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Reflections on Learning Nursing as a Black Student in Canada: A Case for Invitational Antiracist Education

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Abstract

International studies have revealed that Black undergraduate nursing students experience higher levels of attrition from nursing programs. Touted as the least likely racial group to graduate, Black students struggle disproportionately in comparison to their non-Black peers. Canadian literature, however, is largely silent on this topic and this population as a whole. Grounding our reflections in one student's experience, we argue that Canadian nurse educators need to implement invitational, antiracist approaches that intentionally support Black students' success. This article supports our argument by reflecting on both the literature and personal experience. First, we explain our reflective processes. Then, the history of nursing in Canada is presented, followed by an exploration of the current educational landscape. Next, we discuss Black students' experiences in nursing education. We conclude with recommendations for Canadian nurse educators.

Des études internationales ont révélé que les étudiants et les étudiantes de race noire qui étudient les soins infirmiers connaissent des taux d'abandon plus élevés dans les programmes de soins infirmiers au niveau du premier cycle. Présentés comme le groupe le moins susceptible d'obtenir un diplôme, les étudiants et étudiantes noirs luttent de manière disproportionnée en comparaison de leurs camarades non noirs. Les publications canadiennes, toutefois, sont largement silencieuses à ce sujet et sur cette population dans son ensemble. Basant nos réflexions sur les expériences d'une étudiante, nous soutenons que les enseignants et enseignantes canadiens en soins infirmiers ont besoin de mettre en pratique des approches antiracistes sur invitation qui soutiennent intentionnellement la réussite des étudiants et étudiantes noirs. Cet article soutient notre argument en proposant une réflexion basée à la fois sur les publications et sur l'expérience personnelle. Tout d'abord, nous expliquons nos processus réflectifs. Ensuite, nous présentons l'historique des soins infirmiers au Canada. Puis nous explorons le paysage éducatif actuel. Enfin, nous discutons des expériences des étudiants et étudiantes noirs dans les programmes de soins infirmiers. En conclusion, nous présentons des recommandations aux éducateurs et éducatrices canadiens de soins infirmiers.

I was one of only three Black students in my Canadian undergraduate nursing program. The majority of my classmates and professors were White. One day, needing clarification on an assignment, I asked one of my professors for help. In response, my professor rolled her eyes and sighed audibly. Although she had spent time discussing the assignments with other members of the class, my questions seemed to be unwelcome.

I did not feel invited into the conversation. I took a deep breath and tried to explain myself again. "I just need clarification on this step. I understand the project, but this part wasn't as clear to me." Without making eye contact, my professor launched into a description of the entire project, leading me to feel that she didn't hear me at all. "Never mind," I thought. "I'll figure it out on my own." Author 1(Kimberley)

For Kimberley, this incident was just one of many experiences during her education where she did not feel supported. Kimberley felt as though resources, such as individual time with professors, that most post-secondary students take for granted were simply not available to her. As a Black student, she felt uninvited into her undergraduate learning environment. She felt she had to work twice as hard as her peers throughout her post-secondary education in order to receive the same recognition and achievement. Unfortunately, many Black students struggle to succeed in nursing programs (Jefferies et al., 2022), and, in the United States, they have been touted as the least likely of all ethnic groups to graduate (American Association of Colleges of Nursing, 2016).

Our Reflective Processes

The incident Kimberley described above is an excerpt from a reflective journal she completed as a graduate studies assignment in a course geared to preparing nurse educators. The purpose of the journal was to reflect on personal experiences that impacted learning and to consider effective approaches for teaching undergraduate nursing students. When Authors 2 (Sherri) and 3 (Barbara), White professors in the course, reviewed and discussed the submitted journal, they wanted to learn with and from Kimberley. They were deeply disturbed that a Black nursing student felt uninvited and excluded because of their race. As a group, the authors met regularly for several months after the course. Our goal was to explore the issue further and establish recommendations for nurse educators.

Kimberley's reflections on learning nursing in Canada as a Black student highlighted a disparity in academic achievement that requires immediate attention, and a topic that has not been comprehensively addressed in the Canadian context. In this article, we present excerpts from Kimberley's reflective journal to illustrate one nursing student's experience. We provide guidance from the literature that will help educators make the experiences of other Black undergraduate nursing students in predominantly white institutions (PWIs) in Canada more welcoming. We begin with a brief explanation of the theoretical backdrop that guided our explorations and subsequent recommendations.

