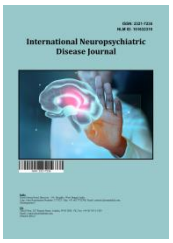

International Neuropsychiatric Disease Journal

Volume 21, Issue 2, Page 68-75, 2024; Article no.INDJ.114288
ISSN: 2321-7235, NLM ID: 101632319

Challenges and Reflections of Black Nurses in Mental Health: Navigating between Colonialist and Decolonial/Ancestral Paradigms

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/INDJ/2024/v21i2427

Open Peer Review History:
This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: https://www.sdiarticle5.com/review-history/114288

Original Research Article

Received: 02/01/2024
Accepted: 06/03/2024
Published: 11/03/2024

ABSTRACT

Introduction: Racism is considered to permeate the lives of the black population, with black nurses standing out in this context, across different stages of life, causing illness of all kinds, including mental illness. Objectives: Thus, this article aimed to understand the academic and professional experiences of black nurses working in mental health and how they perceive their care from the ancestral decolonial perspective. Methods: It was a sociopoetic qualitative study, conducted with nine black nurses working in mental health in the state of Rio de Janeiro in May 2023, with data produced in a meeting through collective construction on decolonial care, where after transcription of the audios, they were categorized with the support of MAXQDA software (2022), and the

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research was submitted to the Research Ethics Committee (REC) with CAAE–48959421.1.3001.5279 and approved with opinion n: 5.555.653. Results: The statements of the black nurses who participated in the sociopoetic experimentation resulted in three categories: 1) Racism as a barrier to access in academic training, 2) The experience of being a black nurse in everyday work, and 3) Decolonial/ancestral care as resistance. Discussion: Certainly, nursing education needs to be reorganized; since its inception, its theoretical-practical reading has been based solely on a single worldview, or rather, focused on caring for a single reference of "human being". Hence the need to rethink and incorporate multicultural concepts and care practices that can overcome all structures that sustain racism in contemporary society. Conclusions: Phenotypic prejudice, in addition to preventing different people from ensuring the right to access and opportunities, leads numerous professionals to suffer physically and mentally or to give up their careers. Nursing and mental health need to be prepared for current and future challenges in a world that is becoming more diverse every day. Finally, it is important for other studies to address this issue until racism is eradicated from society and especially from nursing.

Keywords: Psychiatric nursing; ancestral-based discrimination; mental health in ethnic groups.

1. INTRODUCTION

The ethnic-racial relations structured in the European colonization through the exploitation of African peoples worldwide, had as a determinant factor the social, political, philosophical, among others, erasure of the identities of Afro-descendant blacks, mainly those descendants of those who came in the black diaspora. These identity-based violences go beyond a continental and nominal change [1].

Consequently, the impossibility of rescuing origins was evident, and it is known that the African continent is vast, with black individuals brought from Africa inhabiting diverse places and carrying varied customs [2]. The enslavement was based on the objective of targeting black bodies and, therefore, ensuring the rights of the individuals who were taken to other continents under this condition [2,3].

From a cultural standpoint, black people have been ingrained with the idea over these years that the customs and experiences of whiteness were correct, and for this reason, ways of life stemming from African black people [4.5]. In this sense, one observes that even after the end of slavery, the marks left by racism persist in the form of disrespect for culture [5].

In this sense, it can be said that the decolonial entails knowledge and practices that facilitate an encounter that engages with what has been erased, made invisible by European domination in the Afro-American continents [6,7]. Decolonization, therefore, can be understood as an act capable of bringing forth references from an ancestry that operated with its knowledge and wisdom, guided by an Afrocentric perspective rather than solely a Eurocentric one [8].

In this way, there is a trivialization of violence against black bodies and through veiled forms of ensuring social group's equal access to the privileges of whiteness [9]. The data on social, political-economic, educational, and health inequalities presented by the Brazilian Institute of Geography and Statistics (IBGE, 2022), for the year 2022, show the worst indicators [10].

