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Articles

Making and maintaining racialised ignorance in Australian nursing workplaces: The case of black African migrant nurses

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Abstract

   In this article we apply a sociological framework of ignorance to explore the experiences of black African migrant nurses working in the Australian healthcare system. We contend that explorations of how ignorance is constructed, maintained and utilised within workplaces are critical for a nuanced understanding of black African skilled migrants' subjective experiences of institutional racism. This article draws on interview data investigating black African migrant nurses workplace experiences. We examine the intersection between the 'native ignorance' (Proctor, 2008) of the migrant (ignorance as deficit or lack of knowledge) and 'active' or 'systemic' ignorance' (ignorance as intentionally or unintentionally constructed within the workplace) and from this analysis make two significant claims. First, that black African migrant nurses' ignorance about their work/place is created, maintained and reproduced through practices such as: failing to provide important and accurate information about the workplace; the non-recognition, undermining and/or devaluing of black migrant nurses' knowledge, skills and experience; organisational secrecy; and racial stereotyping. Second, that the maintenance of systemic ignorance

serves to construct a migrant who is both unknowing and suspect, and therefore incompetent and in need of surveillance. These constructions lead to the underutilisation of black migrant nurses' skills and reproduce institutional racism while also negating the potential economic benefits of migration and undermining the rationales for recruiting black African migrant nurses into Australia's nursing workforce.

> *We live in an age of ignorance, and it is important to understand how this came to be and why... [so as] to explore how ignorance is produced and maintained in diverse settings, through mechanisms such as deliberate or inadvertent neglect, secrecy and suppression, document destruction, unquestioned tradition and myriad forms of inherent (or unavoidable) culturopolitical selectivity. (Proctor & Schiebinger, 2008, p. vii)*

Introduction

This article is about the concept of ignorance, "the work it does and the impact it has" (Smithson, 2008, p. 209) on social relations involving black African migrant nurses in Australian nursing workplaces. Furthermore, it is about ignorance rooted in racism—racialised ignorance, its "creation and perpetuation" (Gilson, 2011, p. 309)—in the context of the Australian nursing work space. In workplaces hailed as multiculturally inclusive and egalitarian, ignorance is constituted as a deficiency in knowledge, something to be overcome or remedied, not as a construct, something maintained and perpetuated by the system, as well as something to be analysed for its potential in shaping the experiences of those constructed as 'other'. As Stocking (1998) noted:

> Ignorance, like knowledge, is socially constructed – that is, ignorance, like knowledge, is not (simply) a 'given' in people or nature, but it is (at least in part) a construction embedded in diverse social interests and commitments. (p. 168)

Guided by Sullivan and Tuana's (2007) assertion that there is "value [in] applying an epistemology of ignorance to issues of race, racism and white privilege" (p. 1), the premise of this article is that applying a theory of ignorance—in this case to certain ways of not knowing or unknowing black migrants—allows for more nuanced exploration of their workplace experiences. To date, research into the experiences of black continental African migrants in predominantly white, western contexts, and the resulting

racialisation and racial discrimination of these migrants, has not considered "the ways in which such practices [of racialisation]...are linked to conceptions and reproductions of knowledge" (Sullivan & Tuana, 2007, p. 2). Such a conceptualisation shows how black migrants are positioned disadvantageously within such workplaces, enduring "socially sanctioned forms of ignorance and unknowing" (Whitt, 2016, p. 427) and, consequently, suffering what Farmer (2004) calls "structural violence" (p. 37).

This article aims to address this gap in the research by using "ignorance as an explanatory device" (Nicoll, 2010, p. 137), supported by the concepts of structural violence and faciality, to make sense of skilled black African migrant nurses' accounts of their racialisation and racial discrimination. This approach enables an exploration of, not only how the other is known and how this form of knowledge is maintained and used to sustain white privilege and black disadvantage, but also how the other is constituted as ignorant. More precisely, then, this article discusses specific kinds of ignorance, namely, racialised ignorance (Sullivan & Tuana, 2007) and/or white ignorance (Mills, 2007 & 2008), that is, "the idea of an ignorance, a non-knowing that is not contingent, but in which race – white racism or white racial domination – is central to its origins" (Mills, 2008, p. 233).

Hence our preoccupation here is with the ways in which this ignorance is mobilised, deliberately or otherwise, to constitute social relations of race within nursing workplaces. The contention is that certain practices and ways of *not* knowing are integral to the processes that racialise black African migrant nurses. We will therefore explore "the active production of ignorance and its relation to the production of whiteness" (Swan, 2010, p. 484). As Tuana (2004) noted, "it is important to be aware of how often oppression works through and is shadowed by ignorance" (p. 195). Using a broad conceptualisation of ignorance, this article analyses it various manifestations and interpretations within nursing workplaces, including, perceptions of black African migrants' ignorance (as a deficit in their knowledge of the place they are in); the ascription of ignorance to black migrant nurses by the non-black majority; and, most importantly, (white) ignorance of the dominant non-black group and how this ignorance is maintained and facilitated by the system. If, as Tuana (2004) suggests, ignorance is "a practice with supporting social causes" (p. 195), then "it [ignorance] also has conditions of creation and perpetuation [which] merit close scrutiny" (Gilson, 2011, p. 309).

The immigration of nurses in the Australian context
    Theories of migration assert that there is an interaction between push and

pull factors that mobilise either the use of the migrant as a source of skills that are scarce in the recipient country or where the attractions of the receiving country are sufficient to bring migrants despite significant skill shortages in the donor country (Kingma, 2007; Buchan, 2002). Such perspectives rely on four, essentially economic, understandings of skilled migration: (i) that skilled workers are global resources which are easily located and mobilised; (ii) that there is equivalence in terms of regulatory bodies' recognition of qualifications in similar industries in recipient countries; (iii) that there are limitations on available training opportunities in recipient countries; and (iv) that there is a time-lag in addressing shortages through filling or increasing within-recipient country training spaces.

In line with this thinking and because Australia, like other developed countries, is experiencing recruitment and retention challenges in its nursing workforce, Australian health care administrators have become increasingly aware that local nursing shortages are coinciding with a "global nursing shortage" (Buchan, 2002, p. 751), compounding the effects of domestic shortages. Administrators have sought to manage the shortfall through active skilled migrant recruitment. For example, in 2008-09 Australia encouraged 2,620 foreign Registered Nurses (RNs) to seek employment in the country by granting an equivalent number of subclass 457 Business (Long Stay) highly skilled migrant visas (Department of Immigration and Citizenship [DIAC], 2010). As an indication of the initiative's success, in 2009 RN was the most frequently nominated position for skilled migrants in five Australian states/territories, and the second in another two in 2010 (DIAC, 2010). The rate of migration-related change is also amplified by the active recruitment of RNs through international advertising and home country recruitment initiatives on the part of the public and private health care sectors. The Australian nursing workplace is thus an exemplar of employer-driven migration. The notion of employer-sponsored migration is particularly significant because sponsorship involves (frequently competitive) selection, which indicates an economic investment by the employer. It also requires satisfying the set national criteria for determining what is deemed acceptable "human capital" (Hawthorne, 2002, p. 83) for inclusion in Australia's workforce. As a consequence of the global movement of RNs, the nursing workplace in Australia is also a site of rapid socio-cultural change and increasing cultural diversity.