Theoretical Backdrop

We framed our thinking from theoretical tenets associated with humanism, cultural humility, invitational theory, and antiracist pedagogy. It is beyond the scope of this article to explain these positions in depth. In brief, a humanist philosophical orientation views learners as

self-directed and self-motivated people who actively seek out opportunities to grow and develop; it expects educators to provide choice and control throughout learning experiences (Zinn, 1990). We based the recommendations presented in the final section of this article on the premise that all students, including those who are Black, deserve support and direction towards the best possible learning opportunities.

We integrated cultural humility. Cultural humility is an ongoing reflective process where people seek to understand themselves and others and build honest and trustworthy relationships (Tervalon & Murray-Garcia, 1998). Without demonstrating cultural humility, White educators cannot expect to establish trusting relationships with Black students. As Bell (2020) purports, adopting a posture of cultural humility decreases violence and discrimination towards marginalized groups and deconstructs hegemonic, Eurocentric ideals.

We placed a high value on viewing Kimberley's reflections and information from the literature through the lens of invitational theory. Invitational theory, as the name implies, emphasizes the word '*invitation,*' and highlights how this word can mean offering something valuable and summoning cordially (Purkey, 1992; Purkey & Novak, 2008). An invitation is an intentional and caring act of communication designed to offer something beneficial for consideration (Purkey, 1992). Inviting educational approaches "cordially summon[s] [learners] to develop physically, intellectually, and emotionally" (Purkey, 1992, p. 12). Invitational theory asserts that educators have the ability and responsibility to consistently extend messages of invitation to learners and to purposefully facilitate trust, respect, and optimism in their classrooms (Purkey, 1992). Our recommendations to nurse educators provide strategies they can use in their everyday practice to *invite* Black students into learning experiences and ensure that they feel welcomed and cared for.

Importantly, our recommendations emphasize antiracist pedagogy. Blakeney (2011) defines antiracist pedagogy as a paradigm within critical race theory that is used to "explain and counteract the persistence and impact of racism using praxis as its focus to promote social justice for the creation of a democratic society in every respect" (p. 119). It is a specific approach to teaching and learning that explores the many ways in which racism permeates society (Grosland, 2011). Antiracist pedagogy goes beyond diversity and inclusion to explicitly addressing racism in nursing education and working to eliminate it (Coleman, 2020).

By listening carefully to Kimberley's experiences, reviewing the literature, and collaborating to explore the challenges Black nurses face, we learned how nurse educators, many of whom are White, can begin to help. In this article, we argue that approaches grounded in a humanist philosophical orientation, cultural humility, invitational theory, and antiracist pedagogy can help Black learners feel more welcome. We support our argument by presenting a historical overview of Black nurses in Canada. Then, we discuss the current educational landscape in nursing, focusing on systemic and institutional bias and the impact of negative undergraduate experiences. We make a case for invitational and antiracist education by recommending practical approaches that Canadian nurse educators can implement. Although the approaches are geared to nurse educators, post-secondary educators in other disciplines may find the suggestions useful.

Historical Overview of Black Nurses in Canada

Understanding the perspectives of Black nursing students begins with insight into the historical context of Black nursing in Canada. The earliest records of Black Canadian nursing date back to the year 1920 in which the Black Cross Nurses (BCN) were developed as an auxiliary of

the United Negro Improvement Association (UNIA) (Black Cross Nurses, 2018; The Canadian Encyclopedia, n.d.; Marano, 2018). The BCN were modeled after the Red Cross and provided Black women the opportunity to serve their communities (Black Cross Nurses, 2018; Marano, 2018). Having received their training through St. John's Ambulance, the BCN shared knowledge on health and hygiene and provided care to Black people, many of whom had limited access to healthcare (Black Cross Nurses, 2018; The Canadian Encyclopedia, n.d.; Marano, 2018).

