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EDITORIAL

Time for nursing to eradicate hair discrimination

1 | 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 the days of slavery and missionary schools, where natural black hair was 'unsightly, ungodly and untameable' (Gatwiri, 2018). Today's corporate organisations may simply define some black hairstyles as inappropriate, unprofessional or 'inconsistent with our values' and continue the oppression.

Organisations are rarely foolish or blatant enough to spell out in dress code policies the exact black hairstyles that make them feel so uncomfortable. Rather they will cloak their dislike in euphemisms we have often found in online dress code policies, such as extreme, unusual, fad, eccentric, unconventional, distracting or uncombed. If a black nurse wears their hair in locs or braids, it is not difficult to fall foul of a dress code policy mandating that hair must be 'combed'. It may be equally impossible to tie up and secure natural black hair without using bandanas, ties or wraps as these are also banned in some dress codes. It is then left open to the personal prejudices of individual educators or managers to police, identify and 'enforce adherence' by ordering black nurses to make their hair 'more appropriate or professional'. While this is merely code for 'style your hair to look more like a white person's hair', nurses will often insist that black nurses should 'calm their hair down' (momentswithmarsha, 2016), cut-off their locs, undo their braids or otherwise remove the blackness of their hairstyle.

The cultural violence of hair racism is not an imaginary issue. Professional black women in many other fields have regularly been fired or threatened with dismissal for 'looking unprofessional' because of their natural black hair that has not been straightened to fit white managers' preferences (Callahan, 2019; Leclair, 2018). Identifying such discriminations as 'white supremacy' can cause discomfort among some nurses whose 'wilful ignorance and white innocence' (Gutiérrez, 2006: 299) demand conclusive proof or evidence that such a thing exists or who imagine it to involve only white hoods and cross-burning. Such 'adequate evidence' is often impossible to furnish within a nursing research literature that is implicated in such a system. Part of the reason for white supremacy's very supremacy is that it has no need to 'evidence its own existence'. As Fleming shows, 'White supremacy endures, ironically — and chronically — through the widespread erasure of its systemic and chronic nature' (Fleming, 2018:39). For many black nurses, white supremacy is, as (Fernandez & Johnson, 2020:98) explain from their Muslim perspective, 'the ground that we walk upon and the air that we breathe'.

While there is no academic literature exploring hair discrimination in nursing specifically, black nurses worldwide have experienced 'racial gaslighting' (Davis & Ernst, 2019) through the profiling and policing of their hair, to the point of being driven out of nursing (Grant, 2018). Several authors of this paper and their black colleagues have experienced hair racism in nursing and nursing education regularly and recently, for example petting hair in front of other students and claiming its resemblance to the instructor's puppy, telling a student to 'tame' their afro during clinical and seeing a nurse with locs asked to wash their freshly washed hair before the next clinical day. The message being sent clearly and unapologetically is that *black nurses* are aberrations and it is *their* responsibility to discipline their black hair to assimilate and fit in with the expectations and aesthetic norms of white organisational settings.

2 | HOW HAIR RACISM IS DEFENDED AND MAINTAINED

The arguments that many nurses offer in defence of discriminatory hair policies have changed little over the years:

2.1 | 'This is about safety and infection control'

No, it is not. There is scant evidence to show that nurses' hair presents any substantive infection risk. Nor is there any data showing that black nurses' hair is some kind of industrial accident waiting to happen. It makes perfect sense to expect *any* nurse not to have long flowing tresses spilling onto patients' central lines or wound sites or interfering with clinical procedures. It makes no sense to disproportionately penalise black nurses by telling them that *they* must 'cut their hair' while their white peers are merely asked to tie their hair up. Some nurses fall back on white privilege to invoke 'infection control' or 'professionalism' to coerce and control black hair identity. Such microaggressions start with gaslighting the issue around dress codes or hair policy non-compliance (Davis & Ernst, 2019) but can readily escalate to threats of disciplinary action leading to possible fitness to practice sanctions or 'termination'.

