



## RACIAL LITERACY AS A CRITICAL EDUCATIONAL PROPOSAL IN NURSING: A REFLECTION

### O LETRAMENTO RACIAL COMO PROPOSTA FORMATIVA CRÍTICA NA ENFERMAGEM: UMA REFLEXÃO

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#### RESUMO

**Introdução:** Este artigo de reflexão discute o letramento racial (LR) como sugestão de ferramenta formativa para o enfrentamento das desigualdades étnico-raciais na saúde. Apesar da expressiva presença da população negra no Sistema Único de Saúde (SUS), a formação em saúde ainda privilegia modelos hegemônicos que desconsideram a diversidade étnico-racial. Nesse cenário, destaca-se a enfermagem como categoria estratégica na promoção da equidade, sobretudo na educação permanente. Assim, o objetivo desse artigo de reflexão foi discutir criticamente o LR, à luz da pedagogia engajada de Bell Hooks, apontando possibilidades e desafios. **Desenvolvimento:** À luz da pedagogia engajada de Bell Hooks e de referenciais decoloniais, propõe-se um percurso formativo composto por quatro dimensões: i) fundamentação teórica afrocentrada; ii) apresentação de evidências; iii) aprofundamento conceitual; e iv) proposição de práticas concretas. Ressalta-se o papel da enfermeira como possível agente articuladora de saberes e promotora de ações educativas críticas e antirracistas no cotidiano das equipes interprofissionais. **Conclusão:** A inserção do LR na educação permanente em saúde requer intencionalidade política, compromisso ético e abordagem interseccional. Ao assumir esse protagonismo, a enfermagem fortalece sua identidade como prática social comprometida com a transformação das relações de cuidado e com a promoção de ambientes institucionais mais equânimes e inclusivos.

**Descritores:** Letramento em Saúde; Diversidade, Equidade, Inclusão; População Negra; Antirracismo; Educação Continuada; Saúde Pública.

#### ABSTRACT

**Introduction:** This reflection article examines racial literacy (RL) as an educational tool to address racial/ethnic inequalities in health care. Although the Black population is broadly represented within the Unified Health System, professional education still privileges hegemonic models that disregard racial/ethnic diversity. In this context, Nursing emerges as a strategic field in promoting equity, particularly through continuing education. The aim is to critically discuss RL through the lens of Bell Hooks' engaged pedagogy, highlighting its possibilities and challenges. **Development:** Drawing on Bell Hooks' engaged pedagogy and decolonial frameworks, a four-dimensional educational pathway is proposed: i) Afro-centered theoretical foundation; ii) presentation of evidence; iii) conceptual deepening; and iv) implementation of concrete practices. The nurse's role is emphasized as an articulator of knowledge and a promoter of critical, antiracist educational actions in the daily practice of interprofessional teams. **Conclusion:** Integrating RL into continuing health education requires political intentionality, ethical commitment, and an intersectional approach. By embracing this leading role, Nursing strengthens its identity as a social practice committed to transforming care relationships and fostering more equitable and inclusive institutional environments.

**Descriptors:** Health Literacy; Diversity, Equity, Inclusion; Black Population; Antiracism; Continuing Education; Public Health.

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## INTRODUCTION

In Brazil, ethnic and racial diversity (ERD) is a structural element of society: 56% of the population self-identifies as Black or Brown<sup>(1)</sup>, and 67% of users of the Unified Health System (SUS) belong to such groups<sup>(2)</sup>. Nevertheless, health education continues to adopt the white body as the universal standard, rendering the ERD that characterizes the nation invisible<sup>(3)</sup>. Beyond ERD, issues concerning other diverse, minoritized, and marginalized groups have become increasingly urgent, requiring adaptation to contemporary social transformations<sup>(4)</sup>. Because of the multifaceted nature of Nursing practice — encompassing managerial, care, and educational roles — nurses occupy a strategic position as influential agents and promoters of racial literacy (RL). This article offers a reflection on RL, exploring its potential, challenges, and limitations through the lens of Bell Hooks’ engaged pedagogy<sup>(5-6)</sup>.

