

# African Nova Scotian Grit: A Scholarly Personal Narrative About Nursing Leadership

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## Abstract

As an African Nova Scotian (ANS) woman, registered nurse, full-time doctoral candidate and activist, I have decided to share key moments from my experience navigating academia. I discuss how being an ANS woman is significant to this journey as well as the ways in which anti-Black racism reinforces the underrepresentation of Black folks in nursing. The purpose of this scholarly personal narrative (SPN) is to generate meaning from my journey to becoming a nurse leader. The guiding question for this work is: *What is the experience of an ANS woman in becoming a nurse leader?* Guided by Narrative Inquiry and Black feminist theory, my SPN uses the Ten Tentative Guidelines for Writing SPNs offered by Nash (2004). This unconventional approach to research situates stories as the fundamental unit of measurement which emphasizes the significance and meaning of our lives. The iterative approach to this reflective exercise produced two key overarching themes, namely: Developing Personal and Professional Identity, and Potential vs. Power. Each theme contains additional subthemes that capture salient elements of my journey to nursing leadership. This SPN has implications for both education and the nursing profession. For education, this work offers insight to address institutional barriers that perpetuate anti-Black racism. Improving program access for Black students, providing adequate resources to facilitate success and ensuring the representation of Black students, staff and faculty throughout institutions are vital. Likewise, similar insights apply to nursing in the areas of practice, education, research and policy. Specifically, addressing issues of representation and visibility, to foster inclusivity, within the profession is essential.

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Nursing leadership, which involves critical thinking, action, and advocacy, exists within all roles and domains of nursing (Canadian Nurses Association [CNA], 2018). Nurse leaders possess knowledge and skills to inspire and influence both people and systems (CNA, 2018). My journey to becoming a nurse leader is a mosaic of challenge and triumph. As a first-generation African Nova Scotian (ANS) university student, I encountered a series of obstacles in my journey to becoming a nurse leader. From an early age, I was reminded that my race, being Black, was undesirable. I did not realize to what extent this would impact how I understood the world. Moreover, I could not have anticipated how influential race would be in my life, especially in relation to my nursing education. As I continue to grow as a nurse leader, I further understand the significance of racism as a social determinant of health. Anti-Black racism, which includes policies and decisions that oppress Black people, is deeply embedded in economic, political, educational, and health institutions (Carruthers, 2018), including nursing. Additionally, anti-Black racism does not exist in isolation and is thus impacted by ableism and heteronormativity, as well as class and gendered oppression (Carruthers, 2018). My experience in nursing has been shaped by oppression. This article is a reflective exercise that analyzes and shares salient aspects of my journey to becoming a nurse leader.

At this moment, I am a registered nurse, full-time doctoral candidate, activist, and mother. I elected to share my story through a scholarly personal narrative (SPN), which is an approach to writing narratives that emphasizes the significance our lives hold (Nash, 2004). SPNs can tell a thoughtful story offering insight into personal and social realities that are often omitted in conventional research (Nash, 2004). My SPN provides a reflective analysis on my experience as an emerging nurse leader by sharing pivotal moments in my nursing education. I believe that sharing my story serves three purposes: expanding the knowledge base by adding stories that have historically been excluded; sharing narratives that resonate with

others; and informing policies to promote recruitment, retention, and representation in nursing and post-secondary institutions. While my SPN emerges from a place of vulnerability, there is healing in speaking one's truth. Thus, I use my privilege as an educated Black woman to speak my truth, generating meaning from my experience, through an SPN. The guiding question for this work is What is the experience of an ANS woman in becoming a nurse leader?

### **Theoretical Underpinning**

The theoretical tenets guiding this SPN are those of narrative inquiry and Black feminist theory (BFT). Narrative inquiry uses stories or narratives to describe how individuals make sense of their experience by centering the narrative as the fundamental unit of interest (Clandinin, 2007; Polkinghorne, 1988). Narratives describe human experience and provide an account of a sequence of events with intention to provide meaning (Clandinin, 2007). Similarly, storytelling and oral histories are central to BFT, which is a theoretical perspective that encourages an intentional and unapologetic examination of how intersections such as race, class, sexuality, ability, and gender impact people and groups (Collins, 2000; Lorde, 1984). BFT posits that knowledge is contained within lived experience; thus, to know requires [un]learning about the experience of another (Collins, 2000; Lorde, 1984). [Un]learning about experience involves listening to others as they speak their truth. Speaking one's truth is both an act of resistance and an act of healing. hooks (1993) encourages Black women to be courageous and speak their truth through open and honest sharing that goes beyond simply naming "bad" things or exposing horrors. A commitment to this self-work is essential because "there is no healing in silence" (hooks, 1993, p. 16).

