice, research, and leadership.  We believe the emancipatory potential created by discussions focused on the experiences of nurses of color will catalyze change in the dynamics of racism.	Celebrate each antiracism action in your work setting.  Be transparent. Show how you are committed to addressing racism and how you and your organization are becoming antiracist.  Make a commitment to treat each incident that involves racism with courage, with loving-kindness, and with an explicit intent to create change.

session, between 60 and 70 White nurses listened and started to take in the enormity of how racism affects nurses of color. The stories told by the nurses of color, which may have sounded familiar on the surface, now began to take on new depths of meaning in this shared context.

Working toward an antiracist nursing profession was the underlying theme of all five Zoom sessions. The first session served as an introduction to the series, acknowledging that racism exists and describing how it manifests in everyday nursing practice. Subsequent sessions addressed the following areas: clinical practice, nursing faculty experiences, teaching and learning practices, and nursing student experiences.

**Debriefing and feedback.** The Overdue Reckoning team debriefed immediately after each ses-

sion to reflect on it. We needed to talk about the heaviness of the experience of racism and to acknowledge the emotional impact this had on the participants as well as on ourselves. This process of reflection took time and continued well after the five-week series ended. After each session, the participants were invited to provide written feedback using an online feedback form. Although only a few participants completed this form, several others sent us personal emails, both during and after the Zoom series, indicating how they'd been affected. Feedback received through completed online forms was posted within a couple of days after each session on the NurseManifest website, so that all participants could see and discuss it in the next session. For examples of feedback comments, see Table 2.

## Prelude to a Reckoning

### My experiences as a Black nurse.

Shortly after George Floyd's murder, when I was asked to host a series of Zoom conversations for Overdue Reckoning on Racism in Nursing, I did not hesitate. I am the mother of a Black son; and I am a Black nurse midwife with over 30 years' experience in nursing. Hosting these sessions required me to reflect on my experiences as a nursing student, nurse midwife, and nurse educator. Revisiting my past was challenging, because my experiences of racism in nursing were so painful and traumatic. I had worked in environments where I was unsupported, targeted, ignored, not recognized for my contributions, and not offered leadership opportunities. I had never spoken before about these incidents; I'd kept silent, and focused on providing care to vulnerable populations who required my full attention. The Overdue Reckoning project has helped me to understand how pervasively racism influences the way I exist in nursing and to muster the strength to continue in a profession I am passionate about.

Despite having excellent grades in high school, when I told my guidance counselor I wanted to be a nurse, he told me that four-year colleges were out of my reach and that only the local community college would accept me. All the colleges I applied to accepted me, except for that community college, which placed me on a two-year waiting list. I received my BSN degree from Columbia University, then took a job as a staff nurse at a local hospital.

I did not understand racism until I started my nursing career. I believed that nurses could not be racist. In my first position, I witnessed patients of color receiving subpar care or being blamed for their circumstances. I remember cutting off the matted hair of a Black woman in her 70s because no one had combed her hair, while White women were sent to the hospital salon to get their hair done.

After two years, I wanted to return to school to become a nurse midwife. I asked my nurse manager for a letter of recommendation. Overnight, I went from being an exemplary nurse to one "needing improvement." It was a White coworker who helped me understand that what I was experiencing was not right. She offered to write the letter for me and told me to tell my nurse manager that I'd changed my mind. My nurse manager was happy to hear this, informing me, "I waited 10 years before I went back to school." Suddenly, I was no longer a problem employee.

In an article for the *American Journal of Public Health* published more than 20 years ago, Camara Phyllis Jones described three levels of racism: institutionalized, personally mediated, and internalized.<sup>17</sup> When I read this, I saw that I'd been a victim at all three levels. In effect, nursing has provided me with a PhD in racism, an education that has continued through to the present day, even as I received my actual PhD in nursing from the University of Connecticut in 2020. I learned about and understood the entrenched systems that limited opportunities for me. I learned that White nurses who demonstrated racist behaviors had the support of the health care system, and that nurses who put in half the work received accolades and promotions. I internalized racism and was under the belief that I was "not good enough," even though I received praise from patients and nursing students. Unfortunately, racism continues to be a part of my everyday life.