The direction of current government policy indicates that skilled migration continues to be viewed as an investment in socially required "human capital" (Hawthorne, 2005) and a "fix" for predicted shortages of skilled workers (Bowen, 2008). Consistent with this position, the integration

of highly skilled migrants (those with Bachelor or higher qualifications) into the Australian workforce is perceived as largely unproblematic from a government perspective (Hawthorne, 2001). Yet, current analyses of skilled migrant experiences remain deficit-driven (in terms of their analyses of the skills migrants bring) and preoccupied with issues such as English language competency, transferability of overseas education and labour force integration (see, for example, Omeri & Atkins, 2002; Hawthorne, 2005; Birrell, Hawthorne, & Richardson; Jeon & Chenoweth, 2007; Ho, 2008; Ramsay, Barker, & Shallcross, 2008). Such research reduces the problematisation of migration to individual migrants, situating the migrant as '*the*' problem, and fails to expose or challenge the normative assumptions underpinning longstanding institutional processes, and the impact of such processes in what is now a culturally diverse workplace (Berman & Victorian Equal Opportunity and Human Rights Commission [VEOHRC], 2008).

Using theories of ignorance with support from structural violence and faciality

> *If we are to enrich our understanding of the production of knowledge in a particular field, then we must also examine the ways in which not knowing is sustained and sometimes even constructed. (Tuana, 2006, p. 3)*

It is not our intention to enter into debates about the "agreed on nomenclature" (Smithson, 2008, p. 209) of ignorance, or to propose a taxonomy of ignorance. Rather, in this article we use the term ignorance in three ways: ignorance as a "native state" (lack of knowledge); ignorance as a "selective choice or passive construct"; and, ignorance as a "strategic ploy or active construct... something that is made and manipulated" (Proctor, 2008, pp. 3-10). What interests us are the social practices that encourage and perpetuate ignorance in a specific workplace. At the core of any discussion of ignorance is the question of 'who is ignorant of what?'. The answer is not as simple as the question might imply.

Moreover, at the core of ignorance as it is mobilised in racialisation are "practices of not knowing that support racism" (Sullivan & Tuana, 2007, p. 3). For example, in our discussion of the ignorance of the skilled migrant as a "preknowledge state" (Proctor & Schiebinger, 2008, p. viii), this article illustrates how this state is perpetuated and maintained systemically through various acts, such as deliberate secrecy (for example, the non-disclosure of important information about conditions/terms of employment such as salary

scales, superannuation and work rights in general). What black migrant nurses do not know is not a passively maintained gap in their knowledge. On the other hand, the ignorance of the white majority in relation to black skilled migrants is a result of *how and what* they 'know' of 'black Africans', for example, as uneducated, unknowing and, in the case of black African migrant nurses, lacking the appropriate skills to practise nursing competently and therefore in need of guidance from benevolent white nurses (see Wallace, 2008). As we have argued elsewhere (see Mapedzahama, Rudge, West, & Perron, 2012), it is not only the apparent differences in phenotypical bodily features—of which skin colour is the most significant—that culminates in prejudice against black African nurses. Rather, it is the fact that these features, in the racial psyche of the dominant group, link them to a specific geographical location, broadly defined as 'Africa' and stereotypically defined as 'backward' and 'underdeveloped' (Mapedzahama & Kwansah-Aidoo, 2010). In essence, it is the social production of black faces [and bodies] (Benson, 2008a), that results in the prejudice they encounter. As Deleuze and Guattari (1987) noted, it "is not the individuality of the face that counts but the efficacy of the ciphering it makes possible" (p. 175).

In this way, ignorance is not about not knowing *per se*, but a wilful construction of certain ways of not knowing and unknowing—that which Gilson (2011) calls the "willful ignorance of vulnerability" (p. 319). According to Gilson (2011), the "willful ignorance of vulnerability" is "a closure to being affected and shaped by others" which is "central to other forms of ignorance and oppression" and functions as the basis upon which other kinds of ignorance are built (p. 319). Gilson's position is that ignorance in such a context is purely about the protection of the self; an attempt to avoid being unsettled through knowing. She argues:

> If the impetus for willful ignorance is an attempt to avoid what might unsettle us, when we ignore we are necessarily avoiding our own vulnerability. We ignore because to know might disturb us and even disempower us, rendering us vulnerable...
> A denial of vulnerability, then, underlies other types of ignorance, such as the ignorance of one's complicity in racial oppression, because to admit such complicity is to open oneself to features of one's social world and one's way of inhabiting that world that are discomfiting and thus to make oneself vulnerable. To know in this sense is to be vulnerable, to be susceptible to being altered by others, whereas to ignore is to seek invulnerability. Consequently, it is only upon the grounds of invulnerability that ignorance can be constructed. (p. 319)

Our discussion thus complicates the issue of who is ignorant of what by juxtaposing the ignorance of the white 'knowers' with that of the black migrant 'non-knowers'. Such a position is central to Mills' argument as to how ignorance—or ignoring practices—sustains white ignorance of its implication in black oppression. Importantly, the new migrant is unaware of the centrality of white ignorance in the country to which they have migrated. They are coming to a country that (when it comes to race) is 'blind to colour', purposively prior to, and since, its settlement. As Mills (2007) points out, colour-blindness is central to the settler project of denying the rights of indigenous populations. In a 'colour-blind' environment, supported by the silencing of race, the maintenance of white superiority is taken for granted. Hence, migrants (of colour) enter a society already primed in its denial of oppression (Alcoff, 2007). What follows, then, is neither automatic nor determined, but well-rehearsed to the point of inevitability. It is ignorance that is "actively produced in [the] particular social conditions" entered into by migrant nurses and which is "actively functional in preserving those conditions, and resistant to correction" (Whitt, 2016, p. 431). Mills (2007) calls such active forgetting "white ignorance" (p. 13), while Medina (2013) calls it "active ignorance" (p. 39). Whatever the terminology, it qualifies as a kind of social arrangement that systematically allows suffering to occur amongst migrants of colour and, as such, fits the definition of structural violence provided by Farmer (2004), to which we now turn.