### **Methods**

This SPN employs the Ten Tentative Guidelines for Writing SPNs (Appendix) described by Nash (2004). This approach goes

beyond simply recounting a personal story that offers little or no meaning by incorporating methods that are personal and social; practical and theoretical; reflective and public; local and political; narrative and proposing; and self-revealing and self-examining (Nash, 2004). I employed the ten guidelines iteratively throughout the writing process to develop and refine my narrative. Further, I received mentorship from a narrative researcher, Dr. Sheri Price, to conceptualize and create this work.

### **Findings**

The iterative nature of this narrative resulted in an SPN that encapsulates salient moments of my academic experience and development as a nurse leader. The findings of this reflective exercise are presented under two overarching themes with related subthemes. The two main themes are Developing Personal and Professional Identity and Potential vs. Power.

#### **Developing Personal and Professional Identity**

Porter (2017) explains that identity development for Black women is based on specific interactions that are connected to and influenced by socialization. Dissecting and examining aspects of my identity has proven useful in understanding how I view issues, problem-solve, and advocate for change. The aspects of my identity that will be discussed below include being ANS, a first-generation university student, and a registered nurse.

#### ***ANS Identity***

A core aspect of my identity includes being an ANS woman. My ANS identity embodies significant elements of my ancestry in Nova Scotia, which has a profound impact on my nurse leadership and activism. ANSs comprise a community of people within the larger Black community in Nova Scotia, Canada who are descendants of peoples dating back to the 1600s (Whitfield, 2018). Being socialized in a predominantly White environment means that many ANSs were born, raised, worked, and

played in spaces that did not welcome or support Black people but rather problematized Blackness. A combination of factors results in an identity, for ANSs, that is both layered and complex and is beyond the focus of this paper. However, despite socialization in an environment that problematizes Blackness, there is deep-seated resiliency, strength, and determination that pushes ANSs to rise against the odds. My ANS identity is further enhanced by my identification as a Black woman. “Being Black” encompasses more than physical features and appearance. Blackness encompasses biological and socio-cultural components as well as a distinct mindset and world view (Carruthers, 2018). This is why many Black scholars, activists, and writers capitalize the word Black when writing about Blackness. Refining this core element of my identity serves as a solid foundation in my nursing leadership. For example, an act as seemingly simple as deciding when to use the term ANS vs. Black is an important decision dependant on contextual factors.

#### ***First-Generation University Student***

Another significant component of my identity that has influenced my nursing leadership is being a first-generation university student. As the first person in my family to complete high school, attend post-secondary education, and pursue a professional career, it would be an understatement to say that I was not prepared for university. The complexity of being an ANS woman and a first-generation student meant that life beyond high school was a mystery. I was unfamiliar with standard university expectations including reading a course syllabus, academic etiquette, and on-campus student services and supports. Campus orientations were helpful; however, these orientations better served students who had existing knowledge of university processes.

Knowledge gaps about university were compounded by living in an ANS community, where post-secondary education was not the norm. Similar to many ANSs, I was not raised in an affluent community where attending college or university was the norm. Instead, many

people in my rural community worked menial jobs or lived paycheck to paycheck. Additionally, I did not have dinner conversations that centred around education or career aspirations. I certainly was not discouraged in these pursuits; rather, conversations tended to focus on more immediate, present-day issues. A lack of career guidance and not seeing myself reflected in higher ranks of society extended into my schooling, where there were few Black teachers or counsellors and even fewer discussions with Black students about future aspirations. Many teachers and staff had low academic expectations for Black students. The absence of early educational advising was countered in large part by Black community members who went above and beyond. Community members, including educators, coaches, and mentors, encouraged us (Black students) and affirmed that we had potential and that we were destined for greatness. Recognizing the implications of first-generation students from ANS communities provides insight for facilitating access and fostering success in post-secondary education.