During my doctoral studies, I began to deeply examine how racism impacts nursing care and maternal health outcomes. My dissertation research focused on Black women who had experienced life-threatening pregnancy-related complications. I listened to their stories in which they described not feeling safe, not being heard, and being treated disrespectfully. In their experience, nurses could sometimes be supportive, yet often remained silent when mistreatment occurred, were dismissive of their symptoms, or failed to address their emotional needs in the aftermath of complications.<sup>18</sup>

The Overdue Reckoning Zoom discussions gave me a platform where I could be more authentically myself and speak honestly and openly about my experiences. It felt vulnerable to do this. During the first session, I shared the story of how my nurse manager had reacted when I decided to apply to midwifery programs, and the chat board exploded with comments by nurses of color who wanted to speak. At that moment, I knew we were doing the right thing. Overdue Reckoning started a healing process for me, and gave me the strength to unapologetically advocate for myself and others. Working with White nurses on this project has demonstrated to me that antiracism work is possible in nursing. For the first time in my life, I can talk about racism and how this issue affects everything essential to who I am as a Black woman, mother, educator, and nurse midwife.—*Lucinda Canty*

## REFLECTIONS AND INSIGHTS

This project gave nurses of color a forum in which to discuss painful encounters with racism. In general, participants described the Zoom sessions as a “safe space” in which to explore one of the most sensitive issues in our society. Numerous nurses of color described how liberating it felt to share their experiences of racism with others who could understand. In doing so, they reported feeling validated and no longer so isolated or alone. Many White nurses realized the value of staying silent (although this was difficult for them at times), as doing so fostered a learning process that required deeper reflection on their part. Some White nurses acknowledged that they’d caused harm to nurses of color; others stated that while they knew racism existed, they’d been unaware of the harm it causes to nurses of color. Several participants also described how the Principles of Reckoning had profoundly affected their thoughts about themselves and those harmed by racism.

Many nurses of color told stories of feeling unsupported by colleagues and undermined by nurse managers who created difficult work environments

for them. These stories resonated with the attendees, and we were all moved and inspired by the speakers’ persistence, resilience, and courage. Support networks began to emerge across different races and ethnicities, across generations, and from coast to coast.

One nurse spoke about her experiences as the only Latinx student in a predominately White nursing program. She shared that, when a faculty member referred to her using a derogatory racial term, she was so emotionally devastated that she wanted to drop out. Instead, she found support and solace in a group of Black nursing students. She has continued to experience racist incidents throughout her nursing career. She became tearful when she described colleagues saying that Spanish-speaking patients need to learn to speak English. She also reported being passed over for promotion in favor of a White nurse with an associate degree, even though she had both more experience and a master’s degree from Harvard University. This left her so frustrated and angry that she made the difficult decision to leave bedside nursing.

A Black nurse, reflecting on her experience of attending a session, noted that on the Zoom screen there were five pages to scroll through, each page showing 25 faces.

### An Overdue Reckoning

by Lucinda Canty

I am here  
We are here  
No longer alone  
Waited a lifetime  
Awake  
Sharing  
Listening  
Opening eyes  
Opening minds  
Opening hearts? Maybe  
Silence no longer represents our existence  
Years of oppression recognized  
Pain visualized  
No longer alone in this journey  
Sisters and brothers, allies together  
Side by side  
Getting stronger  
Wiser  
Fearless in this revolution  
They will hear our voices  
See our faces  
Understand our desires  
Just to be seen.  
This is only the beginning  
Of an overdue reckoning.

I immediately scanned the Zoom [screen] to find other Black nurses—something another elder Black nurse participant described she felt compelled to do all her life—to find an arena of safety. I counted about 20 Black nurses and a few other nurses of color. The white nurses were uncharacteristically invisible and quiet. When the nurses of color began to disclose their experiences with racism, I felt overwhelmed with grief and then awash with relief when I realized their stories resonated with me. No longer afraid to be myself in a forum of professional nurses, I added my story to the litany of experiences shared by others. I told of the times I had felt left out, silenced, marginalized by other nurses—from when, as a nursing student, I was not helped to apply for scholarships awarded to white students, to recent times when, as a nurse manager, [I was] left out of opportunities afforded to white nurses to advance in executive [positions], and all the times between.