As a theoretical framework, the study draws on *Teaching critical thinking: practical wisdom*<sup>(5)</sup>, in which Bell Hooks advocates for an education committed to the emancipation of individuals and to confronting structures of oppression that intersect race, gender, and class. Her concept of engaged pedagogy integrates critical thinking, active listening, imagination, and the acknowledgment of subjectivities as central elements in fostering learning communities. By asserting that “thinking is an action,” Hooks calls educators and learners alike to engage in an educational practice that is sensitive, dialogical, and transformative — a perspective that underpins this reflection.

When discussing diversity, several social markers<sup>(7)</sup> shape differences among individuals and groups, including gender, body, disability, race/color, sexual orientation, religion, and social class. Research often employs the term “minorities” to describe those who do not conform to the hegemonic norm — male, thin, white, and straight. In Brazil, although some of these minorities, such as the Black population, constitute a numerical majority, they remain minorities in terms of power and political representation. Consequently, they experience vulnerability and face barriers to access, including in health care services.

In this context, public policies have sought to promote health equity for historically marginalized groups, such as the National Policy for the Comprehensive Health of the Black Population<sup>(8)</sup>, the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals<sup>(9)</sup>, the National Policy for the Health of Older Adults<sup>(10)</sup>, and the National Policy for the Health of Persons with Disabilities<sup>(11)</sup>, among others.

Epidemiological evidence reveals unfavorable health indicators among these groups. The Black population shows a higher incidence of both communicable<sup>(12)</sup> and noncommunicable diseases<sup>(13)</sup>; transgender women face greater risks of mental disorders, suicide, and violence<sup>(14)</sup>; older Black adults have shorter life expectancy and worse socioeconomic and health conditions<sup>(15)</sup>; and persons with disabilities experience reduced access to employment and education opportunities<sup>(16)</sup>. Such vulnerabilities tend to intensify when they intersect.

Thus, this paper highlights the racial dimension as a fundamental pillar within the Diversity, Equity, and Inclusion (DEI) agenda in Nursing, without claiming to exhaust the complexity of the subject. It draws upon the concept of RL as defined by France Winddance Twine<sup>(17)</sup>, which en-

compasses the ways individuals develop critical awareness of structural racism and adopt antiracist practices in their daily lives. This interpretation is guided by the perspective of Lia Vainer Schucman<sup>(18)</sup>, whose contributions are pivotal to understanding the dynamics of white privilege and resistance to racism in the Brazilian context. The racial approach broadens the discussion on the training of Nursing professionals committed to ethical and antiracist practices<sup>(18)</sup>.

Accordingly, the aim of this reflection article is to critically examine RL through the lens of Bell Hooks’ engaged pedagogy, outlining possible roles for nurses and exploring the inherent challenges and potentialities of this process.

## DEVELOPMENT

### DEI and Nursing in continuing education

Before addressing the nurse’s role in RL, it is necessary to delineate the field of DEI and its implications for continuing education.

A recent systematic review<sup>(19)</sup> synthesizes diversity as a broad concept that involves representation, equity, and respect for differences. In organizational contexts, it is expressed through the presence and active participation of distinct social groups, fostering inclusion and a sense of belonging. Because it is dynamic and historically situated, diversity encompasses markers such as gender, race, ethnicity, sexuality, religion, and social class<sup>(19)</sup>. In health care education, this approach is especially relevant for training professionals who will work in settings marked by profound historical inequalities.

A recent study showed that Brazil’s National Curriculum Guidelines (DCNs, in Portuguese) for programs such as Medicine and Psychology have incorporated the concept of diversity only in a limited way, often without fully breaking from essentialist perspectives that reduce social differences to fixed, homogeneous traits<sup>(20)</sup>.

With respect to equity, the Online Portuguese Dictionary, Dicio<sup>(21)</sup> defines it as fair judgment. In debates on social justice in health, equity means delivering care and actions in differentiated ways according to each person’s needs, with the aim of mitigating social, environmental, and economic asymmetries<sup>(22)</sup>. Therefore, continuing education committed to diversity must incorporate this ethical-political principle — “offer more to those who have less.”

