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Title:

Will nurse leaders help eradicate 'hair racism' from Nursing and Health Services?

Running Head: Hair racism

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Structured Abstract

Aims

Nurse managers play key roles in creating and enforcing organisational hair policies and practices. This challenging paper will provoke discussion, debate and hopefully the dismantling of racist hair policies that disproportionately target black students and nurses.

Background

Black people have suffered from centuries of hair racism that continues today. Unfortunately, many nurse leaders underestimate the significance of this issue, while perpetuating the injustice.

Evaluation

This paper is based on research literature, media reports and authors' lived experiences regarding hair racism experienced by black people and nurses in particular.

Key Issues

Nurse managers often create and police organisational hair policies and dress codes. As health services pledge to eradicate racism 'in principle', ending discriminatory hair policies offers nurse managers a practical way to make this principle a reality.

Conclusions

Hair racism is real and damaging for many black nurses and has no place in a modern health service. Rather than designing and policing such structural racism, nurse managers can be instrumental in ending it.

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Implications for Nursing Management

Health service hair policies targeting black nurses especially are not 'neutral'. Nurse managers can challenge this institutional discrimination, demonstrating health services' commitment to ending racism in all of its guises. (198 words, 200 maximum)

Will nurse leaders help eradicate hair racism from Nursing and Health Services?

Getting racism out of nursing's hair

Hair comes in a wide range of colours and shapes from long and short, to curly, to wavy and straight. There are a plethora of ways to present your crowning glory from ponytails to puffs, from bangs to bobs, from crewcuts to cornrows and so many more. So why is a nurse's hair such a contentious issue for many nurse managers and organisations? Thirty years ago, Caldwell "marveled with sadness that something as simple as a black woman's hair continues to threaten the social, political, and economic fabric of American life" (Caldwell, 1991, p. 367). We continue to wonder today, how nurses' hair can apparently continue to threaten patient safety, nursing professionalism and corporate standards, to the extent that ever more prescriptive policies and dress codes are required to govern and police it.

As a group of predominantly black nurse authors, we find the policies against certain styles of hair culturally oppressive and racially insensitive as these styles reflect and embody our culture and heritage. In this paper we hope to help end hair racism in nursing by showing how black nurses' hair in particular is never 'just hair', but rather a vitally important symbolic and cultural locus. As New Zealand schoolgirl, Takunda Muzondiwa said in her spoken-word poem about racism, "there are stories in these curls" (Muzondiwa, 2019). We also show how the policing and micromanaging of black nurses' hair in health care settings is deeply embedded in racist and colonial practices and ideologies, that for decades have defined black people's 'natural' hair as "unappealing, unprofessional and undesirable" (Norwood, 2018, p.69).

Throughout history, black people have been cajoled and coerced into creating 'good

hair', that must be coiffed, slicked, heated, straightened and wrestled into submission to approximate Eurocentric norms of acceptability (Banks, 2000; Johnson, 2016).

Organisations everywhere are pledging their opposition to racism, but specific anti-racist policies and actions are less visible. This paper assumes that nurse managers and leaders genuinely wish to dismantle policies and processes in their services that perpetuate racism and discrimination, and highlights the racial injustice surrounding black nurses' hair that can be tackled and ended immediately.

“The past is never dead. It’s not even past.” — William Faulkner.

Black people learn at an early age that all aspects of their appearance are deemed unnatural or deficient when compared to the dominant, Eurocentric norms of Western societies. These overwhelming, white, aesthetic values dictate that white skin, blue eyes and long straight hair are always more highly prized and normalised than black or brown skin and curly, 'kinky', or natural black hair. Young Pecola Breedlove in Toni Morrison's novel, *The Bluest Eye*, is emblematic of this trauma (Yancy, 2000). She lives her life, branded by both her family and wider society as an 'ugly' black girl, fantasising about having blue eyes, peachy white skin and blonde hair, just like the pretty girl on the wrappers of Mary Jane candy that she eats, hoping that such consumption of candy and milk will somehow whiten her.

Although “The influence of whiteness as a yardstick for beauty has a history that extends back to slavery” (Tate, 2007, p.301), this is not the stuff of last Century, but the everyday experience of many black people even today. Unruly black hair has become a focal point for both institutional fear and revulsion regarding blackness that seeped into nursing. This is no exaggeration of the situation. A young, black, future nurse growing up in the 21st century might think that freedom to style your hair as you choose would be a basic human right. Not so. Black children will regularly and frequently be profiled, shamed and often excluded from school should their hair not conform to white hair norms (Busby, 2020; Dabiri, 2020). The “cultural violence” (Oyedemi, 2016, p.538) of racist aggressions and insults begins in kindergarden, where one study found parents' accounts of their black childrens' experiences “demonstrated that Black hair was viewed as a marker of second-class citizenship and as an indicator of 'defilement', meaning that other children and adults made

assumptions that black children's hair was dirty or even infested" (Essien & Wood, 2020, no p.n). Black women in particular endure demeaning and disparaging racism based on their hair, where organisations and corporations condemn black hair as unprofessional (Cooper, 2014) by fiat and whim. For aspiring black nurses to learn that the same prejudices, oppression and micromanaging of their appearance by white ruling elites exists at university and in health services today, where they are learning or practicing their chosen careers, is beyond shameful. This has nothing to do with professional standards of dress and grooming but everything to do with structural racism and erasure of culture and identity.

