


Using simulation-based education to enhance anti-racism learning in nursing

Usando a educação baseada em simulação para melhorar a aprendizagem antirracista em enfermagem

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ABSTRACT | OBJECTIVE: To determine whether simulation-based education promotes anti-racism learning among nursing students. **METHODS:** This descriptive qualitative study explored how simulation-based education could support anti-racism education in undergraduate nursing curricula. The study consisted of three parts: (a) journal entries, (b) anti-racism workshops and (c) simulation-based education. The three anti-racism workshops were part of the simulation pre-work to prepare students to actively participate in four simulated participant anti-racism scenarios. Content analysis of journal entries using the Sensitizing, Taking Action, and Reflection (STAR) framework suggests that the anti-racism workshops raised awareness of self and others, as well as racism and anti-racism strategies among the participants. Fourteen participants were recruited. Ten provided consent and participated in at least one component of the study, six participated in the simulations, and five completed all 8 journal entries. **RESULTS:** Our findings indicated the participants engaged in a continuous cycle of sensitization and reflection, which broadened their awareness in four categories: self, others, racism, and anti-racism strategies. As a result, the anti-racism workshops increased awareness of racism among participants. In addition, both were willing and able to address racism and advocate for political change during the simulations. The student participants found the simulated scenarios gave them a greater sense of authenticity when confronting racism. **CONCLUSIONS:** Anti-racism workshops and SBE are effective ways to support anti-racism learning in undergraduate nursing students. We recommend academic institutions explore ways to integrate antiracism SBE into curricula to support antiracism praxis.

KEYWORDS: Racism. Anti-Racism. Simulation. Simulated Participant. Undergraduate Nursing Students.

RESUMO | OBJETIVO: Determinar se a educação baseada em simulação (EBS) promove a aprendizagem antirracismo entre estudantes de enfermagem. **MÉTODOS:** O presente estudo qualitativo descritivo explorou como a educação baseada em simulação pode apoiar a educação antirracismo no currículo de graduação em enfermagem. O estudo consistiu em três partes: (a) entradas de diário, (b) oficinas antirracismo e (c) educação baseada em simulação. As três oficinas antirracismo fizeram parte do pré-trabalho de simulação para preparar os alunos para participarem ativamente em quatro cenários simulados de participação anti-racismo. A análise de conteúdo de entradas de diário usando a estrutura Sensibilização, Tomada de Ação e Reflexão (STAR). Foram recrutados 14 participantes. Dez consentiram e participaram de pelo menos um componente do estudo, seis participaram das simulações e cinco completaram as oito entradas no diário. **RESULTADOS:** Nossos achados indicam que os participantes se engajaram em um ciclo contínuo de sensibilização e reflexão, o que ampliou sua consciência em quatro categorias: si mesmos, outros, racismo e estratégias antirracistas. Como resultado, os workshops antirracismo aumentaram a conscientização sobre o racismo entre os participantes. Além disso, todos estavam dispostos e foram capazes de abordar o racismo e defender a mudança política durante as simulações. Os alunos participantes descobriram que os cenários simulados lhes deram um maior senso de autenticidade ao confrontar o racismo. **CONCLUSÕES:** Oficinas antirracismo e EBS apoiam efetivamente o aprendizado antirracismo em estudantes de enfermagem. Recomendamos que as instituições acadêmicas explorem formas de integrar a EBS anti-racismo nos currículos para apoiar a práxis anti-racista.

PALAVRAS-CHAVE: Racismo. Antirracismo. Simulação. Participante Simulado. Estudantes de Graduação em Enfermagem.

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1. Introduction

Simulation-based education (SBE) has been shown to improve practice-based knowledge, skills, attitudes, and confidence in learners, and it has more recently been used to enhance cultural competence.¹⁻⁵ However, there is a gap in the literature on using SBE to address critical issues, such as racism in the health system. Racism is denominated as a social determinant of health and continues to permeate the healthcare systems, manifesting itself through prejudice, stereotypes, and discrimination.⁶⁻⁹

The Black Lives Matter movement brought attention to the staggering racial inequalities within societal structures, and the In Plain Site report in Western Canada highlights the insidious nature of racism within our healthcare institutions.¹⁰ Furthermore, racism and discrimination experienced by nurses of African descent have also been reported in an open letter to the Minister of Health in British Columbia, Canada.¹¹ A recent scoping review indicates that racism and racial discrimination are prevalent among nurses in Canada, with the experiences of Black nurses prominently represented in the literature, highlighting both historical and contemporary experiences.¹² Moreover, while the impacts of racism on patient outcomes are well documented, its impacts on the nursing workforce, specifically recruitment and retention of a diverse workforce and individual nurse outcomes such as burnout and moral distress, are largely unknown.

These reports have triggered a call to action by many healthcare educators and students, particularly in nursing, to reassess how racism is addressed in the curricula and professional practice because acts of racism within the health system are perpetrated, witnessed and/or experienced by nurses.¹²⁻¹⁴ In nursing education, evidence suggest discussions

about racism are often inadequate or avoided due to a lack of information in textbooks, the unsettling nature of the topic, and a lack of instructor knowledge or training.^{8,15-18} Despite the integration of stop-gap measures such as anti-racism training, current programs primarily focus on raising cultural awareness.¹⁸ However, when awareness is raised without subsequent strategies for action, learners are left feeling helpless and powerless to act.¹⁷ To adopt an explicitly anti-racist position, it is important for nurses to learn to intervene in situations where microaggressions or harassing language are present.¹⁹⁻²² Yet, practice-centered approaches to developing these difficult communication skills are lacking, leaving students and nurses feeling unsupported and unprepared.¹³

Simulation-based education presents an opportunity to close the anti-racism theory-practice gap and support learners in cultivating the knowledge, skills, and attitudes needed to intervene when microaggressions are witnessed or experienced in the clinical setting. SBE is associated with positive effects on participant's knowledge, skills, attitudes and confidence.^{1,3,23,24} More recently, SBE has been shown to be effective in developing cultural and structural competency in learners with the help of simulated participants (SPs).^{5,23} Despite recommendations to address racism using simulation, the literature is lacking in SBE approaches to support learners in cultivating the knowledge, skills, and attitudes needed to intervene in racist situations.²⁵ Thus, the objective of this study was to determine whether simulation-based education promotes anti-racism learning among nursing students. Specifically, the research question is: "Does simulation-based education, using simulated participants, support anti-racism learning among undergraduate nursing students?"