The concept of structural violence has been proposed through different notions, including the social course of suffering (Benson, 2008a, 2008b; Kleinman et al., 1995), everyday violence (Scheper-Hughes, 1992), social suffering (Bourdieu et al., 2000; Bourgois, 2003; Kleinman, Das, & Lock, 1997) and structural violence (Farmer, 2004; Farmer, Nizeye, Stulac, & Keshavjee, 2006; Singer, 2006). At the core of the concept of structural violence as discussed by Farmer (2004), are social arrangements that systematically place subordinated and disadvantaged groups in harm's way and make them liable to various forms of suffering: "[s]tructural violence is embodied as adverse events … the experience of people who live in poverty or are marginalized by racism, gender inequality, or a noxious mix of all of the above" (p. 307).

Irrespective of how it is conceived, the central purpose of the concept of structural violence is to emphasise the "systemic constitution of inequality and suffering" (Benson, 2008a, p. 590). The idea is to purposefully move away from an emphasis on physical violence with individual actors as perpetrators and focus instead on the "societal, institutional, and structural

dimensions of suffering, including the role of corporations, markets, and governments in fostering various kinds of harm in populations" (Benson, 2008a, p. 590). Violence or suffering in this context is linked or can be traced back to political-economic processes, social structures and cultural ideologies (Benson, 2008a). We found the concept of structural violence useful to make sense of our data and to explicate the experiences of black migrant nurses.

Linked to the concept of structural violence is the notion of 'faciality'. According to Benson (2008a), "faciality refers to how power and perception overlap, as well as to how ethical orientations are formed and/or inhibited on the basis of what people see when they look at other people's faces" (p. 596). The term faciality can be traced to the work of Deleuze and Guattari (1987), who argued that faces are socially produced and perceived within a societal intersection of media images, social typologies and power relations. They emphasised that "the face, the power of the face, engenders and explains social power" (Deleuze & Guattari, 1987, p. 175). If faces are socially produced, then "the human face becomes a medium through which finite differences are established" (Benson, 2008a, p. 596) and, as Deleuze and Guattari (1987) pointed out, how the face looks becomes an important factor in racial schemes, class structures, and other systems or logics of classification. Benson (2008a) proposed that "[f]aciality is crucial to the constitution and perpetuation of structural violence because how people see others can help legitimize patterns of social subordination, economic exploitation, and spatial segregation" (p. 596). In the context of this study, the collective face of black migrant nurses is of ultra-importance, not just in how it is perceived and racialised (socially produced), but also as a site or destination of structural violence. The concepts of faciality and structural violence, as applied here, also help to situate this article within the wider global debate of racism and migrant labour (see, for example, Benson, 2008a).

The Study

The overall aim of our original study was to examine how skilled African migrant nurses working in Australia forged social and professional identities within their transnational, cross-cultural existences. The core of the research was formed by sociological analyses of how this group of migrant nurses interpreted their own cross-cultural nursing experiences, negotiating both their professional nursing and diasporic identities, and how such negotiations informed how they constructed themselves as 'black' nurses.

This study involved interviews with 14 RNs (13 females, 1 male) ranging in age from 30 to 47 years old. Participants were initially recruited through the second author's personal networks (see Bourdieu, 1996), as well as through a process of snowballing from students enrolled in a university course. All participants had completed their pre-registration nursing education and obtained their (initial) registration and practice experience in their home countries in Africa prior to migrating. Furthermore, all participants had obtained registration from the New South Wales (NSW) Nurses and Midwives Board. All participants migrated to Australia under the skilled migration stream, as holders of 457 temporary work visas (see Deegan [2008] for a detailed discussion of this visa subclass). Participants worked in a variety of workplace settings, including public and private hospitals, aged-care residential facilities and casually through nursing agencies, all in a large metropolitan city in Australia. They all had more than five years' experience as RNs in their countries of origin, as well as more than one year working in Australia at the time of the study. Many of the nurses had left very senior positions in their country of origin and a few had come to Australia on their own temporarily, leaving husbands and children behind.

Given that the study aimed to centre migrant nurses' own voices about their subjective (migration and post-migration) experiences, unstructured conversational style interviewee-guided interviews were used as the main data gathering method. All interviews commenced with one probe: *Can you please tell me the story of your life as an African nurse (working) in Australia?* This question was designed to initiate unlimited discussion, and participants were encouraged to talk freely for as long as they wished without interruption. As Reinharz (1992) noted, open-ended interview research "explores people's views of reality and allows the researcher to formulate theory" (p. 18) while maximising discovery and description.

In line with ethical practice when conducting qualitative research, each participant was assigned a pseudonym to protect their identity. These pseudonyms were used to identify participants from the beginning of the data transcription stage. To further ensure anonymity, the names of the African countries nurses migrated from are also not identified. Ethics approval for the study was granted by the University of Sydney's Human Research Ethics Committee.

The data analysis for this research was conducted by the authors, only one of whom was born in Australia. It was useful having a team of researchers from diverse ethnic backgrounds at this stage, as it introduced a diversity of scholarly interpretations and personal perspectives on racism. Further, having researchers not involved in the interviews undertake data analysis

served as an additional layer for in-depth interpretation of the data. Specifically, data analysis was undertaken through an interpretative approach, using thematic manual coding. The initial stages of data analysis commenced simultaneously with data collection, when themes emerging from the interview data were identified and detailed notes created. Specific word labels or short phrases were then allocated to the identified themes. During the next stage of 'data interpretation', core themes central to the research aims were selected from detailed notes and systematically related to other themes to create a "'big picture' story outline" (O'Dwyer, 2004, p. 394). Through this process it became clear that migrant nurses were recruited in ignorance of where they were going and the effect their skin colour would have within their workplace, as well as in ignorance of the dominance of whiteness in the racialised relations of power in the recruiting country.