This principle can cut across different areas of Nursing — public health, women’s health, mental health, among others. One concrete example is the inclusion of Black individuals as reference models in teaching materials (slides, laboratory mannequins, case studies). This point is reinforced by Chidiebere Sunday Ibe in *Beyond skin: why representation matters in medicine*<sup>(23)</sup>.

Building on the concepts of diversity and equity, there is a need for a construct that operationalizes these dimensions: inclusion. To include means to belong — to integrate individuals into a group or category<sup>(24)</sup>. Discussing DEI in continuing education thus entails understanding health education as a critical and politically committed process, capable of welcoming the multiple diversities of the Brazilian population in an equitable manner.

From the perspective of Bell Hooks’ engaged pedagogy, this requires the creation of dialogic and reflective

learning spaces that move beyond hegemonic, Eurocentric biomedical technicism. In this direction, Nursing is called to assert itself as a social practice<sup>(25)</sup> that is ethical, political, and antiracist.

### Diversity literacy in continuing education

Diversity literacy is an essential tool within the scope of continuing education. Here, we propose a training pathway designed to equip nurses to incorporate diversity-related themes into their educational practices. This pathway comprises four interrelated stages:

- i) Theoretical foundation: Clearly articulate the epistemic anchors employed — preferably those originating from the social groups involved — valuing situated knowledge and lived experiences.
- ii) Presentation of scientific evidence: Compile epidemiological studies, literature reviews, and other scientific outputs that reveal the inequities faced by diverse groups. This stage legitimizes the problem and guides data-informed practice.
- iii) Work with core concepts: Address concepts such as identity, intersectionality, and vulnerability with theoretical depth and critical sensitivity, grounding them in their social and historical contexts.
- iv) Practical actions: Propose concrete strategies that enable professionals to confront inequalities in daily practice, including revising teaching materials, fostering dialogic spaces, and building partnerships with communities and representative collectives.

This structure fosters critical, sensitive, transformative pedagogical practices aligned with the principles of equity, inclusion, and an ethical-political commitment to human rights.

### RL in continuing education within interprofessional teams

Taking the Black population as a reference, diversity literacy can be specified as RL. The term derives from the English *racial literacy*; here, the choice of “literacy” — rather than “alphabetization” — is justified because it points to a broader construction of knowledge, ways of knowing, and culture, which is more appropriate to the scope of critical practice in health<sup>(18)</sup>. Within continuing education, nurses can assume the role of RL promoters, especially in interprofessional settings such as primary care. Activities such as the Internal Week for the Prevention of Occupational Accidents, team meetings, and other training moments are opportune for incorporating the topic. It is essential that the approach be reflective, critical, sensitive, emancipatory, and dialogical; in this direction, Paulo Freire’s culture circles constitute effective training strategies<sup>(26)</sup>, including the participation of key civil-society members, thereby expanding dialogue and strengthening the bond with the territory.

As a feasible pathway for implementing RL in health within interprofessional teams, we propose:

- i) Afro-centered theoretical foundation, understanding structural racism as an inseparable component of Brazil’s dependent-capitalist model, in light of Frantz Fanon<sup>(27)</sup>, Ângela Davis<sup>(28)</sup>, Clovis

Moura<sup>(29)</sup>, and Sueli Carneiro<sup>(30)</sup> — intellectuals from the very group under focus, which reinforces the epistemic legitimacy of these approaches.

- ii) Presentation of evidence, making explicit racial health inequities — for example, the Black population shows higher prevalence of hypertension, type 2 diabetes mellitus, uterine fibroids, and greater victimization from violent deaths compared with the white population<sup>(31)</sup>.
- iii) Conceptual work, addressing with precision terms such as race, racism, institutional racism, and interpersonal racial discrimination — indispensable for consistent antiracist practice.
- iv) Practice recommendations, which at the care level include valuing traditional knowledge, encouraging the use of medicinal plants and other integrative practices, and building partnerships with Black movements and collectives in the territory (*terreiros*, evangelical churches, digital influencers committed to antiracist agendas); and at the managerial level, reinforcing accurate completion of the “race/color” field by self-identification — given the underreporting that constrains data production for public policies<sup>(32)</sup> —, promoting RL<sup>(18)</sup> for the entire team and service workforce, and advocating for the SUS as a concrete expression of commitment to antiracist health equity agenda.