When the BCN sought to serve in the First World War, they were denied the opportunity through exclusionary practices. The Armed Forces Nurses' Corps (managed by the American Red Cross) declared that only applicants between the ages of 25-35 that were unmarried and graduates of hospital training programs with over 50 beds would be permitted to serve (Blyden & Burgos, 2020). This last point would exclude Black people, since the hospitals that permitted Black people to receive training had much fewer than 50 beds (Blyden & Burgos, 2020). However, following the Second World War, a shortage of nurses led the Red Cross to loosen their racist admission requirements, which led to an expansion in nursing school admission and acceptance (Blyden & Burgos, 2020; Canadian Museum of History, n.d.).

Among the applicants to nursing programs were Black Canadians and Caribbean immigrants. Despite the expansion of nursing school admission, nurse leaders were still invested in maintaining the image of the "ideal" nurse, which was a White, middle-class female, and the privilege that went with it (Flynn, 2009). Thus, discriminatory practices and policies were put in place to maintain control over Black applicants' admission into nursing schools (Flynn, 2009). It took the dedication of Black activists such as Nova Scotia nurse leader Dr. Pearleen Oliver and many Black-led organizations for Black people, most of whom were women, to finally be admitted into nursing programs in 1947 (Gover et al., 2018).

Among the first Black nurses in Canada were Bernice Redmon and Marisse Scott (Lesmond, 2006). Both of these women experienced significant obstacles, including racist treatment from patients, nurses, and physicians (Gover et al., 2018); obstructions to attaining nursing education (Gover et al., 2018); and the invalidation of their skills and accomplishments, despite high achievement in their respective programs (Calliste, 1992; Flynn, 2008; Flynn, 2009). Scott was told that, despite her excellence as a high school student, the sight of her at the bedside would kill her patients. Therefore, it would be a waste of time to train her as a nurse (Gover et al., 2018). Redmon was not permitted to study nursing in Canada and had to travel to the United States to receive her training (Bristow et al., 1994). Elaine McLeod, a Black nurse who immigrated from Britain, was told that she did not have enough pediatric experience and would need additional training in order to attain a job as a nurse's assistant (NA) in Canada (Flynn, 2004). As a State-enrolled nurse in Britain, McLeod felt that her qualifications were at least equivalent to those required to be a NA in Canada. Yet somehow, the two-year training program she had completed in Britain was not equivalent to the Canadian ten-month NA program (Flynn, 2008). In fact, the College of Nurses in Ontario informed her that she would need to repeat the program completely, despite her training and experience in Britain (Flynn, 2008).

Black people were stigmatized as mentally, socially, and physically inferior to White people and thus, were considered an undesirable social problem in Canada (Calliste, 1993). Furthermore, the Canadian government felt that placing Black people at the same economic and social level as White people was something to which most White people would be unaccustomed. Thus, even when Black nurses were successfully trained and employed, they were subject to only the heaviest and most menial jobs (Calliste, 1993).

Unfortunately, such instances were commonplace for Black nurses. Both immigrants to Canada and Canadian-born Black people were constantly discriminated against by nursing institutions, hospital administrators, and the Canadian government in the 1950s and 1960s (Calliste, 1993; Flynn, 2008; Flynn, 2009). Canada's immigration policy only permitted people of "exceptional merit" (Calliste, 1993, p. 87) to make a home within its borders. This was based upon the Canadian government's desire for cheap labour post-war, their need to exclude Black people from becoming permanent settlers, and the desire to appease Caribbean countries criticizing Canada's racist policies (Calliste, 1993). White women who immigrated to Canada to pursue nursing employment were admitted based on their general admissibility; Black women, by contrast, where admitted only on the basis of their nursing qualifications, which had to be over and above White women (Calliste, 1993). Still, these women persisted, pushing back against unjust policies made to exclude based on the colour of their skin (Calliste, 1993; Flynn, 2008; Flynn 2009). Though they persevered, it is important to emphasize that historically, Black people were not welcomed into Canadian nursing programs. In our view, recognizing this longstanding exclusion is foundational to the process of seeking to understand the experiences of Black nursing students today.

The Current Educational Landscape

For Black students, the current educational landscape can be dominated by the historical practices mentioned above that denied them entry into nursing programs. Despite significant strides in the nursing profession, systematic and institutional biases continue to affect the education of nursing students. In many countries, there still exists a long-standing sociocultural environment in which Black people are considered inferior and suffering from a range of deficit disorders (Brathwaite, 2018; Calliste, 1992; White & Fulton, 2015). This thinking has infiltrated every major industry, including nursing, and has resulted in biases at both the institutional and systematic levels (Waite & Nardi, 2019).