White Ignorance

> ...*it is difficult for the white eye to see itself seeing whitely*
> *(Miller, 2007, p. 138)*

Nursing workplaces in Australia are contexts in which a racial frame (Feagin, 2010) operates at the core of social relations. The notion of a white racial frame, refers to a broad "theoretical conception that encompasses racialised phenomena [which] includes: racial stereotypes; racial narratives; racial images; racialised emotions; and inclinations to discriminatory actions" (Griffith, 2009, p. 224). It follows, then, that the white racial frame produces certain ways of knowing the black, African 'other'. Of most significance is that white ignorance culminates in racial discrimination (as well as its disavowal), particularly when the other is known in stereotypical, paternalistic and exclusionary ways (Townley, 2006). One participant's quote, below, is illustrative:

> We had problems with [people] ... who were not comfortable with us... they think we came from trees, that we used to live with monkeys, and then we just got off the tree and boarded an aeroplane and came here ... And some of them have a knowledge of today [African country] which is in tatters, you know, so they just think: no standards. They don't know about the former [African country], which is where we came from, and that's where we trained, and all the knowledge that we have and the standards we have are from the former [African

country]. So, it's sad, in the end we are the victims [of discrimination]. (Taurai)

Taurai's comment reveals that white ignorance encompasses "both false belief and the absence of true belief" (Mills, 2008, p. 232). Nevertheless, black African migrants' experiences of racialisation and racial discrimination are not always a result of intentionality, that is, deliberate acts of discrimination by the white majority. Often they are a consequence of "a vast array of institutional systems supporting white people's obliviousness of the worlds of people of colour" (Sullivan & Tuana, 2007, p. 3). As one participant expressed:

> We're talking of someone who doesn't know Africa, someone who read it in the newspaper, someone who heard, they heard on the television you know. They just look at you they're looking at Sudan, they're looking at you they're looking at the war in Congo. They don't look at [name of country] as they don't look at those areas. They don't even know that there's a place. They think Africa is ruled by Nelson Mandela and he's the president of Africa. They don't know so you are talking about people who don't even know, who don't even understand. (Mambo)

Mambo's comment reveals perceptions of limitations in the realm of knowledge pertaining to 'Africa', which are maintained by the way Africa is talked about in the west. White ignorance here involves not only what is known (or unknown) about 'Africa', but also how it is known: as homogenous and undifferentiated, and synonymous with backwardness, political/social unrest and economic strife. Africa as a homogenous entity is constructed in opposition to 'westernisation' and all that it entails. While it can be argued that Mambo's comment illustrates how sometimes the discrimination enacted upon black African migrants is a result of the white majority not knowing the migrant enough, and not a deliberate or inherent power play or need to maintain the status quo (white privilege), we nevertheless see it as an example of two types of ignorance. The first—a specific category of ignorance articulated by Tuana (2004) as "we do not even know that we do not know" (p. 6)—is a position constituted by westernised belief systems to support and maintain a wide range of oppressive behaviours (see also Mills, 2007; Alcoff, 2007). The second is what Gilson (2011) calls the "willful ignorance of vulnerability, a closure to being affected and shaped by others" (p. 319), which she describes as a

"constructed attitude and position" (p. 319). In this case, the constructed attitude and position of ignorance is a way of closing oneself to the possibility of being affected in ways that will require making adjustments in one's being: "It is a closure to a certain understanding of the nature of relations with others as well as to features of the self; it is a closure to change that alters the meaning of the self, the interpretations we have formed of ourselves" (Gilson, 2011, p. 319). Thus, ignorance is maintained and/or sustained to avoid disturbance[1] (McHugh, 2007), which then helps the ignorant to reject "the notion that they play any role in maintaining systemic racism" (Applebaum, 2013, p. 23).

An article by Wallace (2008) provided some evidence of how ignorance is sustained: in an interview with the president of the NSW regulatory authority – the NSW Nursing and Midwifery Board - concerns about the adequacy of nurses educated locally were conflated "with students – mostly foreign, and many from developing countries – [who] had obtained degrees [in Australia] despite… [the fact that] some did not have safe levels of English". The president asserted:

> In truth we were caught unawares. We got this influx of people
> and they were coming from the tiniest institutions... some of
> them are three people in a garage." (Wallace, 2008)

Such a proclamation makes clear that ignorance about migrant nurses continues, while also reducing the various forms of migration of skilled nurses to 'those who come here to study'.

As mentioned earlier, white ignorance can also be expressed in white colour-blindness. We use colour-blindness here to refer to acting/behaving as if one does not recognise the presence of colour (read: black/a different race) which in fact is an act of wilful ignorance. In the example below, this colour blindness manifests itself in a 'joke' that is insensitive to race:

I'll give you an example of jokes that were said that really affected my self-esteem. Someone thought they were trying to make me comfortable without realising that they're actually hurting me. I

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[1] In a study on identity and belonging among skilled African migrants in Australia, one of Kwansah-Aidoo and Mapedzahama's respondents aptly captured the essence of white willful ignorance is when he spoke of his experiences with work colleagues. He noted: "I found out really nobody genuinely wants to know the truth about who you are. Nobody genuinely wants to know because knowing about who you are, commands a proper response. So therefore, it is better [for them] to remain in their own understanding of who you are and where you need to be, than to know what the truth is" (Kwansah-Aidoo & Mapedzahama, 2018, p. 93).

was working a late [shift] and we were finishing at night and someone said 'how are you getting home?' and I said 'I'm walking' and this person said 'are you going to be alright walking?'. I said 'I think where I stay is actually a safe place' and she said to me 'it's alright, you walk in the dark and don't smile and no-one's going to see you because the only thing that they'll notice is your teeth if your smile'. You know when you are new sometimes you can't fight back, make somebody aware that it's rude. I didn't say anything but instead of showing that I was offended, you won't believe it, I actually smiled and she might have thought that it's okay for her to talk to me like that. Because of that I actually started a precedent that anybody thought they could say whatever they want and get away with it. (Tete)

At the core of such racial jokes—tantamount to racial harassment—is white ignorance operating as a by-product of inattention (Proctor, 2008). In this case, the white nurse's attempt to 'joke' about colour fails, succeeding only in disempowering the migrant nurse as the butt of a 'harmless' joke. Such racial jokes are based in oppression and only work for the dominant group. In this instance, the participant's feeling of powerlessness as a new migrant is amplified (*you can't fight back*), culminating in her not reacting to an act of racial harassment, despite her realisation of her part in perpetuating white ignorance.

The Un/knowing other?

> ... *[Ignorance] is an essential component in social relations, organisations and cultures. People are motivated to create and maintain ignorance, often systematically. (Smithson, 2008, p. 209)*

The question arises: what about the 'ignorance' of the black African migrant nurse? At face value it appears that the migrant is indeed ignorant, particularly where ignorance is conceptualised as an 'absence' or a deficit in knowledge (Smithson, 2008). For example, often these migrants lack knowledge of their new workplace's culture, as indicated in the following comment:

> From the moment I walked into my clinical area, I realised things were different, not different in the sense of the nursing practice but different in the culture within the Australian health

system. I'll give you an example that some people might think is not significant but that was so important to me and made a lot of impact. Where we come from, we call each other using second names, at the moment you might call me Tete but when I was back home I was called Nurse Amai. There was so much hierarchy that we would observe, if somebody was your NUM [Nurse Unit Manager], you wouldn't just call them by [their] first name, you use their title, then their name, second to the title, the same with doctors, we'll have – consultants will be given the respect that comes with the job that you call them Mr – I guess it's a culture that we all adopted from the English system and I would've thought that when I come to Australia as well, it would be the same system. So, day one, I just realised this system is different and the moment that I realised the system is different the confidence that I walked with when I opened the door just fell to the ground. (Tete)

Of notable significance here is the participant's ignorance of the consequences this seemingly egalitarian workplace culture (Alcoff, 2007) has for each migrant and for their sense of confidence. One could also argue that, even though the participant sees this new workplace culture as different in that it is seemingly egalitarian, she may nevertheless have missed the subtleties of its hierarchy and misapprehended its seeming informality. Yet, even in this situation, these subtleties are not explained/made known to her as it is assumed that everyone 'knows' how the system operates.

