Project ECHO®
RACISM IN NURSING

Health Equity Focus | CNE Available

ANA
AMERICAN NURSES ASSOCIATION

National Commission to Address
Racism in Nursing

Project ECHO®

GROUND RULES

- Brave space
- Maintain respect for facilitator and participants
- Stay on mute when not speaking
- Listen intently, respond thoughtfully
- Be present
- Turn on your camera if able
- Respect privacy and confidentiality of others
- Send direct message to ANA ECHO if you have any tech issues during today's call

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National Commission to Address Racism in Nursing

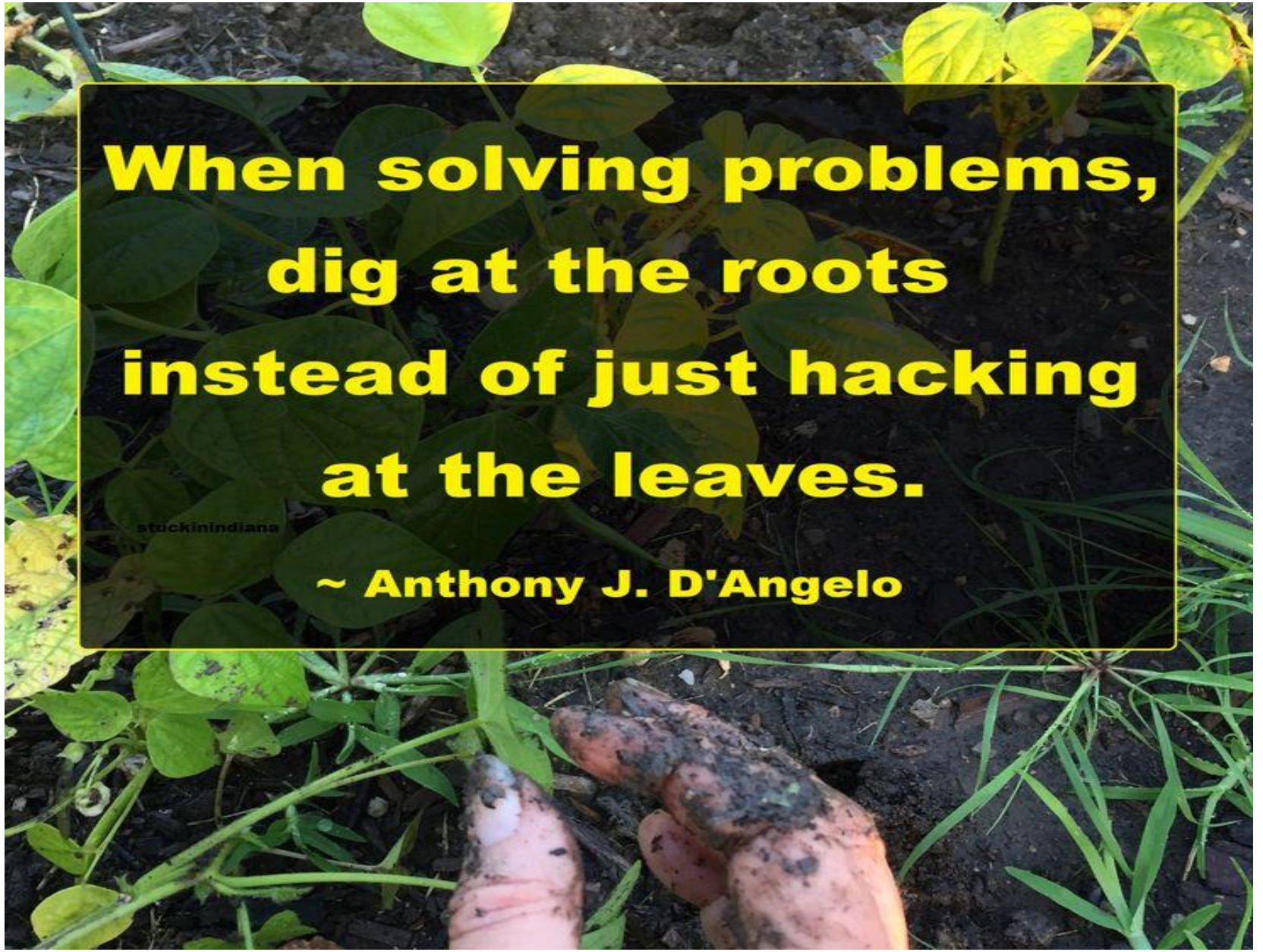
Project ECHO

Katie Boston-Leary, PHD, MBA, MHA, RN, NEA-BC

Dr. Katie Boston-Leary is the Director of Nursing Programs overseeing Healthy Nurse Healthy Nation and the Department of Nursing Practice and Work Environment with the ANA. Katie is an Adjunct Professor at the University of Maryland School of Nursing and Frances Payne Bolton School of Nursing at Case Western Reserve University. She was previously the System Chief Nursing Officer at University of Maryland Capital Region Health (UMCRH) in Maryland and was elected and served as the President of the Maryland Organization of Nurse Leaders. She was previously the Senior Vice President and Chief Nursing Officer at Union Hospital of Cecil County in Maryland for 5 years. Katie led her team at Union to their second ANCC Pathway to Excellence designation and to win the coveted annual ANCC Pathway to Excellence award in 2017.