### ***Registered Nurse***

Nursing was not a profession that I considered from a young age. As described, growing up in a small rural community, I did not see any Black folks working in health care unless it was in the cleaning or cooking sector. It never occurred to me that I could be a nurse because I did not see Black nurses. You cannot be what you cannot see. And despite not seeing Black health-care providers, I saw a lot of sickness, disease, and caregiving in my family and community. Chronic illnesses including diabetes and heart disease claimed the lives of too many family and community members. The women in my family cared for sick loved ones, both as they aged and when they died. As a child, I saw home care first-hand: bed pans, bed baths, feeding, and other forms of care. I also saw the ways in which my grandmother, great-grandmother, and great-aunts provided care to loved ones. It was competent, intentional, selfless, and loving. Watching these phenomenal women care for

loved ones helped me to truly appreciate what it means to care for another. They were not licensed care providers; however, I witnessed core aspects of nursing care from the women in my family.

My interest in science led me to complete a biology degree after high school. Uncertain about career options with a biology degree, I applied to several community college health-focused programs including a medical laboratory technology program before eventually deciding upon nursing. I was drawn to nursing because the program incorporated a robust scientific curriculum in addition to an accelerated program option for students with science prerequisites. Additionally, my institution of interest offered an entrance scholarship to facilitate access for ANS and Mi'kmaq students. Ultimately, I chose to enrol in nursing for the emphasis on science, the accelerated program, and the renewable entrance scholarship. Becoming a nurse is a culmination of my early childhood experience and interest in science. Witnessing home care first-hand and expanding this knowledge through formal nursing education positioned me to truly embrace the art and science of nursing; I wanted to be a nurse!

### **Potential vs. Power**

The theme of potential vs. power expands upon the systemic barriers that exist in post-secondary education. Specifically, this theme depicts the struggle between personal abilities and capabilities with rigid institutional processes. The subthemes of rising to the challenge, twice as good, self-determination, and contributors to success all further describe the work of countering institutional oppressive standards with tailored initiatives and targeted supports that enhance self-confidence, determination, and eventual success.

### ***Rising to the Challenge***

My undergraduate nursing experience was enjoyable, which I attribute to certain key factors. First, as an accelerated student, I had “university experience,” which facilitated organization, balance, and overall success as a

student. Second, the accelerated program included a de facto cohort of university-prepared students, which made navigating the program easier. Finally, I completed the program with another cohort of more than ten Black students who, together, built a solid community of support. My undergraduate experience is in contrast to that of my Master of Nursing (MN) program. The ease, confidence, and comfort with which I entered the undergraduate program did not exist at the graduate level. As the only Black student in the graduate program, entering from a position of implied inferiority, I regularly questioned my belonging.

I began the MN program after working at a tertiary maternal, pediatric, and newborn centre. During my clinical practice, I became involved in health policy and research, where I developed a deep appreciation for the ways in which evidence was created and used. My interest to pursue graduate education was supported and strongly encouraged by the research supervisor, who was also faculty within the School of Nursing. With enthusiasm, I began the application process; however, before the submission of my application, I was explicitly told that I did not qualify for the thesis program and that I would only be considered for the course-based or nurse practitioner program. Despite working as a research assistant and showing potential in research, I was told that I could not apply for the thesis-based MN program because my GPA of 3.64 did not meet the 3.7 admission GPA requirement. I did not dwell on this rejection because I was simply excited to be continuing my education. Months later, I was granted admissions to the course-based program: the program to which I was instructed to apply. I was overwhelmed with excitement to embark on this new chapter of my career.

Admissions to the graduate program would not be my only hurdle in graduate school. After time, I realized that my experience and growing potential was no match for the rigid institutional policies that reinforced the exclusion of Black students. Equally disturbing was the discovery that exceptions, through

formal and informal processes, are often made. However, this was not an option for me. Instead, the default to rigid and discriminatory policies were prioritized over my personal attributes, experience, and ultimate potential.

### ***Twice as Good***

Entering a graduate program as an ANS woman and first-generation university student was no easy feat. Post-secondary education, specifically graduate education, is a privilege that is posited in a way that reinforces inequity. Those who are able to knowingly or unknowingly leverage privilege are more likely to be admitted and succeed. I witnessed and experienced how institutions unfairly place additional burdens on already marginalized students by forcing them into a vicious cycle of needing to be twice as good in order to achieve a fraction of success. To succeed, I had to overcome obstacles that were designed to prevent me from being successful, including restricted admissions, a lack of representative mentors, oppressive curriculum content, stigma, and overt or subtle criticisms of my abilities. The battle to belong goes beyond the default excuse of imposter syndrome. Experiencing institutional racism reinforced by anti-Black policies and decision-making is not the same as doubting whether you arrived at a place by sheer luck. Rather, belonging arises from a belief that you are welcome in a space. Rising to the challenge, time after time, does build character and a supreme level of resiliency. However, it is also an unnecessary stressor that may cause physical and psychological exhaustion. Navigating a space that repeatedly diminishes and dismisses potential and actively attempts to curb success is an all too common experience for many Black students.