Regarding black women, socio-economic inequalities, even today, suffer from the remnants of a Eurocentric, patriarchal, white, and Christian view. Such a configuration has left them at a disadvantage compared to white men, white women, and black men. This observation is well defined from the perspective of intersectionality between race, gender, and class, which weighs and sustains the inequities for these women [10].

The data from IBGE also evidenced that black or brown women receive less than half of the salary of white men. In this study, gender and race disparities placed white men at the top of the social hierarchy and black women at the bottom. This inequality requires a political, social, and economic investment that can address this deeply rooted issue over centuries and move towards a historical decolonizing reparation [10].

Beyond the issue of gender, in 2017, the Federal Nursing Council conducted a census that presented the professional profile, reaffirming this profession as predominantly female and black. However, the majority of black individuals are in the category of technicians and assistants, while among nurses, the inverse is true; there

are more white nurses comprising this category [11].

Understanding the intersectional relationship reveals a manifestation of sexism, racism, and classism, which represents a hierarchy and exclusion of black women from positions of visibility, knowledge, and power. It is necessary to focus and invest in actions aimed at addressing these inequalities. Such justifications are fundamental for conducting research related to this theme.

In the face of these initial reflections, a question arises: how do Black mental health nurses construct their practices considering the colonial and decolonial/ancestral dialectic?

Taking into account that Brazil has 56% of the black population, and that racism permeates the lives of these individuals across different stages of life, causing various forms of illness, including mental illness [6,7,8]. This article aimed to understand the academic and work experiences of black nurses working in mental health and how they conceptualize care from an ancestral decolonial perspective.

2. METHODOLOGY

It was a sociopoetic qualitative study [12-13], conducted with nine black nurses working in mental health in the state of Rio de Janeiro in May 2023. The data were produced in a meeting through collective construction on decolonial care. After transcription of the audios, they were categorized with the support of *IN MAXG* ® software (2022) from the identification of recording units to the definition of categories analyzed by the content analysis method. Personal and institutional names were replaced to safeguard anonymity, confidentiality, and ethics. Thus, the participants are identified by "enfª" (code for nurse) and numbered in order ranging from 1 to 9, and the institutions were named after African countries.

3. RESULTS

3.1 Socioprofissional Profile

In terms of institutional affiliation, three of them are public servants working in a university psychiatric hospital, two are municipal public servants working in primary care, and four have a labor relationship under the Brazilian Consolidation of Labor Laws (CLT) and work in Psychosocial Care Centers (CAPS). All of them have had experience in CAPS, and four have undergone residency training in mental health. Regarding their academic backgrounds: one has completed a Ph.D., one is currently pursuing a Ph.D., one holds a Master's degree, and one is currently pursuing a Master's degree.

The statements of the Black nurses who participated in the sociopoetic experimentation resulted in three categories: 1) Racism as a barrier to access in academic training, 2) The experience of being a Black nurse in the everyday work environment, and 3) Decolonial/ancestral care as resistance.

3.2 Racism as a Barrier to Access in Academic Training

This category was characterized by statements that elucidated how racism manifests in the academic lives of the participants. It was possible to identify the difficulties they faced in gaining admission to undergraduate programs and how the institution and its faculty members expressed racism, as well as the ways in which Black nurses carry these experiences with them.

> "We are women and Black, and we often hear that sometimes we don't get anywhere, but we do reach (nurse 9).
>
> And it's understanding that back in college, in the semiology class, the professors would say, 'How can a nurse have this hair, how can someone with this hair be a nurse? Fix your hair, otherwise, I'll think you're a crazy nurse?' (nurse 6)."