She also has strong partnerships with deans and chairs of nursing programs in the communities she has worked in to improve nursing curriculums and effectively preparing nurses to transition from novice to experts and has developed many nurse leaders from charge nurses to executives. She was a featured guest at the Inaugural SEHA nursing conference in Abu Dhabi which was a hospital system seeking ANCC Pathway Designation. She has also been invited to Capitol Hill in Washington DC with the American Nurses Association to discuss the havocs of regulatory burden on hospitals. She was recently identified August 2019 Health Leaders Journal as “One of Five Chief Nursing Officers Changing Healthcare”. Her most recent research was a qualitative study on nurses’ perceptions of power dynamics in the hospital setting. She is a well-known speaker nationally and internationally with many publications and podcast guest invitations. She recently completed her PhD at Walden University in Health Services, obtained a dual degree MBA and MHA from the University of Maryland Global Campus and her bachelor’s degree in nursing from Bowie State University in Maryland. She is a board-certified Nurse Executive and obtained a nurse executive leadership certificate from Wharton School of Business at the University of Pennsylvania. She has been interviewed for stories in numerous print, online and televised media outlets namely CNBC, Cheddar TV, HR Maximizer and Bloomberg News. She recently co-authored an article titled, The US COVID-19 Crisis: Facts, Science and Solidarity, which was published in the International Nursing Review (INR), the official journal of the International Council of Nurses (ICN).

How do healthcare's concealed weapons of harm drive inequity?


When solving problems,
dig at the roots
instead of just hacking
at the leaves.
stuckinindiana
~ Anthony J. D'Angelo