An example of this is illustrated by my experience of trying to advocate for equal opportunity. As a course-based MN student, I was not required to take research courses, yet I enrolled in the required thesis courses because I had become passionate about research and was committed to expanding my research knowledge and skills. Toward the end of my first year, I completed the required research thesis

courses with a stellar GPA. Recognizing both my interest and potential in research, my supervisor encouraged me to draft a letter to self-advocate for transfer into the thesis program. This inspired me because I felt not only as though my supervisor saw how passionate I was but also that she saw promise in me. So I submitted my request, which was denied. I was told that the program no longer permitted students to transfer into the thesis program. This was disappointing but equally confusing, since the program was normalizing the practice of bridging students from the MN to PhD program. I struggled to understand why non-Black students were identified, selected, and essentially groomed for success, while Black students were being denied admissions into the program or prohibited from doing a thesis-based MN. Again, despite my potential and experience, I was not permitted to enroll in the thesis program. At the time, I believed that there was a valid reason for why I was being denied this opportunity a second time, despite going beyond my program's expectations. I began to believe that I was inferior and that I did not belong. I have since come to understand that my potential was overlooked and dismissed because of factors beyond GPA and outside of my control. My potential was dismissed ultimately because I did not fit the traditional image of a thesis student.

### ***Self-Determination***

The struggle to belong as a graduate student regularly challenged my confidence. Despite my effort to "fit in," I felt out of place. I was excelling academically but I still felt as though I did not belong. Ultimately, my perspective began to shift after two pivotal moments: discovering BFT and working in Tanzania. Each of these critical moments enhanced my self-understanding and confidence as an ANS woman. After years of trying to make sense of how I fit into the world, I was suddenly presented with information to which I could relate. Prior to my introduction to BFT, I did not question the status quo; I accepted societal practices, including my own experiences of racism as normal. My Eurocentric education had

instilled within me notions of colour-blindness, including the avoidance or dismissal of race and racism. Reading literature by and about Black women was transformative, as it enabled a deeper reflection on my experiences as an ANS woman in education and nursing, while also equipping me with language to articulate and question my experiences.

Travelling to Tanzania and spending three months working at a local university reinforced my growing knowledge from Black feminist literature. After attending a global health conference in 2015, which was made possible by a travel bursary through the Dalhousie Global Health Office (GHO), my passion for global health research was ignited. The GHO was instrumental in my growth as a scholar and this relationship constituted what would become one of the most formative relationships in my graduate education. Accessible travel bursaries and resources for conferences, opportunities in global health work, mentorship, and finally lasting friendships were all elements that accelerated my personal and professional growth. My relationship with the GHO led me to apply for the Queen Elizabeth II Diamond Jubilee Scholarship, which is a federally-funded program that increases the skills of global citizens through international exchange opportunities. This scholarship enabled me to complete my research internship at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania with a team of Canadian and Tanzanian researchers.

### ***Contributors to Success***

Completing my master's degree would not have been possible without specific targeted initiatives and supportive individuals. As a first generation ANS university student, I experienced many of the financial constraints that limit post-secondary education for Black learners including minimal or absent generational wealth, student debt, family obligations, and precarious employment. I was fortunate to receive a scholarship created to support ANS and Mi'kmaw students in graduate studies in conjunction with two named scholarships through the School to cover my

tuition and living expenses. Financial assistance in the form of bursaries and scholarships available through dedicated programs was vital. I had accumulated significant student debt from my undergraduate degrees; thus, scholarships alleviated my financial burden and ensured that I could begin and ultimately complete the program.

Financial resources were complemented by supportive individuals and key opportunities for development. For example, the opportunity to strengthen my academic profile through a research internship in Tanzania remains invaluable. Working closely with the team to disseminate research findings through presentations and publications strengthened my research expertise, which continues to inform my nursing leadership. Moreover, working collaboratively and learning from an international research team, with researchers who looked like me, remains unmatched.