Another fact concerns the difficulty that some individuals faced in gaining admission to undergraduate programs at public universities

> And it's in this course that I looked and counted like around thirty students, two or three black ones [...] I said to myself "no, now I've decided" to go back to college for the third time, I had already dropped out of college three times, and when I started to go back, I had many setbacks, including at home, with a white chauvinist husband who would say "you're already old, almost 30 years old going back to school," "you won't make it, favela girl, you won't get any spots" (enfª 2)
>
> Because I have a story, on the street where I live, like, out of 10 houses, I've worked in about 8 as a nanny, cleaner, and laundry

> worker. [...] I'm the one with a college degree, higher education. [...] and so I, as a nurse, like, 20 years as a nursing technician [...] so I decided to study, so I put my effort into it, graduated, I'm in college, I'll finish, do a 4-year nursing degree, I did it in 5 years (enfª 3)

> So, when I was 12 years old, I started working as a babysitter. [...] I started as an assistant, and then she increased my salary because of that, so I could afford to pay for the course. Then I went and did the assistant course, waking up at 4 in the morning to be able to work (enfª 8)

And finally, another barrier mentioned is the late entry into graduation and the previous jobs and professions practiced before academic formation.

> I was a health agent, I was a technician, and at the family clinic where I worked as a technician, I had the opportunity to work with people living on the streets, and that's where I fell in love with mental health, with all the context that involves. The street clinic is a little different from the CAPS (Psychosocial Care Centers), I am still learning to deal with this difference. I have been a first aid teacher, I am a internship supervisor, I am a nursing technician, that's it (enfª 2)

> I graduated at 40 talking about college, but then I finished high school at 15, I only managed to finish at 40, when I had the means, then I applied for Prouni (nurse 8)

3.3 The Experience in Being-Black Nurse at Everyday Work

This category focused on how being a black nurse weighs on the lives of these women who are deprived, undervalued by colleagues in their work environments, whether due to their different posture, in team presentation and discussion, or in filling out official data in the Health Information System (SIS).

Regarding professional devaluation, it is noted that knowledge is considered non-scientific, and the nurse in question is labeled as "anti-medical," as if her attitude implied an enemy status.

> They try to put us in a place of lesser value, it's the nurse who is doing it so this is not science, [...] And this was distancing me a lot from wanting to be a nurse, because that's what was put forward as nursing. So, it made me have to change positions because of death threats, and sometimes it made me have the title of 'anti-doctor' (enfª 4)

In the relationship with the team, the differentiated care encounters resistance from those who prefer to follow the modus operandi without subjectivizing their traditional conservative and colonial practice, by disregarding the life history of the person being cared for and overvaluing a symptomatic manifestation to reach a conventional diagnosis and treatment.

> I encountered this issue a lot, the one you mentioned about wanting to do, build something different in mental health and not being able to, because sometimes you'll be working with very upset people who think it's harder to build like that." (enfª 5)

> It also facilitates care, and I notice that some people let go of this care a bit because you end up being in a very horizontal place, and care sometimes ... And care, sometimes, is like an institution such as the psychiatric hospital where care is always in a vertical way. [...] he said a series of things like that... it was kind of disorganized, but it was possible to understand what he was saying about his experience in that place, and the team supervisor understood that it was all a hallucination or a delusion, and they are ways of speaking, and they put everything in a completeness, it seems that he was the psychotic one (enfª 7)

> But there's one thing that caught my attention a lot, because I've been walking around in the Ad clinic on the street for a while now, and when I'm out on the street, it's mostly with black folks. In the first year of Accountability, which is the municipality's financial reporting, the population in this case was white (enfª 6)

The nurse's account 6 shows that there is still a difficulty in racializing bodies; it seems that there is only one official race, the white one. It is noticed that even though the black population is mostly peripheral and marginalized, whether building information in the SIS to nourish the Unified Health System, professionals whitewash black bodies, generating erroneous data.

3.4 Decolonial/ Ancestral Care as Resistance

This category emerged from discussions about where participants found the necessary tools to

navigate their everyday work. In sociopoetic experiments, art is a fundamental element for data production in research. Thus, a mandala was assembled with various artifacts from African mythology, with each participant, whom we call co-researchers.

They chose and talked about their choices, which can be divided into four perspectives. The first one refers to the starting point and the strength of creation.