Objectives

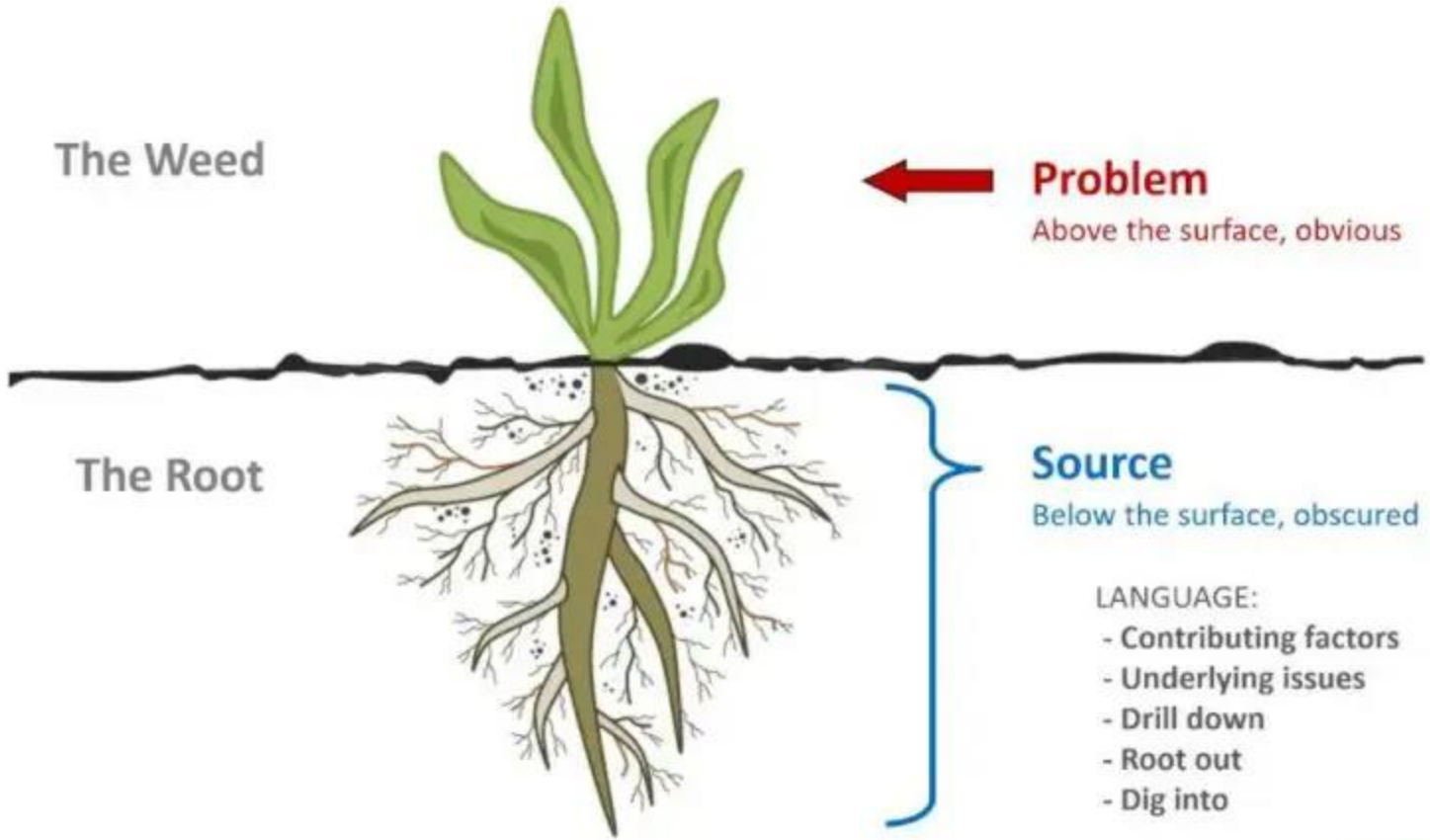
- Verbalize understanding of the concept of Civilized Oppression and how it impacts the nursing profession and care delivery
- Identify incivility behaviors that are rooted in racism and other "-isms"
- Recognize differences between being privileged and oppressed and how one can leverage their privilege for a more inclusive future
- Examine Maslow's Hierarchy of Needs in relation to DEI concepts for inclusive excellence

Our focus areas….

- Weeds
- Roots
- Harm (nonphysical affliction) – Concealed weapons

Cause Mapping®

Root Cause Analysis - The Concept



ThinkReliability

AACN (Critical Care)

"The problem of physical violence against healthcare workers is a weed with deep roots that just keeps growing."