This pathway is adaptable to other political minorities and vulnerable groups — such as LGBTQIA+ people, older adults, and persons with disabilities — by incorporating an intersectional approach. Thus, multiple social markers may converge in the same individual<sup>(22)</sup>; for example, a lesbian, Black person with a disability, in whom sexual orientation, race/color, and disability intersect.

### Challenges for DEI and RL

Although National Health Council (CNS, in Portuguese) Resolution No. 569/2017<sup>(33)</sup> established principles to be incorporated into the DCNs of undergraduate health programs — including the transversal approach to ethnic-racial relations; the history and culture of Afro-Brazilians, Africans, traditional peoples, and Indigenous peoples; human rights; and the rights of persons with disabilities — most graduates are still not sufficiently sensitized or prepared to address these issues in real-world practice.

This training gap directly affects continuing education processes carried out within interprofessional teams, often under the leadership of nurses. The absence of a critical, antiracist education undermines the effectiveness of initiatives aimed at implementing DEI policies in day-to-day health work<sup>(34)</sup>.

It is therefore urgent to enable the actual, ongoing implementation of the changes set forth in the Resolution, including revision of course pedagogical projects (PPCs, in Portuguese) and faculty development for ethical, political, and technically competent performance in the face of diversity. Aligning with these guidelines not only fulfills a legal commitment but also strengthens the role of higher education institutions in meeting contemporary social demands, consistent with global agendas such as the United Nations sustainable development goals (SDGs) — in particular SDG 4 (quality education), SDG 5 (gender equality), and SDG 10 (reduced inequalities)<sup>(35)</sup>.

Among the specific challenges in the DEI agenda, there is the risk of superficiality, with actions limited to institutional publicity (diversity washing). Another risk is tokenism, in which people are used as symbols of diversity without meaningful participation in decision-making, hindering the development of a sense of belonging within organizations<sup>(19)</sup>.

With respect to RL, the challenge begins with the very definition of the concept. RL is not limited to transmitting information “about the other”; it involves fostering critical, reflective understanding of racial inequalities and their manifestations in health, as well as transforming clinical and institutional practices to confront racism — both interpersonal and institutional — within health services.

The incorporation of RL presents additional challenges when one considers the different areas of Nursing practice — adult health, women’s health, child health, mental health, public health, occupational health, among others. In each area, it is necessary to promote reflections and actions that address disciplinary specificities and ensure equitable representation of the social groups present in society. In women’s health, for example, it is essential to recognize racial disparities across the life course — from childhood to the pregnancy-puerperal cycle and old age. In mental health, it is crucial to understand how structural racism affects the psyche of Black individuals, contributing, among other effects, to higher suicide rates among youth in this racial group<sup>(36)</sup>.

Discussing RL in spaces historically occupied by whiteness can also be particularly challenging. Understood as a historical-cultural marker in studies on race and racism, whiteness refers to the social construction of the idea of white racial superiority. In societies structured by racism, this construction bestows symbolic and material privileges on white people to the detriment of non-white people<sup>(18)</sup>. This is the reality in many health services, where whiteness still prevails in positions of power, which can generate resistance or minimize the importance of RL.

Accordingly, it is necessary to discuss and confront the so-called “narcissistic pact of whiteness,” a mechanism for maintaining privileges that disregards the social context and the ethical-political commitment required in the face of inequalities<sup>(37)</sup>. This discussion is crucial to dismantle the false notion that racism is a problem exclusive to the Black population. In reality, racism structures social and institutional relations, affecting everyone — albeit in different ways. Thus, actions to confront racism do not benefit only historically discriminated groups<sup>(27)</sup>; they have the potential to positively transform society as a whole, fostering fairer, more inclusive, and healthier environments.