> And what guides me as a woman and caregiver permeates through the clinical aspect, you know, sometimes it's one that I don't always know (enfª 1)

The second, although correlated with the first, becomes pragmatic; there is a need for strength and intelligence to open and (re)construct the decolonial path of caring when defined.

> I always say, being in mental health is like being in a battlefield that you have to defend. Always defending care, always defending what I can cause there (enfª 1)

> A weapon itself knows how to pave the way, to transform! To open paths. It is forming, into a discovery and understanding like a place that is sort of in the middle of something, that is transforming and clearing a path.

The third perspective attributed to the femininity and lovingness of black women is that it lies in their strength to look within themselves and find their ancestral references. This strength aids in self-defense, self-care, and feminine empowerment.

> We need to see ourselves. And assert ourselves. To stand up and claim what is ours. (enfª 2)

> I liked it when I chose to do some reflection and my reference. (nurse 5)

> Because I think I need to be well to take care of others. So, I have to be well, to recognize, to know how far I can go. (enfª 3)

And the latter pointed to a zealous and protective care. Such perspective values the essence and nature of individuals that require different rhythms and tempos. Hence the importance of fluid interpersonal relationships, capable of intervening in profound internal changes that benefit from the transformative artistic encounter.

> Because it connects me with the environment, with nature, and it's always where I come back to. Always where I return. I don't know why. It connects me with nature where I always return. (enfª 1)

> But it's in a place that is very intimate to me, where I can be who I am, where I can build with the other, where I can say that I am a very good nurse because I don't know how to care, I care based on what the other tells me, so I build with them, and that puts me in a place where I know how to take care very well. (enfª 4)

> I learned to take care in this way as she spoke, right, because you don't have that tray containing, right? It depends on the other to listen, to know the other's needs. Many times the other's need is for you to brush their hair, and then you say, 'How am I going to do this in the hospital? Can you do this?' So realizing the other's need was a very big thing for me in mental health (enfª 5)

The expression "bandeja contendo," brought forth by the account above, illustrates well what could be termed here as colonial care. This term is commonly used in hospitals. However, it indicates that care is outside of this tray, meaning it proposes a differentiated approach from what is established as standard, hence it can be understood in this context as decolonial care.

4. DISCUSSION

As structures of racism are spread throughout society. Just as Fanon stated in 2008 [4], blackness is epidermal and cannot be whitened, but the process of colonization has caused customs and attitudes to bring about a whitening on a psychic level. This premise leads black individuals to erase their (black) selves in order to desire their other (white) selves. This rooted dialectic about black men and women generates suffering and continuous struggles to preserve health, self-esteem, and even life.

Racism has stripped black people of their ancestral identities of seeing and living in the world. In the accounts above, black nurses submitted to unjust violence during their training. Hearing that you are incapable of achieving what you desire because you are black, what justifies

such a statement? Or even that the way you wear your hair will determine your competence, or make you a crazy person?

The theme that addresses hair racism in nursing described by Cox [14] emphasizes that black hair and hairstyles deal with African civilization. And that it does not interfere with the interventions and competencies of these workers and that these behaviors are the result of racism. It is noticed that the presentation standards follow the European pattern.

In her work "Becoming Black," Neusa Santos Souza [5] makes some reflections that help us to understand that blackness is a construction through which some black individuals may navigate within a structure of European cultural domination. One is not born black, one becomes black. Exercising blackness means placing oneself on the periphery of this societal model.

Although it is given that the capillary phenotype is different, the history of women for whom hair "whitened" through chemical and physical straightening processes may have occurred in response to the demand for an "ideal hair."

The second category discussed the daily work routine of black nurses. The challenge lies in legitimizing their nursing practice (as women and black) based on the standards set by the colonizer represented by doctors, mostly white men. Referring to them as "anti-medical," besides being disrespectful, seems to indicate a disobedience to the power of the doctor.

Such expression refers to a lack of understanding of the idea that a nurse does not possess knowledge in her practice and that the effectiveness of her work is closely linked to medical orders and approval. But in this condition, racism cannot be dismissed because it "aggravates" the fact that she is a woman, a nurse, and black. She carries all these burdens.