When applying a broad conceptualisation of ignorance to the social relations of nursing workplaces, it becomes apparent that the ignorance of black African migrant nurses is "neither a simple nor innocent lack of knowledge" (Logue, 2008, p. 55), but rather an ignorance constructed and maintained in two significant ways which lead to structural violence (Farmer, 2004). First, African migrant nurses are 'made' ignorant through the creation of barriers to knowledge acquisition via deliberate acts of secrecy and neglect on the part of the employers. This includes, for example, deliberate secrecy about salary scales, the payment of superannuation and even lack of an orientation. As one participant commented:

I was employed by this agency, I used to work for a hospital but not get paid by the hospital, get paid by the agency, and because of that he had a leeway of exploiting me...I must say I was a bit naive. I wasn't even aware that I was being exploited because you don't get to share your payslip with anybody... At

that time I was getting about an average of $25 an hour when I was meant to be getting $30 an hour. It was only in conversation when some girls were sort of saying 'oh, this African nurse gets paid so much' because I think they'd seen an invoice that was coming from my employer [the nursing agency] where he was sort of invoicing them and I think it was about $70 an hour, so they thought I was getting $70 an hour so they started talking and then when I told management that I wasn't getting paid $70, I was actually getting $25 an hour, that's when I realised that I was being exploited. Even my leave was different to the people that were working for the hospital, I was getting 10 days annual leave a year yet rightfully I'm supposed to be getting six weeks a year. All those things I discovered just through an incident of – you know that invoice coming out. (Tete)

The situation Tete describes is an example of the interplay between the ignorance of white nurses in terms of what they think they know (they have found out that Tete gets paid a lot more, yet it is not true) and the maintenance of the black nurse's ignorance by her employer (the agency). The African migrant nurse's colleagues would rather think badly of her (as the overpaid nurse) than consider her situation as one of exploitation. Moreover, while spreading malicious rumours about the African migrant nurse being overpaid, the white nurses are also unaware of their own ignorance about how nursing agencies bill hospitals to make money for the service of recruiting and sending a nurse to their place of work. Of further concern is how these confidential matters were talked about openly, yet the managers of the facility did nothing to address the underlying ignorance fuelling the discussion. This episode demonstrates layer upon layer of the construction and maintenance of ignorance on both sides, all of which result in racialised responses that pose the greatest challenges for the black nurse.

All participants interviewed for this research shared similar stories of secrecy. The excerpts below exemplify this:

I came here as a year 4 [RN4] but the EN [Enrolled Nurse] who was working here was getting paid more than what I was getting paid and they were paying me as a year 1 ... It was later after like four years when someone came in and said 'how come you get paid so low?', 'oh this is what we were told', 'what?' but even our super I remember the first year or two years I don't remember our payslip being deducted

superannuation because you don't know. No-one bothers to tell you about all those things. It's only now that I know what is superannuation. (Mambo)

If you are a foreign nurse, it's hard ... you don't have the power or the control to make decisions over what happens to you at work, you know ... I wouldn't know what shift I'm working tomorrow, whether I'm going to be doing 8 hours or 16 hours. I would find myself written to doing a morning shift and then my name will be there again to do an afternoon shift which means an afternoon shift finishes at 9, when I started at 7am. I could've said 'no I can't' but I never said no. (Tete)

What is significant about these black African migrant nurses' reflections on their own ignorance is their surprise upon realisation of their employers' acts of secrecy. Indeed, these acts of secrecy can be seen as structural violence because they reflect social/work arrangements that systematically place subordinated and disadvantaged black nurses in harm's way by increasing their susceptibility to future financial difficulty (Farmer, 2004). The notion of faciality is also applicable here, since structural violence has been visited upon these black nurses because of how they are seen. As Benson (2008a) rightly observes, faciality is central to how structural violence is constructed and perpetuated. In this case, if black nurses are being treated differently or exploited, then there is reason to argue that it is because of how they are seen (as different from other [white] nurses) and that this has helped legitimise a pattern of "social subordination, economic exploitation, and spatial segregation" (Benson, 2008a, p. 596) that fits well with the concept of structural violence.

Some participants, though, sought ways of knowing or of filling the gap(s) in their knowledge created for them by their employer. The quote, below, is demonstrative.

We didn't know about this [salary scales] it took us time to discover ... The good thing was that I had friends and cousins that came to Australia in earlier than I. So, when I was questioning some of the things they would then sit me down and tell me the processes, the loading system, the – how the shifts are supposed to work, how we are supposed to have these off days and such and such a time. *So, we ended up knowing...* (Imbai, emphasis added)

Imbai's comment reveals the role that fellow migrants can play as sources of information. While, when getting their information from third parties (friends and family), there remains a risk in "making mistakes in attempts to know" (Smithson 2008, p. 210), we argue that the participants demonstrate agentic endeavours to re/claim knowledge by actively seeking to know what they do not know.

The second way in which ignorance is constructed and maintained is in the way black African migrant nurses are "ascribe[d] ignorance... ignore[d] or silence[d] on the basis that they know nothing – are ignorant... [which is] the absolutising of [their] ignorance" (Feenan, 2007, p. 510). To achieve this outcome, white nurses mobilise various "techniques of ignoring" (Swan, 2010, p. 478) when interacting with black migrant nurses. These include deliberate acts of ignoring, specifically, ignoring skilled migrants' forms and ways of knowing, thereby constructing black African nurses as unknowing. The participants' narratives revealed their awareness of not only their objectification as 'unknowing' entities, but also the imperative to know only that which has been predetermined and come to be accepted as 'real' knowledge in their new workplaces. The quote below is illustrative:

> They think you just come here from a jungle, they don't even know that you are trained to, do – you are just the same way they were trained but they just they don't trust you, they don't believe you**, *they don't want to know what you know, they just want you to do what they think should be done and that's it.* (Mambo, emphasis added)

The black nurses' own ways of knowing nursing and how to nurse are ignored, yet the ignorance is ascribed to the nurse. Hence, it is not the 'lack' of knowledge *per se* that is the basis of ascribing ignorance to black African migrant nurses, but the blocking of their knowledge and the over-valuing of technical types of knowledge they are assumed not to possess. Again, we see faciality at play here in the way in which "power and perception overlap" (Benson, 2008a, p. 596) in these nursing workplaces, and how orientations have been "formed and/or inhibited" based on what others (white nurses) see when they look at the faces of black nurses (Benson, 2008a, p. 596). In essence, the way black nurses are seen—how their faces are socially produced (Deleuze & Guattari, 1987; Benson, 2008a)—results in their ways of knowing being ignored and them being perceived as ignorant: a clear demonstration of power. It is also an example of structural violence in the sense that the black nurses suffer in various (albeit unmentioned) ways as a

result of the twin experiences of being ignored and ascribed ignorance in the workplace.