2. Methods

2.1 Study design

The conceptualization of this descriptive qualitative study began with a needs assessment in September 2020 after several undergraduate nursing students had approached one of the coauthors (DD) with concerns about feeling uninformed and unprepared to address incidences of racism they witnessed or experienced. As a result, DD, along with three fourth-year students, reviewed all nursing courses, their learning outcomes and assigned readings to determine the extent to which racism and anti-racism are addressed in the current curriculum. The findings showed a lack of information on race, racism and anti-racism, which confirmed the student's concerns.

The STAR framework guided the development of the study as well as the analysis of the data. The STAR framework integrates the principles of transformative learning theory into healthcare education using the three elements: Sensitizing, Taking Action, and Reflection.²⁶⁻²⁸

To address the need to increase both awareness and action in relation to racism and antiracism, the study was designed around the three elements of the STAR framework (sensitization, reflection, and action), and informed by the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best PracticeTM, and the Association of Standardized Patient Educators (ASPE) Standards of Best Practice.²⁹ The study consisted of three parts: (a) journal entries, (b) anti-racism workshops and (c) simulation-based education.

The workshops were intended to sensitize the participants to racism and anti-racism strategies. At the same time, journaling served as a means for reflection, and SBE gave them opportunities to practice what they had learned in the workshops. In total, each participant spent an estimated 25 hours on the various parts of the study.

2.2 Anti-racism workshops

The anti-racism education workshops were developed by the University of Victoria Equity and Human Rights office in collaboration with various university partners. The objectives of the three-level anti-racism workshops were to raise awareness, introduce strategies for disrupting racism, and inspire participants to become change agents. Each workshop lasted 2.5 hours and was conducted in person, adhering to appropriate COVID-19 safety measures, over the course of several weeks. The workshops were facilitated by a coauthor (MM), a subject-matter expert in diversity, equity, and inclusivity (DEI) and anti-racism education.

2.3 Journaling

Participants completed eight journal entries (Figure 1). All consented participants (n=10) were asked to reflect on their attitudes and beliefs related to race, racism, and anti-racism by completing journal entries with the aid of guiding questions before and after each workshop and the simulation day ([Appendix A](#)).

2.4 Simulation-based education

After the workshops were complete, the participants engaged in a 1-hour focus group in which they identified areas where they wanted to practice recognizing discrimination, intervening when either witnessing or experiencing implicit bias, gathering witnesses and allies, and discussing racism with a person in power. Based on this feedback, the research team designed four simulation scenarios in which the participants would interact with a colleague, patient, or clinical leader exhibiting implicit racist attitudes and behaviours ([Appendix B](#)). The SBE was designed to help the participants achieve the following objectives:

1. Identify an interaction as individual or systematic racism according to the discrimination ladder.
2. Explore the role of active witness to intervene or support during incidents/interactions the learner perceives as racist.
3. Explore the role of the changemaker in promoting an anti-racist environment.
4. Implement appropriate communication strategies to intervene, support, or promote change (e.g. 11 Anti-Discrimination strategies).

The simulations were conducted in person using Simulated Participants (SPs) as the modality to enhance communication skills and increase authenticity. All SPs were trained by the coauthors (KAD and HE).

The simulations were facilitated by the coauthors (KAD and HE), who are experienced simulation educators. They also included a structured pre-brief in which learning outcomes, orientation, and psychological safety were addressed. After the pre-brief, the participants were separated into two groups of three with active and observer roles. Two active participants entered the simulation room, and the others observed the scenario on a video screen in a debriefing room.

A facilitator was always available for both groups of students. During the simulation activity, one active participant took a leading role when interacting with