## Discussion

### Representation and Visibility in Nursing

Ensuring representation and visibility of historically marginalized groups in nursing is essential. A legacy of assumptions and restrictions in nursing has reinforced the oppression and exclusion of Black folks (Flynn, 2011). These assumptions include the fundamental image of a nurse, nursing education, and the curriculum, as well as the profession in general. Historical imagery of nurses as angels and handmaidens (Price & McGillis Hall, 2014) combined with restrictions based on race, gender, class, ability, and sexuality are in opposition to how Black people were and continue to be viewed (Collins, 2000; Flynn, 2011). For example, the refusal to admit Black students into early nursing training programs (Flynn, 2011) has congealed norms that continue to perpetuate discrimination throughout nursing. Moreover, nursing education has been described as being oppressive to non-White folks by not attending to intersectionality and attempting to maintain an apolitical position (Bell, 2021). These aspects, among others, have contributed to Black nurses

feeling disconnected or marginalized within the profession (Etowa et al., 2009).

### Pipeline to Success

Addressing issues of representation and visibility in nursing is connected to larger educational barriers that inadvertently push Black students to be twice as good to simply be considered. Profound barriers are detected in elementary school, with the school-to-prison pipeline. Increased suspensions, excessive detentions, and implicit bias reinforce the disproportionate streamlining of Black students into programs below their capabilities (Bernard & Smith, 2018; James & Turner, 2017). Too many Black students are dismissed as lacking potential, subjected to heightened surveillance and unnecessary scrutinization. These actions have long-term consequences as they reduce the likelihood of high school success, thereby limiting options for continued education and career choice (James & Turner, 2017). Likewise, streamlining Black students into course-based graduate programs has lasting academic and employment implications including decreased funding opportunities, stigma, and career stagnation. Thus, anti-racist frameworks in institution policies and decision-making are necessary to create a pipeline to success.

### The Ivory Tower

Entering and navigating academia, popularly referred to as the “ivory tower,” has mental health implications, which are exacerbated by egos, competitiveness, and an elusive work-life balance, among other challenges (Rawlins, 2019). The ivory tower is known to pose unique challenges for Black and Indigenous people and people of colour, whether as students, staff, or faculty. For example, Henry et al. (2017) describe how the under-representation of Black and Indigenous faculty in academia is further strained by work environments that are not equitable, diverse, or inclusive. Growing issues including microaggressions and layered oppression have prompted several institutions to commit to anti-racist initiatives to reduce and attempt to eliminate institutional oppression.

## Conclusion

By sharing salient moments from my academic journey to becoming a nurse leader, my SPN offers insight for students, administrators, and decision-makers in nursing and advanced education. As described, I share my story with the intention of normalizing the sharing and inclusion of stories from people who have historically been silenced or restricted within nursing; inspiring others through shared experience; and highlighting persistent barriers in education. Specifically, my SPN elucidates opportunities to address anti-Black racism in academia. For example, challenging restrictive and oppressive admissions processes, improving resource allocation, and committing to positive representation and visibility, are all plausible solutions to position students from marginalized groups for success. The mandate of higher learning institutions should be to cultivate a sense of belonging and create opportunities for the intellectual growth of all students regardless of their circumstance or background.

Finally, this reflective exercise is beneficial in my ongoing nursing practice and activism work. By analyzing pivotal moments loaded with challenges, triumph, self-doubt, and self-determination, I learn more about myself and about the ways in which society works for and against people. Navigating the ivory tower continues to present challenges; however, collaborative efforts with like-minded individuals provide the building blocks to challenge issues, develop sustainable solutions, and transform oppressive norms. My passion for research, commitment to excellence, and desire to see change is what drives me. As an ANS woman, Black feminist, mother, and nurse leader, I will continue to speak my truth and contribute to change.

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### Appendix

#### Ten Tentative Guidelines for Writing Scholarly Personal Narratives (SPNs)

1	Establish clear constructs, hooks, and questions
2	Move from the particular to the general and back again... often
3	Try to draw larger implications from your personal stories
4	Draw from your vast store of formal background knowledge
5	Always try to tell a good story
6	Show some passion
7	Tell your story in an open-ended way
8	Remember that writing is both a craft and an art
9	Use citations whenever appropriate
10	Love and respect eloquent (i.e., clear) language