



### **Time for nursing to eradicate hair discrimination**

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## Time for nursing to eradicate hair discrimination

### The historical and current 'problem' of black people's hair

Nurses worldwide have been rightly lauded for their tireless contributions during the global Covid-19 pandemic. Amid a serious global shortage, nursing remains plagued by recruitment and retention problems as it struggles to attract, educate and retain the best potential nurses who reflect the diverse composition of their communities. The world has been shaken by the Black Lives Matter movement and the growing awareness that many health professions and workplaces are pervasively white, structurally and systemically racist and must change to become welcoming, encouraging places for all members of society. Amid all of this, it is incomprehensible that black nurses in particular continue to be subjected to organisations' discriminatory 'hair policies' (Grant, 2018).

Black nursing students might believe that they have left behind at school, the scorn and disparagement of peers and teachers that their hair evoked (Belsha, 2020). The reality for many however, is that they have merely entered a new theatre of 'hair racism' and cultural violence where they are expected to apologise for, hide, or in the worst cases, cut off their dreads, braids or other styles of black hair. Organisations that ban brightly coloured or 'non-natural' hair colours are merely ludicrous. Far more disturbing are organisations and corporate policies that disproportionately target black nurses by proscribing predominantly black hairstyles that white supremacy (Davis & Ernst, 2019) designates as being extreme, distracting, unruly, loud, too big, unsafe, or unprofessional (Ellis & Jones, 2019; Grant, 2018). It seems from the behaviour of some health services that little progress has been made since

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2  
3 the days of slavery and missionary schools, where natural black hair was “unsightly,  
4 ungodly and untameable” (Gatwiri, 2018). Today’s corporate organisations may  
5 simply define some black hair styles as inappropriate, unprofessional or ‘inconsistent  
6 with our values’ and continue the oppression.  
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14 Organisations are rarely foolish or blatant enough to spell out in dress code policies  
15 the exact black hairstyles that make them feel so uncomfortable. Rather they will  
16 cloak their dislike in euphemisms we have often found in online dress code policies,  
17 such as: extreme, unusual, fad, eccentric, unconventional, distracting or uncombed.  
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19 If a black nurse wears their hair in locs or braids, it is not difficult to fall foul of a dress  
20 code policy mandating that hair must be ‘combed’. It may be equally impossible to  
21 tie up and secure natural black hair without using bandanas, ties or wraps as these  
22 are also banned in some dress codes. It is then left open to the personal prejudices  
23 of individual educators or managers to police, identify and ‘enforce adherence’ by  
24 ordering black nurses to make their hair ‘more appropriate or professional’. While  
25 this is merely code for ‘style your hair to look more like a white person’s hair’, nurses  
26 will often insist that black nurses should “calm their hair down” (momentswithmarsha,  
27 2016), cut off their locs, undo their braids or otherwise remove the blackness of their  
28 hairstyle.  
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49 The cultural violence of hair racism is not an imaginary issue. Professional black  
50 women in many other fields have regularly been fired or threatened with dismissal for  
51 ‘looking unprofessional’ because of their natural black hair that has not been  
52 straightened to fit white managers’ preferences (Callahan, 2019; Leclair, 2018).

53 Identifying such discriminations as ‘white supremacy’ can cause discomfort among  
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3 some nurses whose 'wilful ignorance and white innocence' (Gutiérrez, 2006)(p. 299)  
4 demand conclusive proof or evidence that such a thing exists or who imagine it to  
5 involve only white hoods and cross-burning. Such 'adequate evidence' is often  
6 impossible to furnish within a nursing research literature that is implicated in such a  
7 system. Part of the reason for white supremacy's very supremacy is that it has no  
8 need to 'evidence its own existence'. As Fleming shows, "White supremacy endures,  
9 ironically — and chronically — through the widespread erasure of its systemic and  
10 chronic nature" (Fleming, 2018:39). For many black nurses, white supremacy is, as  
11 (Fernandez & Johnson, 2020:98) explain from their Muslim perspective, "the ground  
12 that we walk upon and the air that we breathe".  
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29 While there is no academic literature exploring hair discrimination in nursing  
30 specifically, black nurses worldwide have experienced 'racial gaslighting' (Davis &  
31 Ernst, 2019) through the profiling and policing of their hair, to the point of being  
32 driven out of nursing (Grant, 2018). Several authors of this paper and their black  
33 colleagues have experienced hair racism in nursing and nursing education regularly  
34 and recently e.g., petting hair in front of other students and claiming its resemblance  
35 to the instructor's puppy, telling a student to "tame" their afro during clinical and  
36 seeing a nurse with locs asked to wash their freshly washed hair before the next  
37 clinical day. The message being sent clearly and unapologetically is that *black*  
38 *nurses* are aberrations and it is *their* responsibility to discipline their black hair to  
39 assimilate and fit in with the expectations and aesthetic norms of white  
40 organisational settings.  
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### **How hair racism is defended and maintained**