The traditional emphasis on sameness, or being able to fit into the White, female, nurturing, middle-class ideal (De Souza, 2012) in nursing continues to this day and has been perpetuated as a measure of professionalism (Love, 2010; Murray, 2015b). Thus, policies and procedures have been developed that benefit White students. One such example is the practice of using GPA scores and standardized testing as the means by which students are admitted into nursing programs in the United States (Ackerman-Barger & Hummel, 2015; Bleich et al., 2015).

In Canada, racism and discriminatory practices were also found to have contributed to insufficient academic preparation on the part of secondary schools to meet the Bachelor of Science in Nursing entrance requirements; low academic grades and high secondary school drop-out rates influenced admission into Canadian nursing programs (Etowa et al., 2005). It has been suggested that the system has been designed to accommodate traditional nursing students, so many Black nursing students believe that colleges and universities were not created with them in mind (Englund, 2019).

Waite and Nardi (2019) stated that whiteness is often used as a way to gain unearned access to power. Therefore, systematic power imbalances continue: the dominant racial group creates policies and procedures, develops educational material, and establishes norms, further reinforcing their power (Waite & Nardi, 2019). These power structures generate inequities which can affect the recruitment and retention of Black nursing students at the institutional level (Ackerman-Barger & Hummel, 2015; Etowa et al., 2005). Allen (2006) asserted that nursing education has created an

illusion of equality and inclusion but has masked the system of white privilege and white dominance that has prevailed over time. Not unexpectedly, these systemic and institutional biases can leave Black students feeling that they do not belong.

Black Students' Experiences in Postsecondary Nursing Education

I frequently felt like an outsider in my nursing program. I felt visible and invisible simultaneously; I was always "noticed" but not necessarily "seen." These feelings for me were rooted in my classroom experiences: on multiple occasions, resources that were readily offered to my friends and classmates, such as extra readings, websites with more information or just one-on-one time with the professor, were not offered to me. I always felt like I was "behind," the others, struggling to keep up as a result of the unseen advantages that they seemed to have. I performed well academically, but it was without the additional help that others were being offered. I had to "work twice as hard to be half as good" – a piece of advice my mother shared with me at an early age.

Subconsciously, I had this sense that university education – the resources, support, and tutelage – was not made or intended for me. It was not until later that I could identify the feeling: I felt uninvited. The invitation was technically always available, but where it was readily extended to others, it was not extended to me (Kimberley).

The feelings of isolation and emotional detachment that Kimberley described have also been cited in the literature. Negative experiences during their undergraduate programs are not uncommon for Black nursing students, and they leave lasting negative impacts (White, 2015). In a variety of international jurisdictions, Black undergraduate nursing students reported feeling undervalued, doubted, emotionally hurt (Brathwaite, 2018); judged (Ackerman-Barger & Hummel, 2015; Murray, 2015a); and insignificant (Murray, 2015b; White & Fulton, 2015). They expressed feeling powerless (Murray, 2015b) and sensed that they were simultaneously both visible and invisible (White & Fulton, 2015). Racially isolating experiences and alienation can have a negative impact on student success, leading to a perceived lack of support from White faculty that makes students feel uncomfortable accessing the resources they need (Montgomery et al., 2021).

Black nursing students sometimes felt that they were the representatives for their race and thus feared confirming negative stereotypes (Ackerman-Barger et al., 2016). This phenomenon, called stereotype threat, contributed to a constant "burden of proof" which pressured them to perform at a high level at all times (Ackerman-Barger et al., 2016; Breslin et al., 2018; Metzger, et al., 2020; Zajac, 2015). For others, concerns about appearing less smart led them to the practice of "over-efforting" in order to receive the same recognition as their White peers (Ackerman-Barger et al., 2016; Diefenbeck et al., 2018; Sedgwick et al., 2014). However, despite their extensive efforts, students actually underperformed when faced with stereotype threat, experiencing significant challenges with classwork, exams, memory, and skill performance (Steele, 2010).