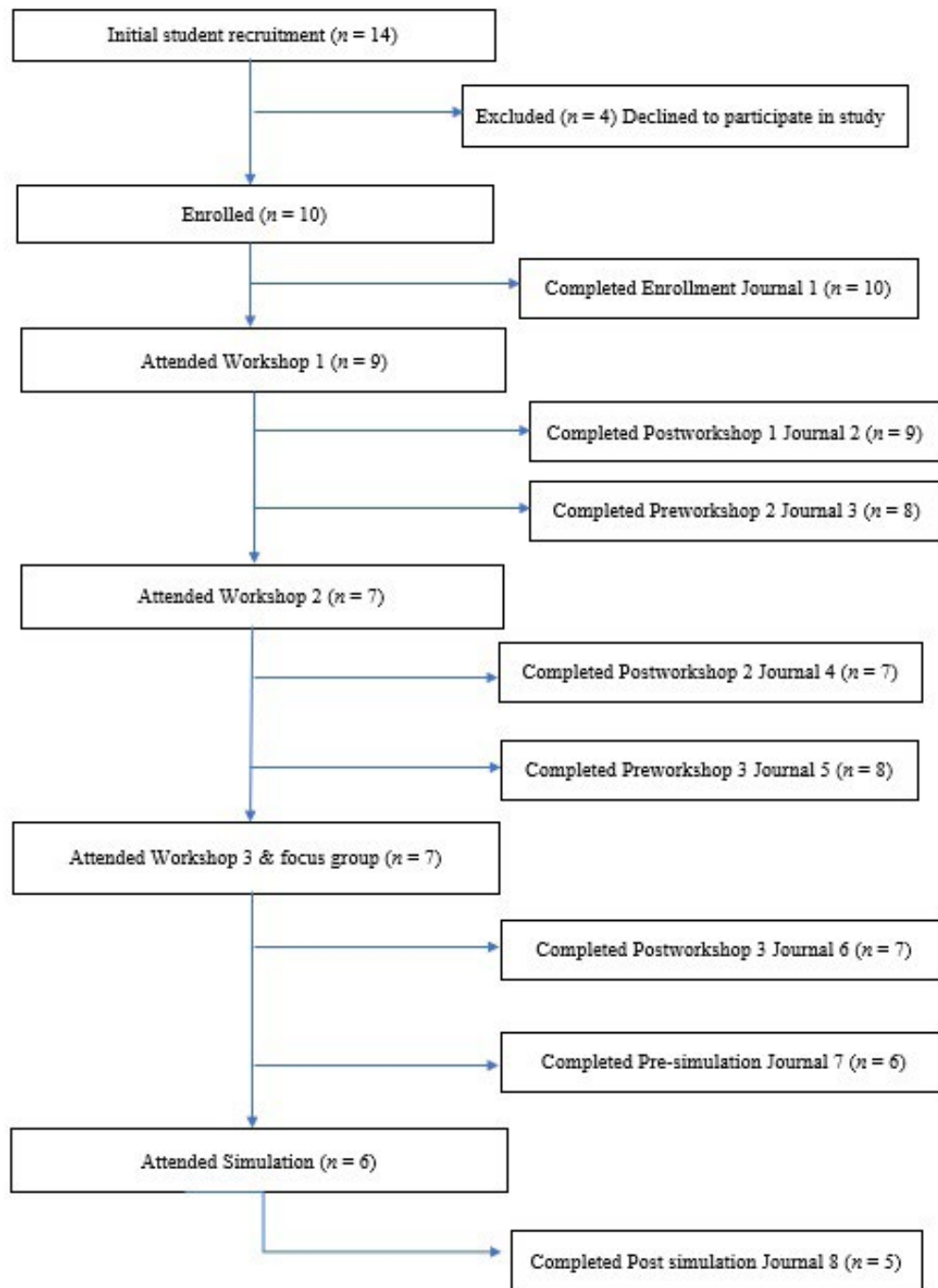
the SP but could call on the other active participant for support at any time. All study participants rotated through both the active and observer roles over the course of the four scenarios. After each scenario, the simulation educators facilitated a debrief which allowed learners to reflect on and discuss their experiences and develop insights for future practice. At the end of the SBE, the participants took part in a large group debrief to further discuss lessons learned. The duration of the SBE was four hours.

2.5 Participants

The study was open to all first through fourth year undergraduate nursing students from a collaborative nursing program delivered by two academic institutions in Western Canada. Posters about the study were distributed on social media and discussed in an oral presentation by the research assistants, who were also students in the program. Prospective participants were directed to contact the Research Assistants through a study-specific email address.

Fourteen participants were recruited, ten provided consent and took part in at least one component of the study, six participated in the simulations, and five completed all 8 journal entries (Figure 1). The most common reason given for attrition was scheduling conflicts and restrictions due to COVID-19, although one participant stated a recent personal racism-related trauma contributed to their being unable to continue. Participants were asked to describe their social identity in their first journal entry.

Figure 1. Flow Chart of Participant Enrolment. Canada, 2022



Source: the authors (2022).

2.6 Data collection

Data collected for this study included 60 anonymized journal entries, transcripts of the audio recording from the focus group, and simulation debriefs. Participants were directed to write journals before and after all study milestones (e.g., before anti-racism workshop 1). The research assistants reviewed the journals and transcripts, redacting any identifying information before saving them in the study folder.

2.7 Ethical considerations

Ethics approval was obtained from the Ethics Board (HREB) (application #21-0001). Participants were consented by the research assistants (RA) and were informed they could withdraw from the study at any time. To promote psychological safety, the participants had regular check-ins with the RAs, counselling services were informed of the study, and their contact information was given to the participants. To address confidentiality and privacy, participants emailed their journal entries to the study-specific mailbox, which only the RAs could access. These entries were de-identified by the RAs before saving the files in the study folder on a university-protected server. The RAs deleted the email once the redacted journal entries were saved. Participants were compensated with gift cards after completion of the journals and the simulation, as this study occurred outside of their regularly scheduled class time.

2.8 Data analysis

Data analysis was conducted using content analysis. The first and second authors independently coded the journal entries using both deductive and inductive coding, looking for emerging themes, and then held frequent meetings to discuss the findings in relation to the STAR framework.^{30,31} A larger group meeting was held with the research team to discuss the findings and explore any outstanding questions and feedback. Member checking was achieved by involving the research assistants in team discussions, as they were also students within the program.

3. Results

In the present study, the participants were between the ages of 20-35 years and cisgender (n=10), either male (n=2) or female (n=8), and of European ancestry who identify as white (n=8). One indicated uncertain ancestry, and another self-identified as a person of colour. After, analyzing the journal entries, our findings indicated the participants engaged in a continuous cycle of sensitization and reflection, which broadened their awareness in four categories: *self, others, racism, and anti-racism strategies* (Figure 2).