At another session, nursing students of color shared their experiences with microaggression in classroom and clinical settings. (*Microaggression* may be defined as “a comment or action that subtly and often unconsciously or unintentionally expresses

**Table 2.** Participants' Feedback: A Representative Sampling

Feedback Form Question	Participant Responses
What I appreciated the most is . . .	<ul style="list-style-type: none"> <li>• The sharing of experiences and acknowledgment of my experience by others.</li> <li>• The space to share and feel validated.</li> <li>• The vulnerability of those who spoke.</li> <li>• Sharing stories. Now I don't feel so alone.</li> <li>• The honesty, raw emotion, and thoughtful respect.</li> <li>• The opportunity to gain greater understanding of challenges I have not had to face.</li> <li>• How this was an open discussion and made [it clear that] racism in the workplace [is] not an uncommon thing to experience.</li> <li>• The discussion and platform allowed a safe space for people to share their stories and experiences, while also bringing awareness to an important issue that happens in the workplace.</li> <li>• As a white woman, it is very important to listen to the experiences shared.</li> <li>• Being a part of a safe space for nurses of color to share stories and provide mutual support.</li> </ul>
This made me uncomfortable . . .	<ul style="list-style-type: none"> <li>• NOTHING!!!</li> <li>• I have unintentionally done harm by not speaking at times.</li> <li>• For me it feels like trauma is revisited and it hurts. But it is also cathartic.</li> <li>• The reflection that I may think that I am more "woke" than I really am.</li> <li>• The stories of BIPOC nurses experiencing racism in nursing at all levels are extremely important in understanding the violence, the disrespect, the emotions, . . . they experience in our culture. SO VERY POWERFUL.</li> <li>• Just sad that racism is still so prevalent.</li> <li>• Knowing I could have done more.</li> <li>• Continued exploration of my own prior complicity.</li> <li>• It was hard to hear the suffering of other Black nurses and women of color.</li> </ul>

BIPOC = Black, Indigenous, people of color.

Note: To read more participant feedback, visit <https://nursemanifest.com/ongoing-overdue-reckoning-on-racism-in-nursing/launch-overdue-reckoning-on-racism-in-nursing/eval>.

a prejudiced attitude toward a member of a marginalized group.”<sup>19</sup>) Stories of incidents in which they hadn't been seen, heard, or supported by nursing faculty were common. One student spoke of how faculty didn't bother learning how to pronounce her name and instead wanted to use a nickname, thus not acknowledging the cultural importance of her name. Several nursing students described receiving no education on culturally specific responses that providers might hear from patients of color and their families. One student said she'd seen no images of people of color in her pathophysiology textbook. She hadn't recognized her own severe case of eczema because she hadn't seen images of how the condition presents on dark skin. Several students became emotional when they shared their own experiences, and were supported by the more experienced nurses.

All our hearts broke when a young Asian doctoral student tearfully described the time she came on to the evening shift to find a non-English-speaking elderly Asian woman patient in soiled bedding, having been left all day without being offered either the toilet or a bedpan. The nurse had spoken with and comforted the patient in the patient's language, and learned that the day shift nurses, finding that this patient couldn't communicate in English, had simply dismissed her needs. This story particularly resonated with the nurses of color. It helped them realize how nurses of color share a common experience of oppression and racism coming from White nurses. At that session, we also began to talk about how racism impacts our patients in their most vulnerable moments.

It was remarkable to observe White nurses returning to the Zoom sessions, with many attending



all of the sessions, listening and having the courage to ask questions or to make statements in the chat that showed their desire to gain understanding. Tentatively, White nurses also began to share their feelings in the chat. During one Overdue Reckoning session, a White participant said, “There must be a dismantling of racism. It must be targeted and precise, like neurosurgery.” This profound statement gave us hope.

## CONCLUSIONS

In creating the Overdue Reckoning project as well as in writing this article, we were encouraged to reflect on our past experiences with racism, consider our values and beliefs about how to address racism, and examine the reasons we engage in antiracist work. The Overdue Reckoning Zoom sessions were powerful for each of us and participants’ feedback indicated that many found them transformative.

The initial Overdue Reckoning series led us to expand our own antiracist work and to become more involved with other antiracist initiatives. We continue to hold monthly Zoom discussions open to all nurses. We also host a monthly support group formed by and for nurses and nursing students of color. Attendees to these groups come from across North America, the United Kingdom, and South Africa, and report that the ongoing intergenerational support is invaluable. Nurse scholars of color can now highlight their work on the Nursology website, which includes a database dedicated exclusively to nurses of color (<https://nursology.net/resources/bilnoc-database>). (One of us, PLC, serves on the Nursology management team.)

