Racism, Nursing, and Strategies for Change

In a 2020 Gallup poll (Saad, 2020), Americans again ranked nurses as some of the most honest and ethical professionals and identified nursing as one of the most caring professions. Honesty, ethics, and caring are powerful identifiers. Indeed, nursing is a profession in which individuals are apt to display these qualities. However, one must be careful to not forget that the personal values and beliefs of individual nurses and the environments in which they work contribute to the dynamic relationship between individual beliefs and professional attributes within the profession of nursing.

The public perceptions of nursing, individualism, and environmental factors set the tone for what has become a topic of discussion: racism. Racism has always and continues to be a part of American culture, even though many believe that we have achieved fairness, opportunity, and respect for people of color. Others believe that if racism exists, it is rare and, therefore, no longer an issue. I am a woman of color, and I have experienced and continue to experience racism in many ways. Racism is “a belief that race is a fundamental determinant of human traits and capabilities and that racial differences produce an inherent superiority of a particular race” (Merriam-Webster, n.d.). This definition includes many powerful words: “fundamental determinant,” “human traits and capabilities,” and “inherent superiority.” The beliefs and concepts captured by these words can have a profound effect on self-esteem, personal goals, and belief in future success.

Racism exists in all levels of American culture, from the personal to the institutional, including the institution of education. Because the focus of primary and secondary institutions of learning is education, we would like to believe that racism does not exist there; however, this is not the case. I grew up in rural Ohio and attended integrated elementary and high schools, but segregation was the unspoken norm. In rural Ohio during the 1960s and 1970s, amenities such as water, indoor plumbing, adequate heat, and adequate housing were not ensured for people of color. Even given these living conditions, I am fairly certain it never entered my parents’ minds to risk the safety of the family to try to break down the color barrier to live in areas reserved for White families. Although the elementary and high school were integrated, treatment for students of color was not necessarily equal or fair. Some teachers were truly kind and wanted to help all students learn, but others made sure that Black students knew they did not belong. In such an environment, the best thing you could do was be quiet or face the consequences, which in those days included being paddled for disrespect and misbehavior. My husband is a man of color, and one of his most vivid memories is of a person in a position of power at the integrated high school we both attended announcing during a gathering of students: “This is a White school.” This statement served as a clear indicator of the division between races and as a clear message that students of color should be satisfied with being allowed to attend. Because of this environment, I always felt that students of color were not equally prepared for university education. Was it because our teachers assumed that we were not capable of further education based on the myth that people of color did not have intellect? I did not know the answer, but my goal was to prove them wrong.

Following my graduation from high school, I got married and had two children. I worked at a hospital as an office manager before I accepted a job as an office manager for one of the physicians. As fate would have it, 1 year later I lost that job and was unemployed. It was then that I decided it was time to get a career, and nursing was the one I selected. I entered vocational school and became a licensed practical nurse. After working for a year, I decided I wanted to become a registered nurse, so I enrolled in college. I believe that secondary institutions of learning are places where individuals can expand their thinking, develop a sense of belonging, and prepare for the next stages of life and career. In these institutions, respect for others and a
In my senior year as a nursing student, I was told by a professor that I should not seek a master's degree because I would not be successful. The frustration I felt and continue to feel regarding that statement was counteracted by an administrator who encouraged me to continue my education and helped me obtain a fellowship to cover expenses. Later, as I completed my doctoral program at another institution, my faculty chairperson was not supportive and instead placed obstacles in my path. My peers were publishing articles with their mentors, were included as coresearchers on grant submissions and awards, and were encouraged to be members of teams. I was not provided the same support and was instead given a desk in the hall as my workstation, despite the fact that I was a graduate assistant with support from the National Institute of Nursing Research in the form of a minority supplement grant.

During my doctoral program, my faculty chairperson continued to deny my inclusion as a participant in research, publications, and presentations. I tried to make sense of this experience by deciding that education was a challenge, and that my experiences would help make me tough. These negative events did help me to see outright abusive behavior and microaggressions as attempts to trigger unacceptable responses. Eventually, I learned to not react in a way that could be used against me, but it was exhausting, and these situations can eventually make a person bitter and angry. Building a wall around yourself helps, but the result is that you may be perceived by others as cold when instead you are protecting yourself from continuous abuse. As a result of this safety maneuver, I have been told that I am not approachable, am emotionally cold, and do not behave as a part of the team. However, since I was not included in discussions and decisions, I never was part of the team. This is not an uncommon experience for many persons of color.