Melissa Jones, AACN (2021)

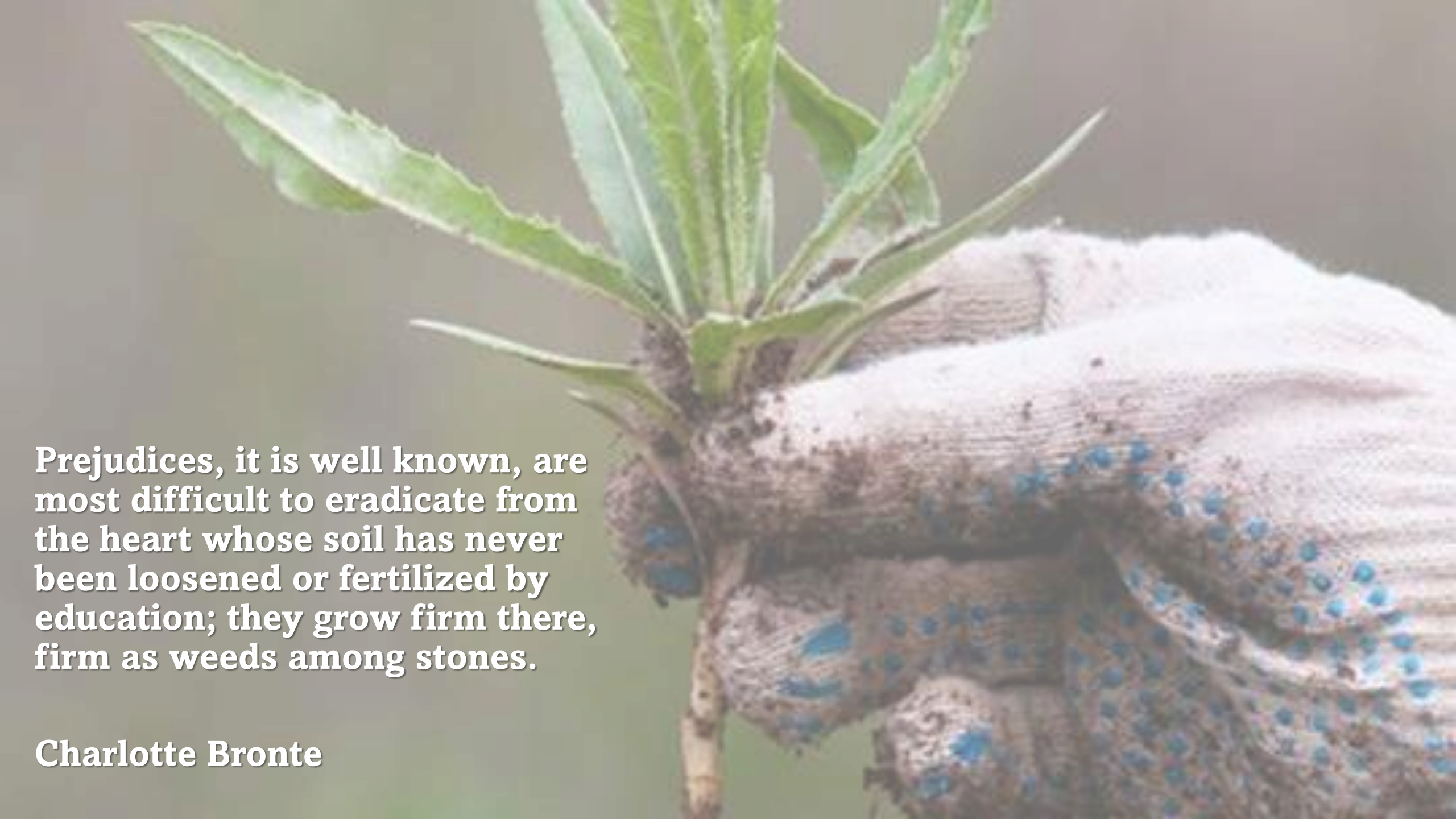
The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty.”