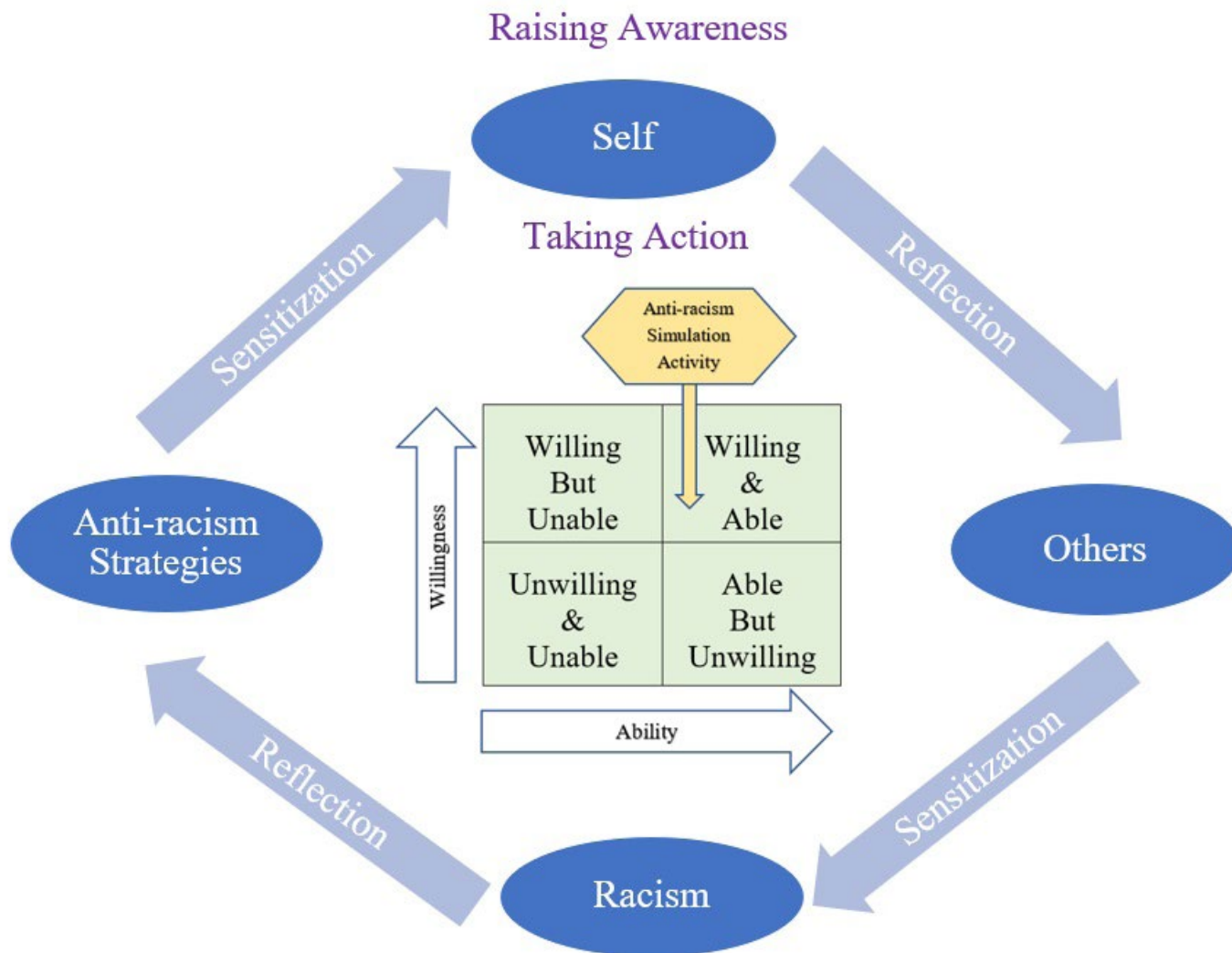
These categories were derived from lessons learned in the anti-racism workshops. Specifically, through the workshops, participants learned that people (themselves included) are socialized into the ideology of racism, which has occurred over time. Thus, reflecting on the interactions between themselves and others, they were able to identify how racism operates so they can determine how anti-racism strategies might be useful. They recognized the “culture of denial surrounding racism in Canada [is an] insidious form of racism” (Participant 7). Thus, tackling racism requires “self-reflection and honesty,” allowing people to look beyond their Eurocentric perspectives “to call out racism when we witness it” (Participant 7). To this end, one of the participants noted, “I haven’t had many experiences with racism, and I believe I’m not exposed to seeing it as often as I should. I need help recognizing it and I need tools to properly approach it” (Participant 12). Another indicated, “I lacked the awareness to challenge these ideas in my youth; in hindsight, I often felt bothered by such casually racist remarks” (Participant 1).

The ability to gain different perspectives was limited by the participants’ social networks. “Growing up, there were a lot of cultural and racial biases in my household” (Participant 9), while another noted growing up, “I was not surrounded by much diversity” (Participant 6). A noticeable impact is evidenced in cross-race interactions or discussions about race that are inauthentic. Example quotes include, “I have noticed that I tend to avoid talking about issues of

race with people of colour because it often feels like an awkward topic to raise” (Participant 11). “I acknowledge that I purposely watch what I say to not sound racist [because] I feel like many people are quick to criticize others’ opinions, and if a mistake is said, it’s not easily forgotten.” (Participant 12).

Social events such as “[attending] nursing school as well as the BLM [Black Lives Matter] movement have been monumental in shifting my perspective on racism” (Participant 11). This highlights the significance of socialization and social networks in helping individuals to unlearn racist beliefs to become anti-racists.

Figure 2. Diagrammatic Representation of Transformative Learning within Simulation-based Anti-racism Education. Canada, 2022



Note. Throughout the workshops, participants raised their awareness of self, others, racism and anti-racism strategies, resulting from a continuous cycle of sensitization and reflection. This influenced their willingness and ability to take action in the anti-racism simulation activity.

Fonte: os autores (2022).

3.1 Category - self

Participants reflected on the concept of self and how they situated themselves within the context of racism. They indicated white privilege “allowed [them] to deflect instead of reflect” (Participant 8) and “ignore racism all together rather than acknowledging [its] obvious presence” (Participant 9) which created “immense guilt and shame (Participant 8).” They reflected on being complicit and not fully aware of the larger context stating: “I think I am inherently racist due to the society I grew up in, [which has enabled me to be] “aware of my own beliefs, attitudes, and actions but, I am not aware of the environment around me” (Participant 8). Through the process of increasing awareness of self, the participants recognized ways in which “whiteness” is framed to be the norm. For example, one participant who identifies as white with mixed race children reflected on ways in which their children’s ancestry is frequently questioned but “it dawned on me that I had never in my life been asked about my own ancestral background by a stranger in Canada. I realized that, because of my whiteness, it was understood that I was “Canadian” and no other explanation is needed” (Participant 7).

