

*BOOK REVIEW*

Das Gupta, Tania. 2009. *'Real' Nurses and 'Others': Racism in Nursing*.  
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Reviewed by Sheila Wilmot  
OISE/University of Toronto

Racism is intensifying for nurses of colour in the decreasingly universal Canadian health care system, subjected as it has been to creeping privatization and corporatization since the late 1970s. Even with official recognition by the Ontario Human Rights Commission that systemic racism comes in complex and subtle forms, along with a few grievances being won, and anti-racist policies and practices being put in place in some institutions; a majority of nurses of colour continue to labour in toxic, debilitating work conditions for multi-layered reasons.

Das Gupta's book is an important study of how multiple forms of racism play out, in an often mutually exacerbating way, in the working lives of nurses in Ontario. She summarizes these as 'everyday racism based in individual behaviour, systemic racism, common-sensical beliefs and racist/colonialist discourses' (114). These forms of racism and whiteness are often complexly deployed through heteronormative gender, class and ability relations in the deeply hierarchical world of health care professions and their accompanying institutions. The inhumanity of racism in nursing comes in often-disguised forms. Insidious processes of micromanagement are implicitly institutionally sanctioned and carried out by largely white managers and co-workers as a profoundly harassing form of systemic racism. The material effects on people of colour are equally profound, including a range of mental health problems, chronic disease, as well as lost jobs and other opportunities.

The study's purpose was to both expose the 'common experiences, patterns, features and surface manifestations of systemic racism in Ontario' and 'to develop a theoretical framework for understanding systemic racism' (11). What racism looks like, how it is experienced and how it evolves over time, varying with class situation and how other social relations, is often institutionally specific. Yet, Das Gupta presents a sickening historical continuity in anti-Black racism from slavery to the contemporary health care context. One Black nurse reported racism

deployed by patients and their families who would tell her not to touch them, 'with [her] Black hands' often asking instead for the 'nurse in charge' (72). The meaning of 'common-sense' comes through in such vile experiences as

Blackness in a person is associated... with roles that are servile, 'lower than' and inferior compared to whiteness. Thus, a Black nurse in charge is confusing for a person who is steeped in racial ways of thinking. Moreover, her Blackness also marks her as 'dirty', 'polluted' and thus unfit or dangerous to touch (72).

The research is presented following both a theoretical chapter on the historical relationship of race, gender and class relations, and an applied analysis of the political economy of healthcare in contemporary Ontario. In her review of various conceptual orientations, Das Gupta starts by looking at the historical specificity of the process of racialization. As the chapter develops, she explores racism under topic headings of racist ideology, attitudinal, everyday and behavioural racism, and everyday racism as racist behaviour, amongst others. The conceptual overlap amongst the sections is somewhat confusing even for a reader familiar with the subject. We never get a clear sense of either the distinction or overlap between everyday and systemic racism nor what the exact difference is between a category called 'attitudes' and one called 'ideologies.' It is unclear how the relational processes of consciousness and activity would make these apparently distinct. Perhaps the source of the separation points to the complex nature of individual/institutional relationships. It may also be that the presentation of the theory is a manifestation of the cyclical mode in which she says racist praxis operates. More clarity on all this would certainly have been helpful.

Das Gupta offers an enlightening discussion of nurses as paid workers in the healthcare system, grounding contemporary profit-driven, cost-cutting attacks in an already gendered and classed organization of the work, a system that has become yet another social environment where the customer is always right (73). That women do such paid work is buttressed by an ideology of naturalness, as such work is seen merely an extension of women's unpaid domestic private and community duties. In the neoliberal era such an essentialist grounding has been further used against women seen as having 'been abusing the system by taking state-funded universal healthcare for granted and not being responsible for it' (42).

By exploring the reality of the increasingly stratified and hierarchical organization of the nursing profession, Das Gupta complicates

the common notion of nurses as middle-class professionals. This opens the door to her unpacking of the ongoing relationship between Victorian ideas of (white) womanliness, associated layered ideas of women of colour as multiply threatening (to nation and whiteness), the various forms of racist dehumanization levelled against, for example, Filipina or Black nurses, and a fundamentally racialized organization of this gender and class stratification. The result in day-to-day workplace life is a pattern of racist treatment that includes: targeting, scapegoating, excessive monitoring, marginalization, dispersion, infantilization, blaming the victim, bias in work allocation, underemployment and denial of promotions, lack of accommodation, segregation, co-optation and selective alliance, and tokenism (53-4). Relations that are generally written off as 'regular manager-staff interactions' (52) focusing on 'individual incompetence or individual pathology' (68), or 'personality' differences among co-workers, are exposed by Das Gupta as having a very different and selective character.

Das Gupta carries well her orientation to intersecting social relations into the study and data analysis, vividly conveying race, gender, disability and class not as abstract concepts but as complexly lived social relations by real people. Research participants of colour reported a range of racist treatment from doctors, managers, and patients. Often the perpetrator was white but not always, as male doctors are so powerful in relation to nurses, regardless of race. However, the most frequent perpetrators of 'put downs' were white co-workers, often in collusion with managers. In one case, Shirley was fired for supposed 'unprofessional behaviour' after a number of white patients, colleagues and her supervisor complained, the latter saying she 'felt physically and verbally threatened' by Shirley, who herself reported feeling under racially-based attack in a poisoned environment. She was given more night shifts, had no choice in holiday time, docked pay for lateness and was subjected to racist slurs. Such toxic 'differential management practices' are hallmarks of racial discrimination, not uncommonly experienced 'particularly by strong, outspoken Black nurses who are assertive in their resistance to racism' (76). The study points to a need for similar research to be carried out in other types of workplaces. Of even greater concern is for unions to make serious political and financial commitments to anti-racist organizational change, including actively holding white workers accountable for their racism.