“Subtle forms of assault, such as through words, are considered concealed weapons because the words harmed you and you didn’t see them coming, but the abuse can also create a ‘shock and awe’ response that leaves you wondering if you really heard what you heard—you might second guess yourself or wonder if anyone will believe you.”

Katie Boston-Leary (AORN, 2021)

https://www.aorn.org/about-aorn/aorn-newsroom/periop-today-newsletter/2021/2021-articles/end-nurse-abuse

Weeds (Manifestation)


Prejudices, it is well known, are most difficult to eradicate from the heart whose soil has never been loosened or fertilized by education; they grow firm there, firm as weeds among stones.
Charlotte Bronte

The Weeds: Types of WPV

Type I—Criminal Intent. In this kind of violent incident, the perpetrator has no legitimate relationship to the business or its employees. Type I violence is usually incidental to another crime such as robbery, shoplifting, or trespassing. Acts of terrorism also fall into this category.

Type II—Customer/Client. When the violent person has a legitimate relationship with the business—for example, a customer, client, patient, student, or inmate—and becomes violent while being served by the business.

Type III—Worker on Worker. The perpetrator of Type III violence is an employee or past employee of the business who attacks or threatens other employee(s) or past employee(s) in the workplace.

Type IV—Personal Relationship. The perpetrator in these cases usually does not have a relationship with the business but has a relationship with the intended victim. This category includes victims of domestic violence who are assaulted or threatened while at work.

National Institute of Occupational Safety and Health (NIOSH)

The Weeds: Actor Dynamics

1. General Incivility

- Peer Incivility
- Lateral Violence
- Bullying
- “Nurses Eating Their Young”
- Mentors becoming Tormentors
- Verbal abuse
- Harassment