3.2 Category - others

From the start of the study, participants felt a responsibility to acknowledge the uniqueness of others. They wanted to “genuinely listen to other’s stories with the intent to understand” (Participant 8), “not assume [their] beliefs and values are shared by others” (Participant 1), and “understand that as a white person [they] cannot speak on the experience of people of colour who experience racism” (Participant 11).

A takeaway message from the anti-racism workshops for many of the participants was the idea of “[t]reating [others] how they want to be treated (Participant 5)” while acknowledging that “implicit bias is actually explicit as it is received by the other person” (Participant 9). Participants also indicated they learned incomplete stories about people during their formative education; however, the current nursing

curriculum broadens their knowledge as it pertains to the Indigenous people of Canada. This is likely the direct result of integrating a course on Indigenous health into the nursing curriculum as a response to the Truth and Reconciliation Call to Action in Canada.³²

3.3 Category - racism

Initially, participants were unaware of the complexities of racism and “assumed [their] knowledge of racism was mostly all there was to know since...it was a simple topic” (Participant 11). As they progressed through the workshops, participants demonstrated a heightened awareness by stating that “racism is subtle and many people are unable to see it or realize they are exhibiting racist behaviour or attitudes” (Participant 3). They recognized that “there are so many levels of systemic racism [they weren’t] aware of” or “capable of identifying” (Participant 5). Moreover, the participant thought “[they weren’t] racist because [they] had friends of colour or that [their] intention to be racist wasn’t there” (Participant 5). Through the process of self-reflection, there was a deepening acknowledgement that they “want to learn how to address racism in a productive and collaborative way within my workplace and in my life in general” (Participant 7).

3.4 Category - anti-racism strategies

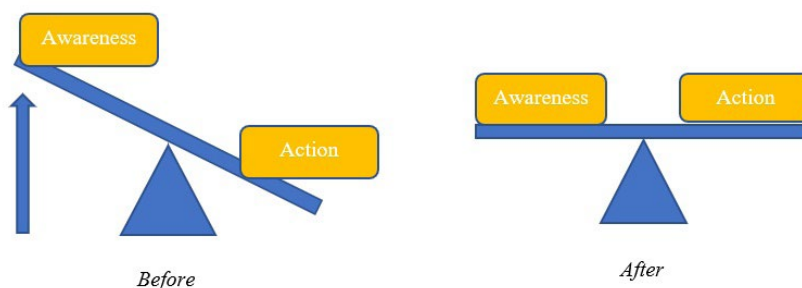
In the study, participants expressed they were unaware of strategies to intervene effectively in racist situations. There was a “tendency to generally avoid topics of conversation that may be seen as controversial” (Participant 1). One participant mentioned they “struggle[d] with interacting with patients and [healthcare] staff [who] carry attitudes and views [they felt] are harmful or racist” but “I want to act as an ally in these situations without isolating myself or others in the process.” (Participant 7). Another wrote, “anti-racist principles of care are taught in theory courses and encouraged by instructors, but there is little guidance provided in clinical as to how to implement these principles” (participant 11). This left some feeling “like I have been given the knowledge but not the tool to engage in anti-racist work in my everyday nursing practice” (Participant 8).

During the study, participants were introduced to the “intervener” framework for addressing racism. After the workshops, one participant noted the importance of supporting the victim, not just focusing on reporting the perpetrator, and another said: “Addressing racism using the [intervener] framework made things easier to remember” (Participant 5).

At study enrolment, participants were willing to discuss racism but felt unprepared to intervene or address racist situations. When reflecting on their experiences with racism, many indicated having witnessed microaggressions frequently in clinical. This was consistent with the needs assessment that informed this study. As the study progressed, increased awareness influenced their willingness to act “regardless of [their] own comfort” because “don’t people of colour and Indigenous people have to deal with this discomfort on a daily, weekly, lifetime basis?” (Participant 5). The main takeaway from the workshop that influenced this transformation was the recognition that antiracism is “by no means a passive process. Taking a passive stance when seeing an act of racism is apathy, and apathy is complicity” (Participant 6).

Participants expressed that the simulations improved their ability to address racism. One participant wrote the simulations “helped to put the concrete ideas we learned in the workshops into actual practice when dealing with patient-nurse or nurse-nurse interactions” (Participant 5) and “showed that conflict may not always be scary” (Participant 6). Moreover, the participant indicated, “The simulation truly made all of the antiracism workshop all fit together. It was the final piece of the puzzle needed to solidify my learning, much like the hospital demonstration of a new skill” (Participant 6). Another wrote after the simulation that they had “a greater sense of self-efficacy in regard to confronting racism in my nursing practice” (Participant 11). Overall, it appears the combination of anti-racism workshops and simulations helped to balance awareness and action, which supported transformational learning (Figure 3). However, some participants ended the study with lingering questions about their part in addressing racism. Specifically, one participant wrote, “I am still trying to find my space as a straight white male within this conversation” (Participant 6). In addition, participants did not voice any concerns about unintended harms arising from their involvement in the study.

Figure 3. Balancing Awareness with Action in Simulation-based Anti-racism Education. Canada, 2022.



Note. Currently, anti-racism education focuses on developing cultural competency, which raises awareness of self and others, but does not address racism or the strategies needed to disrupt racism when either witnessed or experienced. Anti-racism education must balance awareness with action to effectively prepare learners to disrupt racism when they experience or witness it in the clinical setting.

Source: the authors (2022).