Furthermore, the presumption that black migrant nurses are ignorant constructs them as incapable of nursing competently and hence in need of surveillance, as demonstrated by the following sample quotes:

> Some [co-workers] had doubts, because we are black. So, some would go round, you know after a shift they'd go around, it's not even in their job description but they'd go around checking your documentation, just to see how you document: is it authentic, do you know what you are talking about, you know? (Taurai)

> At times you would find when you are doing something, someone will be following you like they don't trust what you are doing, or they can even ask you … a question which really annoys like: Can you do blood pressure? Obviously! How could you ask that question? And that person will repeat, keep asking you the same question! You just say: God help me; let me answer it and let it go, and then you move on, that's the hardest part. (Natsai)

A consequence of white ignorance of black migrant nurses' knowledge and competence is that black African migrant nurses are subjected to the 'white gaze' (Yancy, 2008). In his exploration of the subjectivity of black bodies under a "white racist hegemonic gaze" (Alcoff, 2008, p. ix), Yancy (2008) argues that "whites ...[have] the privileged status of being onlookers and gazers, with all the power that this entail[s]...Whites also presume the *a priori* right to nominate black bodies as they [see] fit" (pp. xviii-xix). The white gaze once again raises the issue of faciality and its links with structural violence. In the case of the black nurses, the gaze entails power which is exercised in socially producing the black nurses faces to help legitimise their social subordination. The faces of the black nurses, then, through the white gaze, become "a medium through which finite differences are established" (Benson, 2008a, p. 596) and play an important role in their racialisation and subordination.

Participants revealed that they were often subjected to unnecessary scrutiny, confirming the observation by Mapedzahama et al., (2012) that, within nursing workplaces, the white gaze is a form of "victimisation through critical scrutiny" (p. 160 citing Larsen, 2007, p. 1291). The following quote is illustrative.

> I know when we started working we were all considered as RNs but treated differently, you know. Like, like if you were going to work on the floor, they would say so-and-so go and work on this side, so-and-so go and work on this side, Taurai, go and help to do showering. Your roles have changed; all of a sudden I am being asked to go and work as an AIN [Assistant in Nursing]! Only when you know then you can say: whoa, whoa, whoa, that was not my job description on the contract [pause], you know what I mean? What if we were dumb? We could be doing, working as AINs here. (Taurai)

Moreover, the white gaze and scrutiny yields self-doubt and leads to what Yancy (2008) refers to as "a destructive process of superfluous self-surveillance and self-interrogation" (p. 68). The consequence is that it diminishes confidence in one's own professional competence and can result in mistakes, thereby perpetuating the myth of incompetence. Furthermore, the white gaze upon black migrant nurses has significance for 'trusting' the black migrant nurse. As Townley (2006) notes, "ways of knowing include trust... being trusted is part of being a fully recognised member of a community" (p. 40). In moving into the nursing workforce, the migrant black nurses found themselves considered untrustworthy and placed under the white gaze. As nurses increasingly work in teams, such a situation perpetuates white ignorance and results in the failure to fully use a skilled worker who has been actively recruited to work in Australian health agencies and hospitals.

Conclusion: The reproduction of white privilege

This article has examined the intersection between the 'native ignorance' (Proctor, 2008) of the migrant (ignorance as deficit or lack of knowledge) and 'active' or 'systemic' ignorance (ignorance as intentionally or unintentionally constructed through the workplace) in order to show how "oppressive ideals" (Bordo, 1999, p. 50) are perpetuated through an active ignorance which is "socially enforced and socially reinforcing" (Medina, 2013, pp. 57-58). In theorising the social functions of ignorance, Moore and Tumin (1949) noted that its most significant and obvious role lies in "preserving social differentials" by functioning as a "preservative of privileged position" (pp. 788-789). In nursing workplaces, white ignorance operates to maintain the smooth functioning of the system through a failure to challenge how structuring from whiteness and multiculturalist ideologies means that racism cannot be directly confronted (Žižek, 2008). One could

argue, then, that white ignorance not only functions to create (an)other who is unknowing, in need of surveillance and thus subjected to the white gaze, it also creates a workplace that is fraught with racial micro-inequities and in which the faces of black nurses are actively and negatively coded with allegorical signs invested with cultural meaning (Benson, 2008a). This then allows structural violence to occur, while wilful ignorance helps to maintain and sustain a nursing workplace that is racialised and racialising in its functioning and functionality. Whitt (2016), elaborating on Medina's (2013) exposition of active ignorance, captures this scenario perfectly by noting that:

> …active ignorance functions less like a gap in knowledge or a conscious refusal to think, and more like a socially sanctioned and habituated way of being – a mode of actively, if unintentionally, maintaining areas of lucidity and imperception by resisting new knowledge, counter-testimony, and recalcitrant experience. (p. 431)

The participants' comments clearly expose the true whiteness of a nursing workplace that is often presented as a non-raced, "objective [and] neutral space" (Yancy 2008, p. xix). Not surprisingly, black nurses in this context feel a sense of powerlessness. The discussions in this article have not only revealed the existence of white ignorance in nursing workplaces in Australia, but also its manifestation, reproduction and exploitation. Ultimately, the data presented in this article supports our contention that in-depth understanding of the ways in which ignorance plays out in workplaces is integral to producing more nuanced, alternative analyses of skilled migrant' experiences.

A variety of forms of ignorance were used to maintain colour-blindness and the racialisation of black skilled migrant RNs. While there are some elements of native ignorance (Proctor, 2008) in this maintenance of ignorance, other epistemologies of ignorance were at work in maintaining the dominance of whiteness in this space/workplace. The use of secrecy, as well as the overt manipulation and level of surveillance endured by the participants, position ignorance as a useful concept to bring to light how some forms of knowledge are more in evidence in the racialisation of skilled migrants of colour than others. The subtleties and nuances of these varieties of not knowing maintained and perpetuated forms of ignorance and structural violence that played out across the black faces of these migrant nurses.