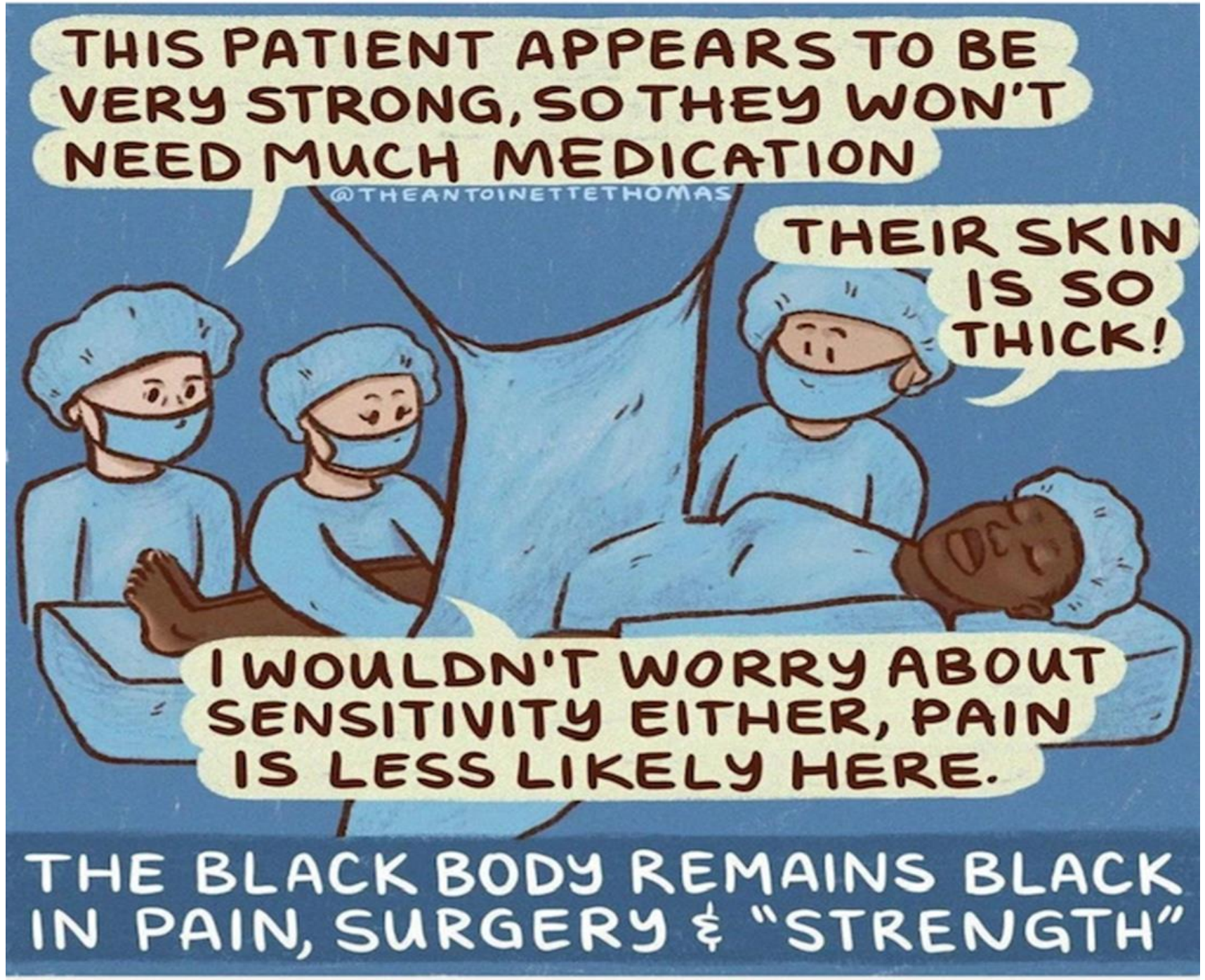
2. Racism and Discrimination

3. Nurse “Othering”

- Pay Differences (Incumbents versus Newly Hired)
- Specialty Conflicts (Acute versus non-acute)
- Generational Conflicts

The Roots (Underlying Causes)

“The fragile social fabric of relationships between actors in terms of interactions and interfaces must be explored in order to understand power differences, power dynamics and chasms within …….” (Barasa et al, 2016).


THIS PATIENT APPEARS TO BE VERY STRONG, SO THEY WON'T NEED MUCH MEDICATION
@THEANTOINETTETHOMAS
THEIR SKIN IS SO THICK!
I WOULDN'T WORRY ABOUT SENSITIVITY EITHER, PAIN IS LESS LIKELY HERE.
THE BLACK BODY REMAINS BLACK IN PAIN, SURGERY & "STRENGTH"

The Political Determinants of Health: The Allegory of The Orchard by Daniel Dawes