4. Discussion

In this study, we demonstrated that anti-racism workshops and SBE are effective ways to support anti-racism learning in undergraduate nursing students. Currently, anti-racism education in nursing focuses primarily on developing cultural competency. The participants indicated a willingness and responsibility to act upon enrolment, but they expressed concerns about their lack of ability to intervene in racist situations. This is consistent with another study that found that not only did students have challenges naming and addressing racism, but they also lacked authentic learning opportunities.¹³ Specifically, our study shows the anti-racism workshops raised awareness of self, others, racism and anti-racism strategies, and the simulations balanced awareness with action to ensure students are willing and able to call out racism, support the victim, and advocate for systemic change. Additionally, the use of SPs was an effective modality to increase authenticity and enact anti-racism strategies in a variety of racist interactions. Our study findings add to the growing body of knowledge underpinning the use of SBE to support anti-racism learning in undergraduate nursing.^{4,5,23}

Nurse educators need to be intentional in incorporating anti-racism approaches into the curriculum to overcome the passive “bystander effect” that is observed when student nurses are confronted with racist encounters. Studies show a reduction in helping behaviours in situations where there is the presence of others; this is termed the “bystander effect”.³³ Recent findings imply that a high level of personal distress results in a reduction in helping behaviour.³⁴ In this regard, anti-racism workshops and SBE may be useful in lessening the students’ sense of distress and moving them away from apathy toward action. Our study found that providing concrete strategies and authentic learning environments to address racism, such as simulation, is a crucial element that is currently missing. Designing simulations with both an active role for learners who are willing to be vulnerable and an observer role for those who are still hesitant or uneasy ensures everyone can participate to the extent of their ability. In addition, the observer role addresses the “bystander effect”; however, more research is needed to investigate the various factors that influence the apathy to action pathway in responding to racist encounters.

In this study, while the simulation was the final piece the students needed to put their learning into practice, all the students entered the study with a high degree of willingness to engage in anti-racism learning. Studies show that internal and external factors affect the willingness, motivation, and effectiveness of learning.³⁵ Thus, a lower degree of willingness to engage in anti-racism work can hinder the students’ engagement and learning. Evidence from our discussion with students suggests those of minority racial backgrounds experience distress when their colleagues exhibit unwilling behaviours to engage in anti-racism learning. Due to the polarizing nature of the topic and the potential risk of traumatization, some health professional curricula have adopted racial affinity group caucuses as a means to allow students from similar racial groups to form communities of practice.³⁶ Of note, in our study, we did not implement this strategy, but all the participants who completed the study self-identified as white race. It is also recommended that nursing programs consider tailoring anti-racism education to meet the specific learning needs of the students. In this current study, the authors were intentional about meeting the students where they were by including the anti-racism workshops based on a review of our curriculum. This approach might not meet the needs of students in another program. An alternative approach could be embedding various learning opportunities throughout the curriculum, allowing students to self-select based on where they are on the working for social change – action continuum.^{12,37} This might provide individuals who may be resistant or unwilling to take the next steps towards promoting and engaging in anti-racism education with a scaffolded approach. It is important to note that racism is a socialization process; thus, anti-racism will also require socialization over time. Students unwilling or unable to engage in the first year may be more willing in later years.

The findings of this study are currently being translated into several advanced certificate nursing programs at a Western Canadian university. Similar to the findings of this study, the curriculums at this institution generally lack robust theory related to racism; therefore, workshops are held before the simulations. These workshops provide information regarding microaggressions and communication tools to intervene, allowing learners to discuss

and reflect on self, others, racism and antiracism strategies. The *GRIT* (Gather, Restate, Inquire, Talk It Out) framework was provided as a method to address microaggressions in a non-accusatory manner.³⁸ The SP scenarios have been adapted from this study to fit the context of each program. The workshop and simulations are facilitated by educators already involved in DEI initiatives and have been trialled with faculty first to allow for their own transformational learning.

4.1 Limitations

The limitations of this study include the enrolment of participants from one collaborative undergraduate nursing program. Further, the restrictions relating to the COVID-19 pandemic and the homogenous inner circle of the participants limited opportunities to engage with the content outside the study. We were also unable to assess the effect of the anti-racism simulations on participants' abilities to enact lessons learned in their real-life clinical practice. Future studies could explore ways for participants to share their lessons learned outside of the study and reflect on this experience, allowing them to practice having these conversations. Voluntary enrollment may be associated with participants having a high motivation and willingness to enact anti-racism attitudes and behaviours from the beginning.

5. Conclusion

This descriptive qualitative study explored the experience of undergraduate nursing students engaging in antiracism education outside of their usual curriculum and found this approach to be effective. Our results provide an opportunity for discourse and consideration of how we can not only raise awareness but must also promote meaningful action against racism. Based on our findings, we recommend healthcare institutions explore ways to

integrate antiracism SBE into curricula to support antiracism praxis. Further multi-site studies assessing participants' self-determination in embodying anti-racist attitudes and behaviours in the clinical setting are needed to reinforce the effectiveness of simulation-based anti-racism education.

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Authors' contributions

The authors declare having made substantial contributions to the work in terms of the conception or design of the research; acquisition, analysis, or interpretation of data for the work; and drafting or critically reviewing content of relevant intellectual importance. All authors approved the final version to be published and agreed to take public responsibility for all aspects of the study.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, companies, and private foundations, etc.) were declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

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Appendix A

Table 1. Guided Journal Questions, Canada, 2022 (to be continued)