In the field of health care, our colleagues and the patients and families we care for should treat nurses of color with the same respect offered to White nurses. However, many nurses of color, including those in leadership roles, have experienced racism in different ways. For example, physicians have refused to speak to me or have spoken to me in a condescending way. White patients and their families have refused my care and refused to be in a room with a patient of color.

Nurses should be sensitive and alert to the disparate treatment of their peers, but many nurses themselves exhibit racist behavior. Early in my career as a new registered nurse in a critical care area, I was assigned as an alternate charge/head nurse for a unit. Because this assignment was new to me, I expected the senior charge/head nurse to orient me. Instead, she threw the unit keys on the desk, saying, “It’s all yours,” and walked away. This was unexpected because I watched her train other new charge/head nurses. Often, I was given the most challenging patients for direct care assignments by the same senior nurse. Her behavior only increased my determination to be successful: there comes a point when you know the strategy is to break your spirit, but you muster the inner strength to stay strong in the face of adversity. When I share my experiences with my White nurse colleagues, they have difficulty believing this sort of behavior still exists, but I remind them that not much has changed in 60 years except that racism is more covert.

I earned my Master of Science in nursing and became a faculty member at a local university while I also worked per diem at a local hospital as a nursing supervisor. Later, I earned my doctorate in nursing while I continued to teach at the university and to work in clinical practice. As an academician, I taught didactic and clinical courses and saw my role as a way to encourage and support students to be successful. I later accepted the role of Chairperson and Associate Dean at a university in the Deep South. Fifteen years later, I returned to the Northeast and became the Dean of Nursing at a large university. As an academician and former dean, I experienced many things that defy explanation. For example, how is it that in 2021 we still can’t seem to value individuals for their contributions, credentials, experience, outcomes, and recommendations rather than their physical appearance? It is not unusual for individuals to make immediate negative assumptions based merely on race. The persistent notion that, when a person of color is hired, it must be an example of quota hiring is especially frustrating. When individuals make this
assumption, they often fail to assist, mentor, and support the person of color and instead ridicule her or his speech, pronunciation, and appearance, which contributes to a negative work environment. When this happens, many persons of color will draw on a sentiment shared by our parents: “You have to do double the work and work harder than others so you’re not disciplined.”

It can be very lonely and frustrating to be one of a few persons of color in an institution, and few people of color in administrative roles carry the power to make changes. For example, many times I have been at the table, but my ideas were not heard or given consideration. It is even more frustrating to present an idea that is not embraced by the group until suddenly it is suggested by a White counterpart. This situation happened to me more than once and left me demoralized, angry, frustrated, and ready to just give up. In many cases, this is why people of color feel they are hired so that institutions can demonstrate fair hiring practices and check the box for affirmative action. This contributes to an environment in which the minority individual is not valued and fears that making a mistake will have career ramifications, and colleagues feel empowered to say and do negative things. Persons of color may also be reluctant to say no to additional assignments, which can be construed as not being a team player. As a result, they become unsure of the value of their expertise versus the value of a strategy to meet a diversity requirement.

Why are so few nurses, administrators, deans, and leaders persons of color? The answer is rather easy: institutions of primary and secondary education impose invisible barriers to success for students of color. Many of these barriers might not be intentional, such as the unconscious bias and prejudice that individuals bring to their roles. Statements about diction or articulation may make some persons of color unwilling to ask questions or participate in conversations. The educational environment of a person’s youth can also have a great effect. Available resources are not poured into schools located in poor areas, and students in those areas (often students of color) do not receive the education, structure, opportunities, and guidance available elsewhere. Many parents experience the same barriers as their children, so parents who would love to help their children simply lack the knowledge of how to do so. Students of color who manage to enroll in higher education lack role models and mentors. As a faculty member of color, an administrator, and a Dean of Nursing, I spent countless hours encouraging, mentoring, and guiding students and encouraging parents. I also worked to help majority faculty members and administrators better understand the unique stresses that students, nurses, and administrators of color experience every day.