Disinviting Experiences from Nurse Educators

Unfortunately, educators can implement approaches that actively exclude learners and leave them feeling as though they do not belong. Many students described feeling stigmatized, or

"othered" (Jefferies et al., 2019; Waite & Nardi, 2019; White, 2018), that is, being treated differently as a result of being considered completely different from others (Macmillian Dictionary, n.d.). Bell (2020) states that the nursing profession reifies difference in a process of othering in which those from differing backgrounds have something called *culture* to which White nursing students can't relate*.* This culture, they are taught, must be respected and understood. However, scholars state that in creating this distinction between White nursing students and others, Eurocentric normativity is silently reproduced (Bell, 2020; Thorne, 2018).

Black nursing students also consistently commented that there were times they felt isolated, lonely, and frustrated (White & Fulton, 2015; White, 2018; Wong & Wong, 1982). This can result when educators demonstrate an affinity bias for certain students and do not realize that they spend more time with some students than with others. When White educators gravitate towards learners with similar appearances, backgrounds, and cultural influences as their own, this bias is demonstrated (Melrose et al., 2020). However unintended, this bias sends the message that this like-minded group of people have greater value. Educators may not notice that these associations can leave people to whom they do not relate as easily feeling excluded, ignored, and uncared for (Turnbull, 2014). When educators make a point of tracking the time they spend with individual or certain groups of students, it may become apparent that other students are not receiving the same attention.

Further, Black nursing students reported experiencing implicit bias and stereotypical thinking, sometimes in the form of low or unknown expectations (Ackerman-Barger & Hummel, 2015; Ackerman-Barger et al., 2016; White & Fulton, 2015), racial profiling (Graham et al., 2016), and marginalization (Murray, 2015a; Zajac, 2015). Scholars reported that Black nursing students received differential treatment, increased surveillance (White, 2018), stricter assignment rules (White & Fulton, 2018), harsher consequences for failure (White & Fulton, 2018), unfair grading of assignments (Breslin et al., 2018; White, 2018), decreased access to resources (Ackerman-Barger & Hummel, 2015; White & Fulton, 2015; White, 2018), and a lack of recognition of their contributions, existence, and agency from their educators (Englund, 2019; Graham et al., 2016; White, 2018). These experiences can be particularly devastating to students. When educators themselves feel dissatisfied with and uninterested in their role and have little interest in getting to know their learners, they are unable to display an invitational attitude. Their comments leave learners feeling belittled, judged, and worthless. In these circumstances, Black students resorted to the coping mechanism White (2018) named "laying low" in which they chose not to depend on other students or their educators for assistance. Some felt powerless and retreated into silence, while others ceded to the expectations to be silent and to accept, adapt, and mold into the dominant system (Ackerman-Barger & Hummel, 2015).

Finally, for many students, attrition from the nursing program was the only solution to their continued frustration, which in turn contributed to an underrepresentation of Black nurses in the workforce (Englund, 2019). This underrepresentation in the nursing profession has been shown to cause negative health outcomes for ethnic patient populations (Etowa et al., 2005; Jefferies et al., 2019; White, 2018). Colleagues of educators who intentionally disinvite learners have a duty to notice this behavior and intervene.

Reversing the impact of the negative experiences that Black students currently face and that they may continue to face in the future is not straightforward. Yet, nurse educators who acknowledge the racist history of Canadian nursing education and demonstrate changed behaviour can support success among Black nursing students (Ferrell et al., 2016; Jean-Baptiste, 2019; Medley, 2017; White & Fulton, 2015). When students believed that they had a supportive faculty,

access to resources, and fair judgement of their work, they felt that their experiences in PWIs were positive (Dapremont, 2011; Ferrell et al., 2016). In the final section, we make a case for invitational antiracist education by recommending approaches that nurse educators can implement to demonstrate support.

Recommendations for Canadian Nurse Educators

Our process of reflecting on Kimberley's own experiences and casting these experiences against existing literature led us to two overarching recommendations for Canadian nurse educators. First, it is imperative that racism is definitively named and acknowledged in nursing education (Banks, 2014; Koschmann et al., 2020). Racist practices have been built into the foundations of the nursing profession in Canada since its inception and infiltrate nursing pedagogy and practice to this day (Bell, 2020). Furthermore, nursing curricula has been criticized in the literature for being politically soft and avoidant of conversations about racism (Bell, 2020). Without acknowledging this reality and accepting the role white supremacy has played in nursing education, the profession can never move forward.