Zip Codes & Genetic Codes

The City of Philadelphia –
Diverse, yet, **Segregated**

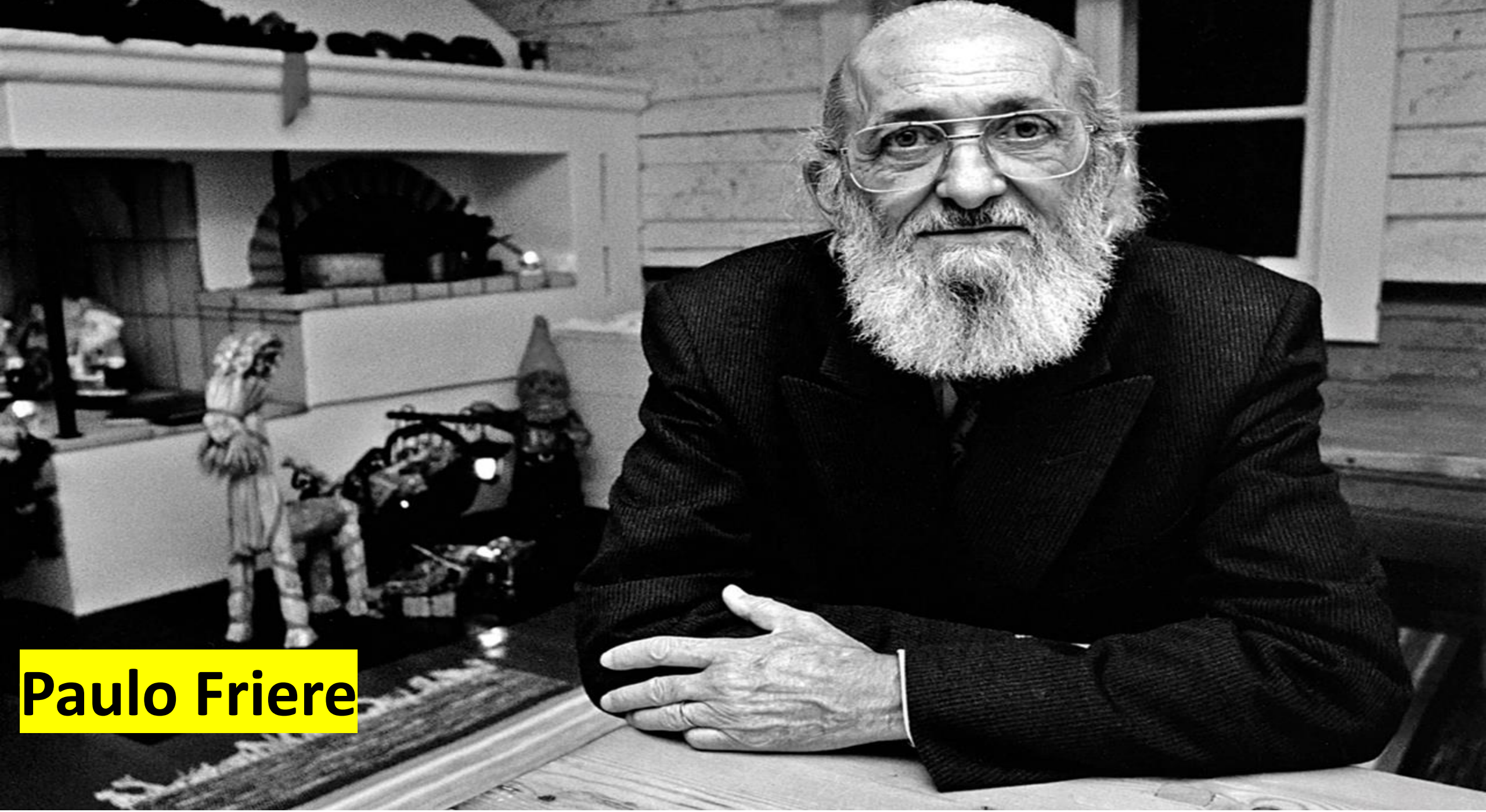
“Let Them See……”


USE
YOUR
PRIVILE
What Color am
I when I save
your life?
— a BLACK
RN —

Elements of Privilege and Oppression

Privileged Group	Oppressed Group
Privilege is invisible to people with privilege.	People are invisible and dehumanized.
Defines what is normal.	Defined as different, “other.”
Seen as individuals.	Stereotyping replaces individual experience, individual made to represent entire group.
Privilege bestowed unconsciously and automatically.	Blamed for their condition.
Power and access to institutional and economic resources.	Limited access to power and all other resources.
Violence used to maintain power and privilege.	Subjected to violence and threats of violence to maintain oppression.