Creating a new nursing future

2020 was a watershed year. The Momentum of the Black Lives Matter movement, triggered by the brutal killings of George Floyd, Breonna Taylor and others evoked worldwide condemnation. A global groundswell of anti-racist awareness has demanded the identification and dismantling of the panoply of structural and systemic racisms and oppressions that continue to pervade every aspect of black experience, including in nursing and health services (Burnett et al., 2020; Geia et al., 2020; Moorley et al., 2020).

Nursing still does not reflect our populations in its composition. In the USA, black nurses are estimated to be 11% of the workforce while the black population represents 13.4% of persons in the US. UK nursing appears to do better where black nurses are 8.4% while the black population represents 3% of persons in the UK. Neither figure however, tells the story of disadvantages experienced or obstacles to career advancement in either country. Despite these disappointingly low numbers, every health and nursing organisation is keen to publicly affirm its opposition to racism and to proclaim its full commitment to racial equality. This is as easy as assuming that racism is synonymous with overt racist abuse and insults and to roundly condemn those. There could be no lower bar set in nursing management than 'we will condemn overt racial abuse and oppose egregious racial discrimination'. What is more difficult, but far more effective, to take decisive action to identify and eliminate the numerous structural and systemic barriers that single out, exclude and disadvantage black nurses and midwives. Prime among these are

the pervasive hair policies that police, micromanage and discriminate against black nurses on the basis of their hair.

Nursing today demands that its practitioners must have demonstrable cultural awareness and sensitivity. Being culturally aware in responding to diverse patients' and clients' needs is an essential nursing quality, not an optional extra. Yet such cultural sensitivity is not extended to our colleagues and students who may have a variety of black hair styles. Expecting that cultural awareness be displayed both by staff and towards staff is entirely reasonable. We posit that whether a nurse's hair is long or short, pink, blonde, black or rainbow striped, styled in cornrows, puffs or pleats is of no relevance to a nurse's practice and is no concern whatsoever of nurse managers and health service leaders.

Nurse leaders challenging hair-brained policies

Nursing has an opportunity here to lead the world in showing that a highly regarded and trusted profession can welcome and value all nurses, appreciating their professionalism, intelligence and skill without fixating on their hair, as other employers have done, as an opportunity for "punitive measures" (Thompson, 2009, p.836). Health services' organisational racism will not be overcome by flicking a metaphorical switch that will end all discrimination overnight. Nursing will dismantle and end racism one called out racist aggression at a time, one key black nurse appointment at a time, one decolonised curriculum at a time and one overturned discriminatory dress code or hair policy at a time. Nurse managers have a vital role to play in this service transformation. Their decades of experience and leadership potential are far too valuable to be squandered on nurses' hair, rather than nursing care. This has been very much nursing's year of taking racism seriously. Nurse leaders and managers can help excise racism from our profession and workplaces by recognising its manifestations and by working with Black, Asian, and minority ethnic (BAME) colleagues to challenge and eradicate them. Discriminatory, prejudicial hair policies have no place in a modern nursing or health service. Considerable lip service is paid to the empowerment and autonomy of nurses. Now is the time for nurse managers and leaders to make this rhetoric a reality by helping "decolonize nursing" (Waite & Nardi, 2019, p.21) through ending hair policy and dress code micromanagement.

We should expect the very best from nurses, that they will bring their best selves to work; authentically, honestly, diligently and thoughtfully engaging with patients, colleagues and nursing practices, and we should trust them to ensure that their appearance and demeanor reflect high standards of practice.

Implications for Nursing Management

Health service hair policies targeting black nurses especially are not neutral. Nurse managers can challenge this institutional discrimination, demonstrating health services' commitment to ending racism in all of its guises. We do not advocate anything goes approach to nurses' hair. The only hair policy required for any nurse is that hair should be clean, away from the face, up off the collar and not in the way of any procedure being undertaken. No nurse's hair should ever be dangling onto wounds, incisions or central lines. Ending hair racism will also signal to even more potential black nurses that they are genuinely welcome in the profession and may possibly improve race concordance between patients and nurses (Norris and Horsburgh 2013). Year after year, nurses are judged to be the world's most trusted profession. Nurses are trusted every minute of every day with the health, safety and lives of patients and families, and with the culture and health of our organisations and workplaces. The very least that nurse managers and health services can do is to also trust them to manage their own hair at work.

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