Second, once aware of the ugly reality of racism in nursing education, it is necessary for nurse educators to demonstrate changes in their thinking and their behavior. This includes a willingness to unlearn harmful, disinviting practices, many of which are rooted in white supremacist ideology (Bell, 2020).

Changes in thinking and behavior involve shifts in thinking at multiple levels of nursing scholarship, starting with the very foundations of the nursing profession. Systemic racism can be particularly insidious and subtle as it is threaded into the fabric of many of our institutions, including nursing education (Coleman, 2020). Addressing the foundational climate of white privilege in nursing education can be challenging due to the image of a caring profession that, in actuality, perpetuates colorblindness (Coleman, 2020). Therefore, Coleman (2020) argues, needed change cannot occur until nurse educators in all areas of the profession explicitly name racism for what it is. Until nurse educators reckon with their racist beginnings, they cannot hope to support all its students to excellence equitably and equally.

The leaders of nursing institutions can begin deconstructing systemic, institutionalized racism by educating themselves on the history of Black Canadian nurses and the mistreatment they endured at the hands of nursing administrators and the government. Furthermore, they can educate themselves on antiracist pedagogy and how those principles may be applied to their institutions. Leaders can then advocate for an examination of their institution's values and practices as they pertain to antiracism and advocate for policy changes that address known discrimination at a systemic level. This can include producing antiracist statements, committing to ongoing antiracist education for nursing faculty members, and/or advocating for curriculum change, in which the contributions of Black nurses are acknowledged and taught.

Beyond a critical need to acknowledge that racism exists in nursing education, and that changes in thinking and behavior are needed, we recommend the following invitational and antiracist approaches that nurse educators can implement in their everyday practice.

Implementing Invitational and Antiracist Teaching Approaches

Creating intentionally inviting environments in nursing education, where students learn the knowledge, skills, and attitudes they need to practice competently in clinical settings as well as

classroom and online settings, can be challenging. However, welcoming approaches grounded in humanist thinking, cultural humility, invitational, and antiracist teaching approaches can be readily implemented in any nurse educator's interactions with students.

Continuous self-reflexivity is imperative for any educator desiring to incorporate antiracist pedagogy into their classrooms (Kishimoto, 2018). Nurse educators must consider whether they have preconceived notions of what their ideal student would look like (Wheaton College Massachusetts, n.d.) and what expectations they have of their Black students. They must examine themselves for implicit biases that can result in harmful behaviour towards Black students. Knowing that having low to unknown expectations of Black students' success can make achievement particularly difficult for them (White & Fulton, 2015), it must be communicated that they are expected to, and will be supported towards, achieving their full potential.

Student feedback should be integrated into nurse educator reflections. Typically, student feedback on educational approaches is acquired from program wide end-of-course evaluation forms. However, for Black students in PWIs, incorporating additional opportunities for learners to evaluate their educators honestly and without fear of reprisal may provide a more complete picture of their experience. In classroom settings, educators can make it easy for learners to share positive and negative feedback by providing anonymous educator evaluations throughout the course. In clinical settings, educator evaluations can be integrated into student evaluation appointment times. When appropriate, during group discussions, educators can introduce the topic of how they are reflecting on their own practice and invite learners to comment. Optional opportunities for students to comment privately on their educator's performance should also be available. Here, posting office hours that include a clear message that feedback will be well received is important. For Black students, extending existing curricula to include additional opportunities to provide feedback creates a more inclusive and invitational learning environment.

The process of reflecting on practice includes a commitment to growing and making needed changes. When learners have provided feedback, it is valuable for them to understand how their comments and suggestions will be acted on. When educators share their own process of integrating relevant feedback, they model behavior that they expect from learners. A modeling approach can help shift an unpredictable and unintentionally inviting learning environment toward a more trustworthy one where self-disclosure and collaborative problem solving are expected and valued. For Black students who struggle with speaking up when they feel unwelcome, hurt, and unable to self-advocate, a trusting relationship with their educators and a sense of safety in their learning environment is essential.