This article asserts that a singular focus on how the migrant is a problem for nursing in such situations (which emphasises deficits or a lack of knowledge) maintains a systematised ignorance as to how race is central to

these migrants' exploitation and lack of integration into the workplace (see Wallace, 2008). This is rooted in the failure to see that the obvious racialisation located here is systematically and systemically brought to bear on black migrant nurses through the application of epistemologies of ignorance that place an emphasis on the migrants' deficits, rather than those embedded in the structure of the white workplace (Feenan, 2007). It could also be argued that this failure to comprehend the whiteness of the workspace is compounded by Australia's status as a settler colony that ignores/fails to acknowledge the racist framing central to its social relations with its indigenous population and the associated levels of ignorance central to such racial framing (Mills, 2007; Hage, 1998). As Whitt (2016) points out, "knowledge and ignorance are essentially political, insofar as different social positions and power relations tend to encourage or discourage different modes of knowing, ignoring, revealing, and dissembling" (p. 431).

With respect to migrant labour in the Australian healthcare sector, this study has shown that, even though the Australian nursing workplace presents itself as an exemplar of employer-driven nurse migration which supports the active overseas recruitment of nurses and employer-sponsored skilled migration, there are structures and strictures in place that not only result in structural violence being visited upon black nurses but also ensure that the country does not enjoy the full benefit of its skilled migration program, at least where the health sector is concerned. So long as Australian nursing workplaces continue to be places where "white ignorance masquerades as white racial common sense, logic, or good intentions'' (Medina, 2013, p. 22), economic investment in the skilled migration program will not yield maximum returns due to the underutilisation migrant nurses' expertise stemming from the discussed practices of structural violence.

From a research perspective, this article shows that the current deficit-driven analyses of skilled migrant experiences—which reduce the problematisation of migration to the individual migrant, situating the migrant as '*the*' problem, and fail to expose or challenge the normative assumptions underpinning systemic and systematised processes—are totally inadequate. New research is required to look at the impact of structural, systemic and systematised processes in what is now a culturally diverse workplace (Berman & VEOHRC, 2008). Future research will also benefit from applying an intersectionality framework, which, according to May (2015), is a perfect approach for "identifying gaps in conventional logics" (p. 10). An intersectionality approach "rejects single-axis thinking in favor of a matrix worldview that recognizes how multiple and intersecting social identities/locations (e.g., race, sexual identity, religion) at the microlevel

interlock and reflect social inequalities at the social-structural level" (Bowleg et al., 2017, p. 578). Thus, in the nursing workplace, black African nurses must not be viewed simply as nurses or even as migrant nurses; instead, consideration should be given to the intersections of race, gender and history which influence the way/s in which they are seen, constructed/deconstructed, known and un/known. Our analysis has shown that there is an "intersectional epistemological ignorance" (Bowleg et al., 2017, p. 578) at play in these workplaces which influences workplace interactions and relationships and directly affects the way in which black African migrant nurses experience themselves within their white-structured nursing workplaces.

Bibliography

Alcoff, L. M. (2007). Epistemologies of ignorance: Three types. In Sullivan, S., & Tuana, N. (Eds.) *Race and epistemologies of ignorance*, New York: SUNY Press.

Alcoff, L. M. (2008). Foreword. In G. Yancy, *Black bodies white gaze: The continuing significance of race* (pp. ix-xi). Lanham, MD: Rowman and Littlefield Publishers Inc.

Applebaum, B. (2013). Vigilance as a response to white complicity. *Educational Theory, 63(1),* 17-34.

Benson, P. (2008a). El Campo: Faciality and structural violence in farm labor camps. *Cultural Anthropology, 23(4)*, 589-629.

Benson, P. (2008b). Good clean tobacco: Philip Morris, biocapitalism, and the social course of stigma in North Carolina. *American Ethnologist, 35(3)*, 1-23.

Berman, G. & Victorian Equal Opportunity and Human Rights Commission. (2008). *Harnessing diversity: Addressing racial and religious discrimination in employment*. Melbourne: Victorian Equal Opportunity and Human Rights Commission.

Birrell, B., Hawthorne, L., & Richardson, S. (2006). *Evaluation of the general skilled migrant categories.* Canberra: Department of Immigration and Multicultural Affairs.

Bourdieu, P. (1996). Understanding. *Theory, Culture & Society, 13(2),* 17-37.

Bourdieu, P., Accardo, A., Balazs, G., Beaud, S., Bonvin, F., Bourdieu, E., Bourgois, P., Broccolichi, S., Champagne, P., Christin, R., Faguer, J-P., Garcia, S., Lenoir, R., Euvrard, F., Pialoux, M., Pinto, L., Podalydes, D., Sayad, A., Soulie, C., & Wacquant, L. J. D. (2000). *The weight of the world: Social suffering in contemporary society*. Stanford: Stanford University Press.

Bourgois, P. (2003). Crack and the political economy of social suffering. *Addiction Research and Theory, 11(1),* 31-37.

Bowen, C. (2008). *Address to the Committee for Economic Development of Australia about the Federal Government's plan for meeting the growing demand for skilled labour.* . (This link does not work [even after changing gove to gov and I cannot find the speech elsewhere)

Bordo, S. (1999). *Twilight zones: The hidden life of cultural images from Plato to O.J.* Berkeley: University of California Press.

Bowleg, L., del Río-González, A. M., Holt, S. L., Pérez, C., Massie, J. S., Mandell, J. E., & Boone, C. A. (2017). Intersectional epistemologies of ignorance: How behavioral and social science research shapes what we know, think we know, and don't know about U.S. black men's sexualities. *The Journal of Sex Research, 54(4-5),* 577-603.

Buchan, J. (2002). Global nursing shortages. *British Medical Journal, 324(7340),* 751-752.

Deegan, B. (2008). *Visa subclass 457: Integrity review final report.* Canberra: Department of Immigration and Citizenship.

Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia.* Minneapolis: University of Minnesota Press.

Department of Immigration and Citizenship (DIAC). (2010). *Subclass 457 business (long stay) state/territory summary report 2008-09.* Canberra: DIAC.

Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology, 45(3),* 303-325.

Farmer, P., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS Medicine, 3(10),* e449.

Feagin, J. (2010). *The white racial frame: Centuries of racial framing and counter-framing.* New York: Routledge

Feenan, D. (2007). Understanding disadvantage partly through an epistemology of ignorance. *Social & Legal Studies, 16(4),* 509-531.

Hage, G. (1998). *White nation: Fantasies of white supremacy in a multicultural nation.* Annandale: Pluto Press.

Hawthorne, L. (2001). The globalisation of the nursing workforce: Barriers confronting overseas qualified nurses in Australia. *Nursing Inquiry, 8(4)*, 213-229.