2.2 | 'Everything is not about race. These policies apply to ALL nurses'

This perennial justification ignores significant differences between equality and equity. Mandating that nurses' hair should be clean applies equally and uncontroversially to all nurses. Banning all nurses from having cornrows, an afro, or dreadlocks because someone determines them to be 'distracting' or 'extreme' and thus in breach of a dress code policy, is fully intended to target black nurses significantly more than their white peers. Anatole France wrote in 1894, of laws that 'applied equally to everyone' that 'prohibit the wealthy as well as the poor from sleeping under the bridges, from begging in the streets, and from stealing bread.' (France, 1910:no p.n). His point should not be lost on 'but these rules apply to everyone' apologists.

2.3 | 'It's what patients prefer'

There is no compelling evidence to support the contention that 'patients don't like black hairstyles'. Most research into patient preferences regarding health professionals' appearance finds little more than that patients expect staff to be clean, presentable, competent and identifiable. The more contentious issue is, to what extent should patients be able to determine nurses' appearance *at all* and the limits of such preferences. Hair colour or style that meets infection control standards and does not negatively impact on patient care, should not be determined by patient preference. Nurses would rightly resist if 'patient preference' were allowed to dictate that all female nurses should wear miniskirts and crop tops. If health services pander to this notion that black hairstyles impact negatively on patient care, they are complicit in perpetuating racism against their own staff and acting against the cultural needs of patients.

2.4 | It's only hair. Stop making a fuss about nothing.

It is only hair—to predominantly white staff who lack the cultural competence and awareness to understand the deep cultural, historical and identity significance of black people's hair and the struggles that their locs bear witness to. It is not the place of white nurses to determine what black nurses' hair 'really means', viewed through the ubiquitous anglo-European lens.

Arguments such as these are not only illogical and absurd, but they risk bringing every aspect of nurses' dress and appearance into ridicule and disrepute. How nurses present their whole selves to patients, colleagues and the world are assuredly not 'anything goes' aspects of nursing care or professionalism. There *should* be differences between how a nurse appears at work and at a party. Questions would need to be asked of any nurse arriving for duty whose hair was dirty, whose uniform had been altered to a mini skirt or who appeared on the children's ward wearing large hoop earrings. In circumstances such as these, *any* nurse colleague would be professionally obliged to take this nurse aside for a 'quiet word'.

3 | COLLABORATING TO END HAIR RACISM

The good news is that this world of systemic racism regarding black people's hair is crumbling. In the United States, the 'CROWN Act (**C**reating a **R**espectful and **O**pen **W**orld for **N**atural Hair, https://www.thecrownact.com/) was passed in September 2020 outlawing workplace discrimination against black people on the basis of their hair preferences (Ellis & Jones, 2019; Lynch, 2020). In schools worldwide, teachers and education authorities are challenging hair policies that shame, stigmatise or even expel black children (Belsha, 2020; Dabiri, 2020). One large hospital group in the United States has even drastically reduced its dress code restrictions to allow varying hair styles, piercings and even tattoos. Their Chief Nurse explained that 'what we're saying is use good judgment and we trust you'. (Brusie, 2018). It speaks volumes about the ethos of many hospitals and health services that this statement can sound so revolutionary. If nursing were serious about ending racism, nurses would take effective and specific action to dismantle this particular plank of structural discrimination (Burnett et al., 2020)—hair racism. We argue that all nurses have a responsibility to challenge the micromanaging, racist dimensions of dress codes that brand black hairstyles as unacceptable.

It is forever claimed that 'more work needs to be done' in nursing to end racism. It should not require lawsuits and years of pressure to end the nursing embarrassment of hair racism. We guarantee that black nurses will be just as knowledgeable, caring, competent and professional with their black hairstyle in place as they would be with this part of their identity stripped away. Nurses should not wait for 'permission slips from the powerful' (Giridharadas, 2019:11) before identifying and dismantling these policies of prejudice and ending the affront of hair racism in nursing.

AUTHOR CONTRIBUTIONS

All authors made substantial contributions to the following: (1) the conception and design of the paper, (2) drafting and critically revising the article's intellectual content and (3) final approval of the version as submitted.

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