Educators who embrace relationships with learners, provide specific offers of help, and work to create a safe space in their classrooms demonstrate intentionally inviting, antiracist approaches. Importantly, they notice and respond to learners' accomplishments and their struggles. When educators function at an intentionally inviting level grounded in antiracism, they extend these approaches to include actions that will engage Black students who, as a group, have been impacted by historical exclusion from nursing programs. This can include recognizing the unique challenges that Black students may be facing and validating their experiences (Kishimoto, 2018). Additionally, this includes acknowledging that they are at risk for high rates of attrition and that they often live with persistent feelings of isolation (Englund, 2019; White & Fulton, 2015; White, 2018).

Black students have expressed feeling uncared for, ignored, and excluded (Turnbull, 2014). Therefore, one approach to engage Black students and support their program completion is to ensure that all participants in a learning group are acknowledged. Invite Black students to share

their unique perspectives and to challenge prevailing thoughts on any topic. Resist the impulse to contest their perspectives. Rather, assume a posture of cultural humility, in which educators acknowledge that they learn from students (Kishimoto, 2018). This decentering of authority may be challenging for nurse educators. However, taking the opportunity to connect with Black students and communicating a willingness to learn from them can create a positive and invitational environment that fosters learning and growth. For Black students, this can create an opportunity to challenge preconceived notions and non-inclusive pedagogy and advocate for a nursing education that is more reflective of contemporary issues that affect them.

Similarly, educators must avoid responding only to vocal students who are comfortable asking questions and commenting on discussion points. Notice whether some students express themselves more frequently and confidently than others. Reach out to students who seem reticent. They may be trying to "lay low" (White, 2018, p. 350) to get by. If possible, find out why (White, 2018). Try to connect with them and provide a verbal offer of support. By acknowledging students equally, Black students are not singled out, but they can know that they are seen and that they are a welcome member of the group.

Black students have also experienced a lack of recognition of their contributions, existence, and agency from their educators (White, 2018). If the academic accomplishments of one or two students are acknowledged publicly, ensure that Black students who have made great strides and achievements are included. Be specific in praise of their work and encourage these students to become involved in advanced clubs or organizations within which they could excel.

In their book *Invitational Education and Practice in Higher Education,* Gregory and Edwards (2016) commented that intentionally invitational educators "help students to feel smart" (p. 73). They suggested providing students with pre-class resources that introduce concepts before they are formally presented in lectures or seminars. These resources help students "feel smart because they know what the [educator] is talking about" (Gregory & Edwards, 2016, p. 73). However, it is important to notice whether all students in the group understand where and how to access these or any supplemental learning resources. Black students have frequently encountered barriers to accessing available supplemental materials and resources (Ackerman-Barger & Hummel, 2015) and may not feel comfortable approaching their White nurse educators for help. To address this, resources could be emailed to the class rather than requiring a meeting in person to receive them. Organizations and clubs also provide resources and peer support. Intentionally invitational educators create connections between resources and students, and Black students may be especially appreciative of this approach.

In summary, educators who implement intentionally inviting and antiracist approaches can have a profound and positive impact on supporting Black student success. They care deeply for all their learners; they see unlimited potential; and they expect excellence. In her reflections on the educators who made her feel welcome and valued, Kimberley wrote:

> *They allowed me to blossom in my individual abilities. They helped me see my strength by acknowledging my humanity, pushing me to my limits, and showing me that they cared and wanted to help. They brought these words from Carl Buehner to life: "…they may forget what you said, but they will never forget how you made them feel" (as cited in Evans, 1971; Brigham Young University, n.d.).*

Conclusion

In this article we argued that invitational antiracist educational approaches help support Black students in Canadian undergraduate nursing programs achieve success. We explored the negative impact that historical exclusion from nursing programs and feeling isolated during their undergraduate nursing programs can have on Black students. Through journal excerpts, we illustrated how Kimberley's own musings and memories of feeling uninvited and needing to work twice as hard as her peers have been mirrored in international publications. Nurse educators may not be aware that some Black students feel unwelcome and as though they do not belong. In response, we call upon nurse educators to notice and acknowledge both their struggles and their accomplishments, commit to being antiracist and adopting an antiracist pedagogy, and ensure that their students have access to relevant supports and resources through invitational approaches.

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