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3 The arguments that many nurses offer in defence of discriminatory hair policies have  
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5 changed little over the years:  
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10 *'This is about safety and infection control'*  
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12 No, it is not. There is scant evidence to show that nurses' hair presents any  
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14 substantive infection risk. Nor is there any data showing that black nurses' hair is  
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16 some kind of industrial accident waiting to happen. It makes perfect sense to expect  
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18 *any* nurse not to have long flowing tresses spilling onto patients' central lines or  
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20 wound sites or interfering with clinical procedures. It makes no sense to  
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22 disproportionately penalise black nurses by telling them that *they* must 'cut their hair'  
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24 while their white peers are merely asked to tie their hair up. Some nurses fall back  
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26 on white privilege to invoke 'infection control' or 'professionalism' to coerce and  
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28 control black hair identity. Such microaggressions start with gaslighting the issue  
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30 around dress codes or hair policy non-compliance (Davis & Ernst, 2019) but can  
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32 readily escalate to threats of disciplinary action leading to possible fitness to practice  
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34 sanctions or 'termination'.  
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42 *'Everything is not about race. These policies apply to ALL nurses'*  
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44 This perennial justification ignores significant differences between equality and  
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46 equity. Mandating that nurses' hair should be clean applies equally and  
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48 uncontroversially to all nurses. Banning all nurses from having cornrows, an afro, or  
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50 dreadlocks because someone determines them to be 'distracting' or 'extreme' and  
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52 thus in breach of a dress code policy, is fully intended to target black nurses  
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54 significantly more than their white peers. Anatole France wrote in 1894, of laws that  
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56 'applied equally to everyone' that 'prohibit the wealthy as well as the poor from  
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3 sleeping under the bridges, from begging in the streets, and from stealing bread.'

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5 (France, 1910:no p.n). His point should not be lost on 'but these rules apply to  
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7 everyone' apologists.  
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### 10 11 12 *'It's what patients prefer'* 13

14 There is no compelling evidence to support the contention that 'patients don't like  
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16 black hairstyles'. Most research into patient preferences regarding health  
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18 professionals' appearance finds little more than that patients expect staff to be clean,  
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20 presentable, competent and identifiable. The more contentious issue is, to what  
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22 extent should patients be able to determine nurses' appearance *at all* and the limits  
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24 of such preferences. Hair colour or style that meets infection control standards and  
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26 does not negatively impact on patient care, should not be determined by patient  
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28 preference. Nurses would rightly resist if 'patient preference' were allowed to dictate  
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30 that all female nurses should wear miniskirts and crop tops. If health services  
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32 pander to this notion that black hair styles impact negatively on patient care, they are  
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34 complicit in perpetuating racism against their own staff and acting against the cultural  
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36 needs of patients.  
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### 44 45 *It's only hair. Stop making a fuss about nothing.* 46

47 It's only hair – to predominantly white staff who lack the cultural competence and  
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49 awareness to understand the deep cultural, historical and identity significance of  
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51 black people's hair and the struggles that their locs bear witness to. It is not the place  
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53 of white nurses to determine what black nurses' hair 'really means', viewed through  
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55 the ubiquitous anglo-European lens.  
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3 Arguments such as these are not only illogical and absurd, but they risk bringing  
4 every aspect of nurses' dress and appearance into ridicule and disrepute. How  
5 nurses present their whole selves to patients, colleagues and the world are  
6 assuredly not 'anything goes' aspects of nursing care or professionalism. There  
7 *should* be differences between how a nurse appears at work and at a party.  
8 Questions would need to be asked of any nurse arriving for duty whose hair was  
9 dirty, whose uniform had been altered to a mini skirt or who appeared on the  
10 children's ward wearing large hoop earrings. In circumstances such as these, *any*  
11 nurse colleague would be professionally obliged to take this nurse aside for a 'quiet  
12 word'.

### 28 **Collaborating to end hair racism**

30 The good news is that this world of systemic racism regarding black people's hair is  
31 crumbling. In the USA, the 'CROWN Act (**C**reating a **R**espectful and **O**pen **W**orld for  
32 **N**atural Hair, <https://www.thecrownact.com/>) was passed in September 2020  
33 outlawing workplace discrimination against black people on the basis of their hair  
34 preferences (Ellis & Jones, 2019; Lynch, 2020). In schools worldwide, teachers and  
35 education authorities are challenging hair policies that shame, stigmatise or even  
36 expel black children (Belsha, 2020; Dabiri, 2020). One large hospital group in the  
37 USA has even drastically reduced its dress code restrictions to allow varying hair  
38 styles, piercings and even tattoos. Their Chief Nurse explained that "what we're  
39 saying is use good judgment and we trust you." (Brusie, 2018). It speaks volumes  
40 about the ethos of many hospitals and health services that this statement can sound  
41 so revolutionary. If nursing were serious about ending racism, nurses would take  
42 effective and specific action to dismantle this particular plank of structural  
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3 discrimination (Burnett et al., 2020) – hair racism. We argue that all nurses have a  
4 responsibility to challenge the micromanaging, racist dimensions of dress codes that  
5 brand black hair styles as unacceptable.  
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12 It is forever claimed that ‘more work needs to be done’ in nursing to end racism. It  
13 should not require lawsuits and years of pressure to end the nursing embarrassment  
14 of hair racism. We guarantee that black nurses will be just as knowledgeable, caring,  
15 competent and professional with their black hairstyle in place as they would be with  
16 this part of their identity stripped away. Nurses should not wait for “permission slips  
17 from the powerful” (Giridharadas, 2019:11) before identifying and dismantling these  
18 policies of prejudice and ending the affront of hair racism in nursing.  
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