The relationships between team members are surrounded by devaluation. However, often they are veiled and masked, which hinders immediate anti-racist perception and intervention. And since it is something structural, there is no distinction between power holders and the subjected.

Racism is operational and follows a logic of maintaining privileges, and for this reason, there are some disagreements among black people. It's about whether or not to have racial literacy. The former criticize structures and mobilize to change the established order. The latter still believe that it will always be this way, and the most that can happen will be guaranteed by individual capacity to achieve some of these privileges.

Finally, the participant identified the inconsistency in the data presented by the SIS. It can be inferred that there is a correlation with the concept of racial democracy together with the expression that there is only one race, humans. In a civilization that has gone through years of enslavement and little has been done to mitigate these inequalities, it cannot be considered that everyone is equal.

In spite of the Brazilian Constitution of 1988 [15] and the Universal Declaration of Human Rights in 1948 [16] bringing as a principle the need to consider that everyone has equal rights, it is known that these institutions exist precisely to guarantee access to essential rights for a large part of the people, but that, it's not something that is readily available and enjoyed by all.

And it is precisely because there is a great inequality between blacks and whites that mistakenly filled data do not help to build policies that are presented in diversity and according to the principle of equity, so important for Brazilian health and mental health, after all, this country is a multiracial country, which has made little progress in ensuring health for all without white homogeneity.

The insertion and permanence of black nurses not only contribute to diversity and continue in the counter-hegemony of the category regarding higher education, where representation is low as shown by COFEN [11] data. It is to include a care of resistance, in practice for mental health. When thinking about decolonial/ancestral care as a practice to be introduced and conceptualized, it offers people in distress other ways to follow new paths and possibilities.

Unlike traditional psychiatry, the field of mental health requires nurses to employ creative and innovative approaches grounded in theoretical references that prioritize interpersonal and multicultural relationships. It is necessary to ensure the nature of caring as a co-responsible and participatory action that values the individual and not their diagnosis, seeing suffering as a subjective resource to be reinterpreted.

Analyzing this category in the context of Brazilian black nurses, it is necessary to bring a historical rescue of a black woman who graduated in nursing and who can be recognized as a

reference in decolonial/ancestral care long before the psychiatric reform, that is Yvonne Lara [17]. She, along with Nise da Silveira [18], brought art as a possibility of transforming psychic suffering.

Yvonne Lara, of African ancestry, brought the art of music and dance into her personal and professional life. Thus, activities related to samba in the psychiatric hospital were her means of providing care. The way she carried out her work was not guided by academic content-based teaching, but rather by her own background and a family history immersed in music and dance [17].

Given that it is a care that is not on the tray, which is alive because it is done in action, through bodily movement, and which in many rituals brings an ancestral connection, it can be considered as decolonial care. Where singing and dancing are actions of human nature and therefore must be valued as a therapeutic professional practice as this nurse did.

5. CONCLUSION

Certainly, the nursing education needs to be reorganized, since its inception, its theoretical-practical approach has been based solely on a single worldview, or rather, focused on caring for a single reference of "human being." Hence the need to rethink and incorporate multicultural concepts and practices of care that can overcome all structures that sustain racism in contemporary society. In this way, representative and formative institutions must pay attention to incorporating affirmative and anti-racist actions into different spheres. Providing visibility and developing permanent strategies to combat discrimination of all kinds, especially racial discrimination. Phenotypic prejudice not only prevents people from different backgrounds from ensuring their right to access and opportunities but also leads numerous professionals to suffer physically and mentally or to give up their careers. It is necessary to prepare nursing and mental health for the current and future challenges in a world that is becoming increasingly diverse every day. Finally, it is important for other studies to address this issue until racism is eradicated from society and especially from nursing altogether.

CONSENT

As per international standards or university standards, Participants' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

The research was submitted to the Research Ethics Committee (CEP) with CAAE – 48959421.1.3001.5279 and approved with opinion no. 5.555.653.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/114288