Often, individuals with a passion to change the experience and the environment for persons of color in a workplace will ask, “What can we do?” No single answer fits all circumstances, but here are my strategies.

1. **Acknowledge.** Be aware and acknowledge your prejudice and bias. I often hear people say they are not prejudiced or biased, and I disagree. We all have something we perceive as being true that is not. For example, the common thought for many years was that those of Asian descent have exceptional intelligence. A faculty member from the China mainland shared with me that many who come to the United States are handpicked, demonstrate exceptional grades and potential, and are the brightest and best.

2. **Don’t assume.** Assumptions are dangerous. Many times, an assumption is made based on personal experience or on the experience of others. For example, people might assume that a person who does not share family and personal information is hiding something. However, this person may fear ridicule because of socioeconomic status or past actions. Family beliefs may make it unacceptable to do so. Rather than assume something is negative, respect an individual’s privacy.

3. **Don’t be a guru.** It is impossible for me to count the number of times I was asked to be the expert on persons of color. I can only speak about what I know intimately; I cannot speak for all persons of color. Just as a person with red hair cannot speak about the temperament of redheads, the appetite of brunettes for apple pie, or the variance in the skill of men and women for applied mathematics, I cannot and will not speak for all brown people. It is important to remember that we all are different.
4. **Listen.** We are taught in nursing school to listen to what is said and to observe the unspoken. This lesson should not be lost in our day-to-day interactions.

5. **Practice respect.** Respect is bidirectional. Very simply, I will respect you if you respect me. This should be an easy concept, but I have found that it is not as easy as it sounds. However, if one listens (#4), it becomes easier to be respectful.

6. **Embrace.** Rather seeing differences as a division, see differences as a way to expand your thinking. Embrace differences and see them as a road to something bigger and better than what currently exists.

7. **Care.** Give to others the same care that you give your patients and their families and be open to receiving that same care in return. Nothing heals the heart, head, and soul more than knowing someone cares about you and expects nothing in return.

8. **Be ethical.** The American Nurses Association (2015) has nine provisions in the Code of Ethics. We owe it to ourselves, our colleagues, and the profession to strive to adhere to these provisions, which assist us with and remind us of our obligation to care for one another.

9. **Communicate.** Admit that you do not understand the what, why, and when of another person’s experience. Ask questions in a respectful and thoughtful way, and the response will be given in kind. Listen to the response and reflect on what is said. It is not easy to hear of another’s pain in a world that you may not have experienced, and rather than blaming the person, try to understand. Keep in mind that something that should not be frightening, for example, having a police officer pull you over for a traffic violation, can be terrifying for a person of color, and the reason why is exemplified by the recent cases of George Floyd and Brianna Taylor. For many persons of color, following directions has not been successful, so try to understand distrust and consider how policies are slow to change. For the past 50 years, people of color have pleaded for changes to prevent harassment based on race, but nothing of any consequence has changed. Contrast this fact with a recent protection for Asians against hate crimes (Behrmann, 2021). This protection is indeed a direct affront to persons of color who continue to experience hate crimes (U.S. Federal Bureau of Investigation, n.d.), especially African Americans, who experience the most attacks compared to members of other racial and ethnic groups (Associated Press, 2020).

10. **Don’t try to appropriate someone else’s culture.** Personal experiences and relationships with individuals from another race or culture will enhance your understanding and knowledge of that culture, but they will not make you a member of that culture. These relationships may make a person more comfortable in making statements that might be less than acceptable. For example, more than once I’ve been asked why I am offended by the N-word when it is said by African Americans to each other in greeting. In fact, I was asked by an administrator why it was not okay for her to use that word. I explained that this word has a much different connotation when said by someone who has a position of power based on race than when it is used by two individuals of the same race. Also, it historically was used to degrade (Kennedy, n.d.). The use of this word is not acceptable, from my perspective, from friend or foe. Think about the statement and remember that once words are spoken you cannot retrieve them.

I started this editorial by noting that nursing is one of most respected professions. We can continue to maintain this status only by considering some of the issues I have highlighted and ideas I have suggested. These are only suggestions; change comes from self-reflection and a willingness to view events from another person’s perspective. Most of all, change comes from the heart.

**REFERENCES**