Journal Number	Milestone	Questions
1	Before Anti-Racism Workshop #1	<ol style="list-style-type: none"> 1. What experiences in your time during nursing school or generally in your life led you to want to participate in this study? 2. Can you describe your experiences interacting with people who are different from you (i.e. Black, Indigenous, White or other people of colour)? 3. In these experiences what were your feelings and knowledge about racism and its impact on other people's lives, your own life and perception of health? 4. In your nursing education, do you feel prepared to engage in interactions with people who are different from you? 5. If you had to rate your comfort level talking about racism or its impact on people's lives how would you rate it? 0 being not comfortable and 10 being very comfortable. Why would you rate it like this? 6. If you feel comfortable, how would you situate yourself as a person? Specifically, what is your ancestral background, age, gender, experiences with racism and anything else you would like to share about racism.
2	After ARW #1	<p>Please indicate how many days after the workshop you are doing the reflection. If you are writing the reflection over a few days, do include day 1 after workshop, day 2 after workshop etc.</p> <ol style="list-style-type: none"> 1. What were your main takeaways from the anti-racism workshop #1? 2. Was any aspect of the information covered in your nursing education? If so, what courses do you feel have similar information? 3. Did any of the information in the workshop contradict any of your previously held beliefs and assumptions? If so, describe how this felt for you. 4. What is one thing you want to change about the way you interact with people who are different from you?
3	Before ARW #2	<ol style="list-style-type: none"> 1. How are you feeling today? Any apprehensions or other feelings leading into the workshop? 2. Between the last journal and this one, have you had any further engagement with the information that caused you to re-evaluate your perceptions/beliefs/assumptions about race or racism?
4	After ARW #2	<p>Please indicate how many days after the workshop you are doing the reflection. If you are writing the reflection over a few days, do include day 1 after workshop, day 2 after workshop etc.</p> <ol style="list-style-type: none"> 1. What were your main takeaway(s) from the anti-racism workshop? 2. If you had to rate your comfort level talking about racism or its impact on people's lives how would you rate it? 0 being not comfortable and 10 being very comfortable. Why do you rate it like this? 3. What is one thing you want to change about the way you interact with people who are different from you? 4. What are your thoughts and feelings related to learning about racism within a group setting?
5	Before ARW #3	<ol style="list-style-type: none"> 1. How are you feeling today? Any apprehensions or other feelings leading into the workshop? 2. Between the last journal and this one, have you had any further engagement with the information that caused you to re-evaluate your perceptions/beliefs/assumptions about race or racism?

Table 1. Guided Journal Questions, Canada, 2022 (conclusion)

Journal Number	Milestone	Questions
6	After ARW #3	<p>Please indicate how many days after the workshop you are doing the reflection. If you are writing the reflection over a few days, do include day 1 after workshop, day 2 after workshop etc.</p> <ol style="list-style-type: none"> 1. What were your main takeaways from the anti-racism workshop? 2. What is one thing you want to change about the way you interact with people who are different from you? <p>The next two questions are going to be asking you to rate your confidence and then motivation related to discussing racism</p> <ol style="list-style-type: none"> 1. If you had to rate your confidence level discussing racism or its impact on people's lives, how would you rate it? 0 being not confident and 10 being very confident. Why would you rate it like this? 2. If you had to rate your motivation level discussing racism or its impact on people's lives, how would you rate it? 0 being not motivated and 10 being very motivated. Why would you rate it like this? <p>The next two questions are going to be asking you to rate your confidence and then motivation related to intervening in racist situations</p> <ol style="list-style-type: none"> 1. If you had to rate your confidence level intervening in situations you perceive to be racist, how would you rate it? 0 being not confident and 10 being very confident. Why would you rate it like this? 2. If you had to rate your motivation level intervening in situations you perceive to be racist, how would you rate it? 0 being not motivated and 10 being very motivated. Why would you rate it like this? <p>The following two questions are related to the focus group that occurred after workshop #3</p> <ol style="list-style-type: none"> 1. How did it feel participating in the focus group? 2. Do you think contributing to the development of the simulation scenarios has helped or will help your learning related to racism and anti-racism? Please discuss why or why not
7	Before Simulation Activity	<ol style="list-style-type: none"> 1. How are you feeling today? Any apprehensions or other feelings leading into the simulation activities? 2. Between the last journal and this one, have you had any further engagement with the information that caused you to re-evaluate your perceptions/beliefs/assumptions about race or racism? <p>Before you attend the simulated learning experience (SLE) that has been developed to allow you to apply knowledge skills and attitudes gained from the Anti-Racism Workshop, we want to acknowledge that racism and antiracism are difficult topics to unpack. We also want to acknowledge that not everyone participating in the SLE shares the same social identity - race, gender...etc. and we want to create a brave space that recognizes we all have different social identities. In recognizing this, we will ask you to anonymously write down on a sticky note when you arrive for the SLE, your feelings (e.g: excited, nervous...etc), and what you need from your peers to engage in a brave space, (eg: confidentiality, recognition of varied lived experiences, no judgment...etc.). We want to thank everyone for taking the time to consider their own beliefs and assumptions and engage in these activities and the discussions that follow. Please consider your feelings before you arrive for the SLE and what you need from your peers to create a brave space for learning.</p>
8	Post-Simulation	<ol style="list-style-type: none"> 1. What were your main takeaways from the simulation-based learning experience? What role did simulation play in your anti-racism education? 2. Do you feel a safe and brave space was created and allowed you to engage in the simulation activity and debrief? 3. After participating in the simulation activity, how confident do you feel intervening in situations you perceive to be racist? 0 being not confident and 10 being very confident. Why would you rate it like this? 4. If we want to contact you later to check in on how this learning experience is impacting your clinical practice, do we have permission to do that?

Source: the authors (2022).

Appendix B

Table 2. Simulated Participant Scenarios, Canada, 2022 (to be continued)