A recurring limitation to the expansion of RL in Nursing lies in the difficulty that students and the Nursing staff have in adopting an active advocacy posture on behalf of people who experience prejudice, discrimination, or racism. This difficulty may stem from the scarcity of the topic in training curricula, which hinders the development of defense and empathy skills toward vulnerable groups. Added to this is the fear of confronting entrenched hierarchical and institutional structures. The normalization of racism and the lack of safe spaces for debate also contribute to passive or ambivalent stances, even in the face of rights violations. Recognizing these limitations is essential for guiding educational and institutional strategies that foster critical awareness, leader-

ship in the defense of human rights, and a commitment to racial equity in health.

### RL from a decolonial, antiracist perspective

Considering RL within the scope of continuing health education — especially in interprofessional practice — requires a commitment to critical and emancipatory approaches. Bell Hooks’ engaged pedagogy offers a productive framework by proposing an educational practice centered on lived experience, the recognition of structural oppression, and the creation of safe and dialogical spaces for individual and collective transformation<sup>(5)</sup>. For Hooks, teaching is a political act, and the classroom — or any educational space — should be a place of freedom, where knowledge serves the liberation of oppressed subjects. As she affirms [free translation], “Progressive pedagogy encourages students to transgress — to move beyond boundaries, to think critically, and to act in the world”<sup>(38)</sup>. Inspired by Paulo Freire’s writings, Bell Hooks maintains that the educational process is never neutral; it must commit itself to social justice and the dismantling of structures of domination, including structural racism.

In this sense, RL — understood as a continuous process of denaturalizing racism and developing repertoires to confront it<sup>(39)</sup> — aligns with engaged pedagogy by fostering critical awareness of how racism manifests in health and care institutions. Continuing education, therefore, must go beyond technical updating to create spaces that encourage dialogue, knowledge sharing, and active listening, paying attention to voices historically silenced within health teams.

A decolonial perspective contributes by challenging Eurocentric narratives that have historically shaped health care practices and professional education<sup>(3)</sup>. By linking RL to decoloniality, this approach calls for the valorization of the knowledge and epistemologies of historically marginalized peoples, reclaiming experiences and identities erased from educational processes. Within this framework, RL in continuing education entails the active deconstruction of oppressive structures and the affirmation of diversity as an organizing principle of pedagogical practice.

This is an educational practice that not only recognizes racial inequalities but also acts continuously to overcome them. It involves, for example, training strategies that increase the representation of Black professionals in leadership and teaching positions, thereby strengthening RL within institutions and counteracting the reproduction of discriminatory practices<sup>(40)</sup>.

In summary, the critical incorporation of DEI themes into continuing education in Nursing is an ethical, political, and epistemological imperative. Such incorporation supports a praxis that acknowledges the existence of racism and other forms of oppression and commits to their eradication through situated, reflective, and engaged educational action<sup>(3,41)</sup>.

### CONCLUSION

The incorporation of DEI themes into Nursing education is urgent. Bringing these issues to the fore fosters a praxis aligned with the present historical moment and with the legal, ethical, and political commitments of training institutions, consolidating Nursing as a social, decolonial, and antiracist practice.

Accordingly, undergraduate health programs — especially Nursing — must commit to the effective implementation of CNS Resolution No. 569/2017, ensuring the cross-cutting integration of these contents into PPCs.

Because of the strategic position nurses occupy within interprofessional teams and the multifaceted nature of their work (care, management, and education), they are well positioned to act as influential agents and promoters of diversity literacy.

Nonetheless, implementing RL within continuing health education faces multiple, complex challenges. Overcoming them requires critical reflection, institutional commitment, and continuous dialogue with the social groups directly involved.

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## CONFLICTS OF INTEREST

The author declares no conflicts of interest.

## USE OF ARTIFICIAL INTELLIGENCE

Grammar editing was performed with assistance from ChatGPT 4.0 using a temporary chat to ensure the content would not be used for AI training.

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Study conception: Rosa PLFS.

Data acquisition: Rosa PLFS.

Data analysis: Rosa PLFS.

Data interpretation: Rosa PLFS.

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