

AWAKENING SILENCE: TEN NURSES SPEAK OF THEIR EXPERIENCES WITH DISCRIMINATION IN PROFESSIONAL NURSING PRACTICE

CHERYL GREEN, PHD, DNP, RN, LCSW, CNL, CNE, ACUE, MAC, FAPA

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NURSES AND CARITAS

❖ As a caritas profession, we must stand united not only in the provision of innovative, quality, and safe nursing care delivery for our patients/clients, but in the collaborative work of nursing care with our nurse colleagues. Diversity and inclusion is imperative in all health care environments, for health disparities to improve within the United States. Hence racism and discrimination must be openly discussed to bring to awareness hidden biases that can negatively impact the nursing profession.

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PURPOSE

- ❖ The purpose of this discussion is to facilitate productive conversations about nurses' experiences of racism and discrimination in the academic and workplace environments, and explore solutions that can bring healing and unity.

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LEARNING OBJECTIVES

1. Recognize the impact of discrimination in the academic and workplace environments, and how affected persons can experience emotional, physical, and spiritual health distress.
2. Discuss the implications of hidden biases in the promotion of an awareness, and active development of interventions, supporting the necessity of healthy academic and workplace environments.
3. Identify ways in which unity and collaboration can be fostered to heal and further prevent discrimination and racism within the profession of nursing.

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METHOD

- ❖ A qualitative phenomenological study was completed using interviews of 10 nurses about their experiences with racism and discrimination within the academic and workplace environments.

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DIVERSITY AND INCLUSION

- ❖ It is estimated by the United States Census Bureau, that by the year, 2060, the U.S. will be a more ethnically and racially diverse nation inhabited by more older Americans than younger (U.S. Census Bureau, 2012; U.S. Census Bureau, 2016)
- ❖ An increasingly diverse workplace occurring within the U.S. is no longer a prediction, but is rapidly becoming a reality. Hence, it is imperative that workplaces and academic institutions recognize the impact of discrimination and how it can affect persons emotional, physical, and spiritual health
- ❖ It is also important that the implications of hidden biases and universal design interventions, be explored so that all people feel welcome in academia and the workplace

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TYPES OF DISCRIMINATION

- ❖ According to the United States Office of Equal Employment Opportunity (OEEEO), *discrimination* is comprised of 10 different types that be encountered by a person in the workplace
- ❖ The 10 different types of discrimination include: age discrimination; disability discrimination; sexual orientation; status as a parent; religious discrimination; national origin; pregnancy; sexual harassment; race, color, and sex; and reprisal/retaliation (Centers for Disease Control and Prevention, OEEEO, 2021)

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THE UNHEALTHY IMPACT

- ❖ Racism and discrimination, whether jointly or separately encountered in one's daily life, in academia, or the workplace, can be psychologically damaging to affected persons
- ❖ Affected persons can experience bewilderment, be disillusioned, become depressed or anxious upon encountering racism and discrimination in circumstances that are of no fault of their own
- ❖ With ongoing exposure to the stress of racism and discrimination, affected persons can also develop physiological complications such as hypertension, headaches, or gastrointestinal issues (Alvarez et al., 2016; Green, 2021)

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STUDY FINDINGS

- ❖ 10 nurses; 7 were RNs and 3 LPNs
- ❖ 1 male and 9 females
- ❖ 2 diplomas, 1 associate degree, 7 bachelor's degrees, 3 master's degrees and 1 doctorate
- ❖ 1 Asian American, 1 Multiracial (Native American & Latinx), 4 Black (Ghana, Nigerian), and 4 African Americans
- ❖ **Practice settings:** critical care, medical-surgical nursing, gerontology, academia, psychiatry, primary care, oncology, cardiovascular/telemetry, and the emergency department

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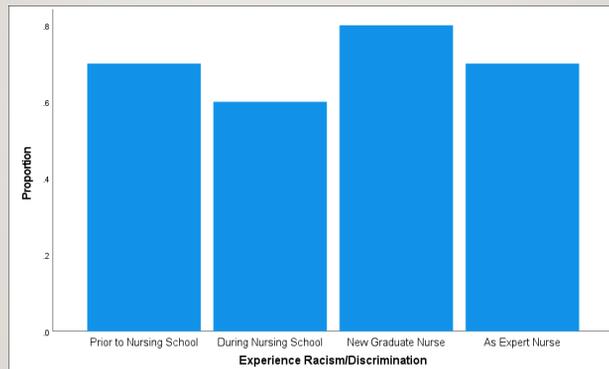
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STUDY FINDINGS SUMMARIZED

- ❖ Prior to nursing school, most of the nurses had experienced racism or discrimination
- ❖ Unless educated in countries outside of the U.S., most nurses experienced some level of racism and discrimination during nursing school
- ❖ Most nurses experienced racism and discrimination in the workplace via other nurses lying about their performance or non-nursing staff (i.e. security officers, patients and family, administration, or medical staff, etc.) directly making prejudicial statements, exclusion, overlooking their contributions to the workplace, or treating them differently from their colleagues

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FIGURE I: PROPORTION EXPERIENCE RACISM OR DISCRIMINATION



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OUTCOME

- ❖ All of the nurses exhibited positive outcomes from their negative experiences
- ❖ Nurses reported an increased desire to provide **quality care to all patients/clients and support to colleagues of all ethnic and racial backgrounds** because of their experience with being maltreated because of their differences

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RECOMMENDATIONS: ANA POSITION STATEMENT ON **INCIVILITY, BULLYING AND WORKPLACE VIOLENCE**

❖ “ANA’s Code of Ethics for Nurses with Interpretive Statements states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015a, p. 4). Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source. All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence. Evidence-based best practices must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of RNs; and to ensure optimal outcomes across the health care continuum” (ANA, 2015)

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Nursing Symbol-

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