<p>SP Scenario One – Handover Report</p> <p>Location: At a mobile nurse's station/cart in the hallway of the hospital unit. SP in nursing scrubs.</p> <p>Expected Learner Actions:</p> <ul style="list-style-type: none"> • Identifies the situation as racist • Utilize the anti-discrimination strategies to intervene in the situation • Connect with the SP to provide feedback regarding ways to support this patient in a non-discriminatory way. <p>Affect/Behaviour:</p> <ul style="list-style-type: none"> • Finishing a long busy day • Exasperation • Sarcastic <p>SP's Opening Line:</p> <p>"Hey, I'm so glad you're here! I've had such a busy shift so you're in for a real treat. I've had a full assignment but this one patient has been such a pain in my backside. The family has not stopped calling and coming by. I told them we have rules around visiting hours and who, and how many people can visit but they don't want to follow the rules. I swear it's always those people who don't seem to get it when it comes to the rules and thinking they don't apply to them. Don't worry I've shut it down now and they won't be calling anymore".</p> <p>Background Story:</p> <p>You are a nurse who is giving handover report to another nurse on a patient you have been looking after for the last shift. It's been a long busy day, and you have had a tiring shift. One of your patients has been admitted to your unit post emergency abdominal surgery. Several of their family members have been calling and visiting and the patient has been very scared and needing support. You are annoyed because there are rules around visiting hours. You are unaware that you are being racist in this situation and are focusing on the rules. The student may challenge the stereotype you seem to be making about the patient and needing support. You are insistent on applying the rules in this case.</p> <p>If the student relates to you and tries to uncover your motivation, you are open to receiving their feedback.</p> <p>If the student is very aggressive and not trying to connect with you then you are not very open to their feedback and take a defensive stance.</p>
<p>SP Scenario Two – Patient Who has Overheard Report (this scenario builds off scenario one)</p> <p>Location: At the patient's bedside. SP in bed with hospital gown on and cell phone.</p> <p>Expected Learner Actions:</p> <ul style="list-style-type: none"> • Acknowledge and validate the patient regarding the way they have been treated • Create a plan moving forward to address the issue, collaborate with the patient on strategies if this happens in the future. <p>Affect/Behaviour:</p> <ul style="list-style-type: none"> • Trying to maintain composure and put on a brave face • Cooperative • Calm <p>SP's Opening Line:</p> <p>You are quiet initially when the student comes in but engage with them normally if they introduce themselves and ask you your name.</p> <p>If the student does not directly approach the conversation about the other nurse limiting contact with family, you could engage by stating "I know I have a lot of family that are worried about me right now and I think my cell phone is dead. Is there anyway I can use a phone to contact them?"</p> <p>Background Story:</p> <p>You are a patient on a surgical unit who came into the Emergency room last night with severe abdominal pain and had to have emergency surgery to remove a ruptured appendix. You came in on your own and your family has been very worried about you, calling to the nurse's station frequently and several visitors have come to the unit today to see how you are doing. You have not had the chance to see any of them as the previous nurse limited the visitors to visiting hours and not put any of the calls through to you.</p> <p>You are upset about being alone in the hospital without family support but are trying to maintain composure.</p> <p>If asked, you are experiencing mild pain in your abdomen post surgery, but you don't think you need any pain medication and you're more worried about trying to talk with family.</p>

Table 2. Simulated Participant Scenarios, Canada, 2022 (conclusion)

<p>SP Scenario Three – Patient is Racist Towards a Nurse</p> <p>Location: At patient bedside, SP in a hospital gown in hospital bed.</p> <p>Expected Learner Actions:</p> <ul style="list-style-type: none"> • Identify the interaction as discrimination • Uncover why the patient does not want this nurse to take care of them OR why the patient thinks they are the best nurse to take care of them • Call for support from another nurse (the active observer). <p>Affect/Behaviour</p> <ul style="list-style-type: none"> • Annoyed • Sarcastic • Irritated if student is not a white female • Ecstatic if student is a white female <p>SP's Opening Line:</p> <p>If the student who walks in is anything but what you would consider to be a white female person "Oh hi, so are you my nurse? I thought I had the other one?" when the student tries to take vital signs "Can I just ask if you're qualified to be a nurse?"</p> <p>If the student is a white female: "oh great, you're my nurse!! I'm so glad you're my nurse and not the other one." When the student tries to take vital signs (Blood pressure etc.)</p> <p>Background Story:</p> <p>When the student walks in you are going to make a judgement based on the outward appearance: a white female person is qualified to be a nurse, if the nurse appears to be anything but a white female, you think they are unqualified to be a good nurse.</p> <p>You are a patient displaying racist behavior who has very specific views about what an ideal nurse is: a white woman who speaks fluent English with no accent. You are annoyed and uncomfortable if anyone other than this profile is caring for you and you don't think they are qualified to look after you.</p> <p>If you are called out as being racist or discriminatory by the student, you will respond with "oh hey wait a minute, I'm not really being racist, it's just a well-known fact that the best nurses are white women, wasn't Florence Nightingale white.</p> <p>No matter what the student says you are not convinced that you are being racist or discriminatory.</p> <p>The first student may call someone in for support and you can eventually begrudgingly agree that you will not make these types of comments.</p>
<p>SP Scenario Four – Interaction with Charge Nurse (this scenario builds off scenario three)</p> <p>Location: Empty patient room, SP in nursing scrubs.</p> <p>Expected Learner Actions:</p> <ul style="list-style-type: none"> • Students will report to the manager of the unit what happened in the previous scenario with the racist patient • Students would like to file a report or formal complaint – change maker • Students asking the manager for their support and to speak with the patient that the hospital does not tolerate that type of behaviour. <p>Affective/Behaviour:</p> <ul style="list-style-type: none"> • Dismissive • Friendly but aloof • Trying to brush it off <p>SP's Opening Line:</p> <p>"Hello, what can I do for you?"</p> <p>Student will report what happened and that they would like something concrete done about it.</p> <p>Reply with "I'm not sure I understand, what seems to be the problem here" "Are you sure that is what the patient meant or are you just taking it out of context, or being a bit sensitive?"</p> <p>After students explain why they think this is important, you are still not totally convinced and say: "our job is to look after patients and unfortunately sometimes dealing with this is just part of the job".</p> <p>Once the students have given you some more rationale you are convinced to support them. "I can see this means a lot to you, and I agree we want to promote a culture of respect and zero tolerance for discrimination, so I will bring this issue up with my management team and see how we can handle it"</p> <p>Background Story:</p> <p>You have been working as a nurse for many years and have seen this type of behaviour from many patients, but nothing is ever done about it, so you don't think it's worth getting too worked up over. You think the nurses will just have to deal with this as part of their job.</p>

Source: the authors (2022).