A documentary film focusing on the experiences of nurses of color is also in development. Six nurses involved in the Overdue Reckoning Zoom series committed to making the film and formed a collective in October 2020. With technical support from StoryCenter and funding by the Seedworks Fund, they have interviewed more than 40 nurses via Zoom and are currently in the process of editing the stories. Three stories were featured last September at a symposium on racism held by the Elaine Marieb College of Nursing at the University of Massachusetts Amherst. It’s projected that all 40 stories will be edited and additional relevant narration added by mid-2022.

We encourage individuals and organizations to adopt or adapt the model we developed, and use it in taking meaningful actions to address racism in nursing and health care. Awareness regarding racism and antiracism isn’t something one can acquire just by going to a training, reading a book, or participating in a webinar. As valuable and necessary as these steps are, if we are to achieve real justice and equity in our profession, each of us must embark on a journey of ongoing learning, self-

reflection, and actions in order to deepen our awareness and create antiracist capacities. We hope the Overdue Reckoning project can serve as a place to start or continue this journey. ▼

*Lucinda Canty is an assistant professor of nursing at the University of Saint Joseph, West Hartford, CT. Christina Nyirati is a professor and chair of the Department of Nursing at Heritage University, Toppenish, WA. Valorie Taylor is the nursing clinical director at MultiCare Behavioral Health Services, MultiCare Health System, Tacoma, WA. Peggy L. Chinn is professor emerita at the University of Connecticut School of Nursing, Storrs. Contact author: Lucinda Canty, [lcanty@usj.edu](mailto:lcanty@usj.edu). The authors have disclosed no potential conflicts of interest, financial or otherwise. A podcast with the authors is available at [www.ajnonline.com](http://www.ajnonline.com).*

## REFERENCES

- Villarruel AM, Broome ME. Beyond the naming: institutional racism in nursing. *Nurs Outlook* 2020;68(4):375-6.
- Hine DC. *Black women in white: racial conflict and cooperation in the nursing profession, 1890-1950*. Bloomington, IN: Indiana University Press; 1989. Blacks in the diaspora.
- Lewenson SB, Graham-Perel A. ‘You don’t have any business being this good’: an oral history interview with Bernardine Lacey. *Am J Nurs* 2020;120(8):40-7.
- Carnegie ME. *The path we tread: Blacks in nursing, 1854-1984*. New York, NY: Lippincott; 1986.
- Schroeder C, DiAngelo R. Addressing whiteness in nursing education: the sociopolitical climate project at the University of Washington School of Nursing. *ANS Adv Nurs Sci* 2010;33(3):244-55.
- Hassounah D. *Faculty of color in the health professions: stories of survival and success*. Hanover, NH: Dartmouth College Press; 2017.
- Barbee EL. Racism in U.S. nursing. *Med Anthropol Q* 1993;7(4):346-62.
- Barbee EL. A Black feminist approach to nursing research. *West J Nurs Res* 1994;16(5):495-506.
- McGibbon E, et al. Toward decolonizing nursing: the colonization of nursing and strategies for increasing the counter-narrative. *Nurs Inq* 2014;21(3):179-91.
- Wilkinson I. *Caste: the origins of our discontents*. New York, NY: Random House; 2020.
- DiAngelo R. *White fragility: why it’s so hard for white people to talk about racism*. Boston: Beacon Press; 2018.
- Kendi IX. *How to be an antiracist*. New York, NY: Random House; 2019.
- Menakem R. *My grandmother’s hands: racialized trauma and the pathway to mending our hearts and bodies*. Las Vegas, NV: Central Recovery Press; 2017.
- Saad LF. *Me and white supremacy: combat racism, change the world, and become a good ancestor*. Naperville, IL: Sourcebooks; 2020.
- Weitzel J, et al. The role of nurses as allies against racism and discrimination: an analysis of key resistance movements of our time. *ANS Adv Nurs Sci* 2020;43(2):102-13.
- NurseManifest. *Overdue reckoning on racism in nursing [ongoing blog]*. 2020. <https://nursemanifest.com/ongoing-overdue-reckoning-on-racism-in-nursing>.
- Jones CP. Levels of racism: a theoretic framework and a gardener’s tale. *Am J Public Health* 2000;90(8):1212-5.
- Canty L. It’s not always rainbows and unicorns: the lived experience of severe maternal morbidity among Black women [doctoral dissertation]. Storrs, CT: University of Connecticut Graduate School; 2020.
- Merriam-Webster. Definition of microaggression (noun). Springfield, MA. n.d.