Hawthorne, L. (2002). Qualifications recognition reform for skilled migrants in Australia: Applying competency-based assessment to overseas-qualified nurses. *International Migration, 40(6),* 55-91.

Hawthorne, L. (2005). Picking winners: The recent transformation of Australia's skilled migration policy. *International Migration Review, 39(3),* 663-696.

Ho, C. (2008). Chinese nurses in Australia: Migration, work and identity. In J. Connell (Ed.), *The international migration of health workers* (pp. xx-xx). New York: Routledge.

Jeon, Y., & Chenoweth, L. (2007). Working with a culturally and linguistically diverse (CALD) group of nurses. *Collegian, 14(1),* 16-22.

Kingma, M. (2007). Nurses on the move: A global overview. *Health Research and Educational Trust, 42(3)*, 1281-1298.

Kleinman, A., Wang, W-L., Li, S-C., Cheng, X-M., Dai, X-Y., Li, K-T., & Kleinman, J. (1995). The social course of epilepsy: Chronic illness as social experience in interior China. *Social Science and Medicine, 40,* 1319-1330.

Kleinman, A., & Benson, P. (2006). Anthropology in the clinic: The cultural competency problem and how to fix it. *PLoS Medicine, 3(10),* e294.

Kleinman, A., Das, V., & Lock, M. (Eds). (1997) *Social suffering*. Berkeley: University of California Press.

Logue, J. (2008) The unbelievable truth and the dilemmas of ignorance. In R. D. Glass (Ed.), *Philosophy of Education* (pp. 54-62). Santa Cruz: University of California Press.

Mapedzahama, V., & Kwansah-Aidoo, K. (2010). Where are you from? The paradox of African identity and belonging in Australia. In S. Velayutham, N. Ebert & S. Watkins (Eds.), *TASA (The Australian Sociological Association) 2010 conference proceedings: Social causes, private lives*. Hawthorn: The Australian Sociological Association.

Mapedzahama, V*.,* Rudge T., West, S., & Perron, A. (2012). Black nurse in white space? Rethinking the in/visibility of race within the Australian nursing workplace. *Nursing Inquiry*, *19(2),* 153-164.

May, V. M. (2015). *Pursuing intersectionality, unsettling dominant imaginaries*. New York, NY: Routledge.

McHugh, N. (2007). It's in the meat: Science, fiction, and the politics of ignorance. In M. Grebowicz (Ed.), *SciFi in the mind's eye: Reading science through science fiction* (pp. 121-135). Chicago: Open Court Press.

Medina, J. (2013). T*he epistemology of resistance: Gender and racial oppression, epistemic injustice, and the social imagination*. Oxford: Oxford University Press.

Mills, C. W. (2007). White ignorance. In S. Sullivan & N. Tuana (Eds.), *Race and epistemologies of ignorance* (pp. 13-38)*. Albany, NY: State University of New York Press.

Mills, C. W. (2008). White ignorance. In R. N. Proctor & L. Schiebinger (Eds.), *Agnotology: The making and unmaking of ignorance* (pp. 230-249)*. Stanford, CA: Stanford University Press.

Miller, E. 2007. Sylvia Plath and White Ignorance: Race and Gender in "The Arrival of the Bee Box". *Janus Head, 10(1)*, 137-156.

Moore, W. E., & Tumin, M. M. (1949). Some social functions of ignorance. *American Sociological Review, 14(6),* 787-795.

Nicoll, F. J. (2010). Race and epistemologies of ignorance: A book review. *Social Epistemology, 24(2),* 137-143.

O'Dwyer, B. (2004). Qualitative data analysis: Illuminating a process for transforming a 'messy' but 'attractive' 'nuisance'. In C. Humphrey & B. Lee (Eds.), *The real life guide to accounting research: A behind-the-scenes view of using qualitative research methods* (pp. 391-407). Oxford: Elsevier Limited.

Omeri, A., & Atkins, K. (2002). Lived experiences of immigrant nurses in New South Wales, Australia: Searching for meaning. *International Journal of Nursing Studies, 39,* 495-505.

Proctor, R. N. (2008). Agnotology: A missing term to describe the cultural production of ignorance (and its study). In R. N. Proctor & L. Schiebinger (Eds.), *Agnotology: The making and unmaking of ignorance* (pp. 1-35)*. Stanford, CA: Stanford University Press.

Proctor, R. N., & Schiebinger, L. (2008). Preface. In R. N. Proctor & L. Schiebinger (Eds.), *Agnotology: The making and unmaking of ignorance* (pp. vii-viii)*. Stanford, CA: Stanford University Press.

Ramsay, S., Barker, M., & Shallcross, L. (2008). Counterproductive forces at work: Challenges faced by skilled migrant job-seekers. *International Journal of Organisational Behaviour, 13(2),* 110-121.

Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.

Scheper-Hughes, N. (1992). *Death without weeping: The violence of everyday life in Brazil*. Berkeley, CA: University of California Press.

Singer, M. (2006). *The face of structural violence: Life history of a street drug addict*. Prospect Heights, IL: Waveland.

Smithson, M. (2008). Social theories of ignorance. In R. N. Proctor & L. Schiebinger (Eds.), *Agnotology: The making and unmaking of ignorance* (pp. 209-229)*. Stanford, CA: Stanford University Press.

Stocking, S. H. (1998). On drawing attention to ignorance. *Science Communication, 20(1),* 165-178.

Sullivan, S., & Tuana, N. (2007). Introduction. In S. Sullivan & N. Tuana (Eds.), *Race and epistemologies of ignorance* (pp. 1-10). Albany, NY: State University of New York Press.

Swan, E. (2010). States of white ignorance, and audit masculinity in English higher education. *Social Politics, 17(4),* 477-506.

Townley, C. (2006). Toward a revaluation of ignorance. *Hypatia, 21(3),* 37-55.

Tuana, N. (2004). Coming to understand: Orgasm and the epistemology of ignorance, *Hypatia, 19(1)*, 194-232.

Tuana, N. (2006). The speculum of ignorance: The women's health movement and epistemologies of ignorance. *Hypatia, 21(3),* 1-19.

Wallace, N. (2008). Nurses' board questioning qualifications. *Sydney Morning Herald*. 15 August. www.smh.com.au/articles/2008/08/14/1218307119873.html

Whitt, M. S. (2016). Other people's problems: Student distancing, epistemic responsibility, and injustice. *Studies in Philosophy and Education, 35(5),* 427-444.

Yancy, G. (2008) *Black bodies white gaze: The continuing significance of race*. Lanham, MD: Rowman and Littlefield Publishers Inc.

Žižek, S. (2008). *Violence: Six sideways reflections*, London: Profile Books