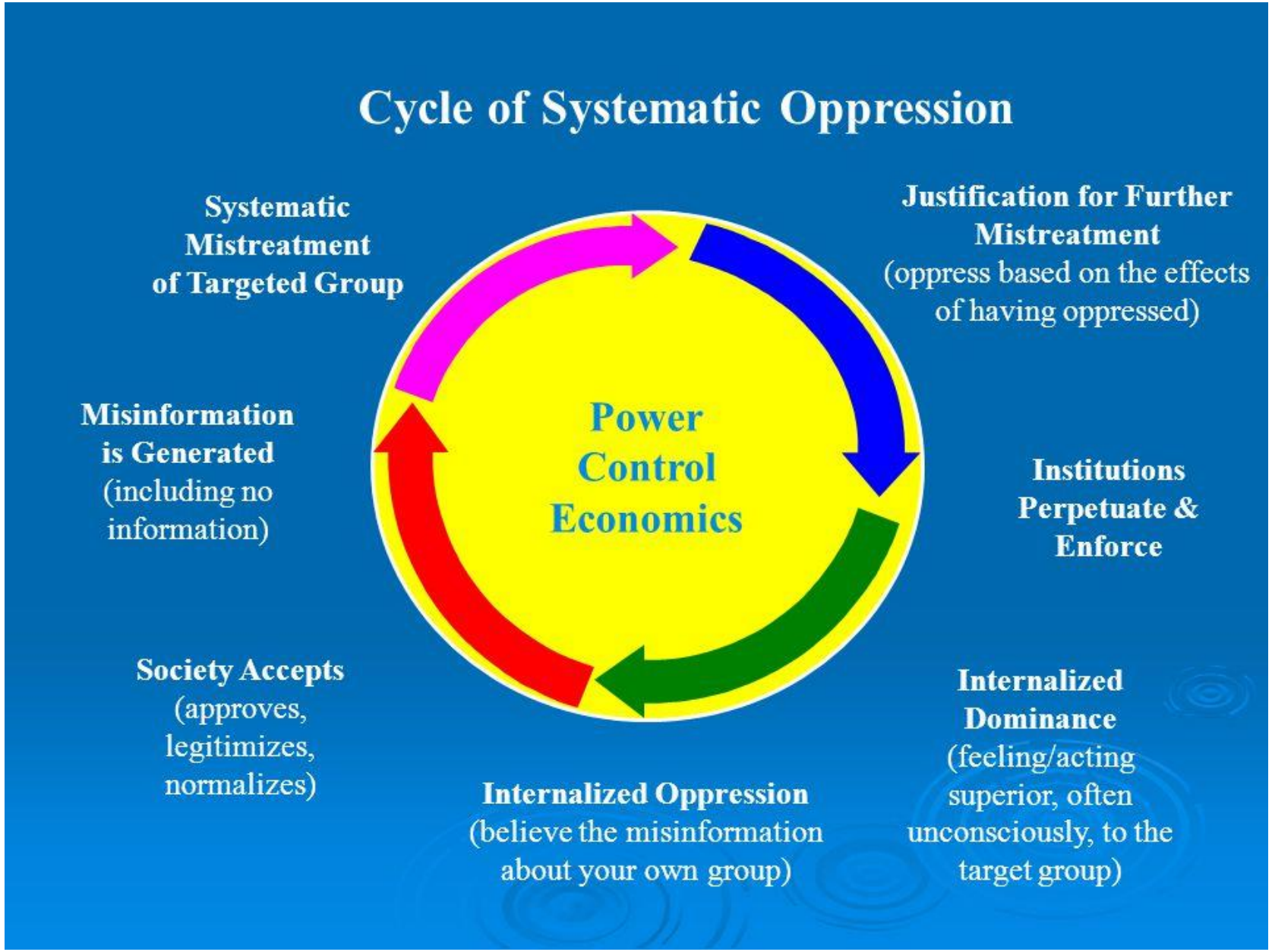

Civilized
Oppression
=
Concealed
Weapons


Paulo Friere

Paulo Friere (1970)

The Oppressed, instead of striving for liberation, tend themselves to become oppressors.

- Liberation like childbirth is long and painful
- *The easier and most available option to the oppressed is to want at any cost to resemble their oppressors*

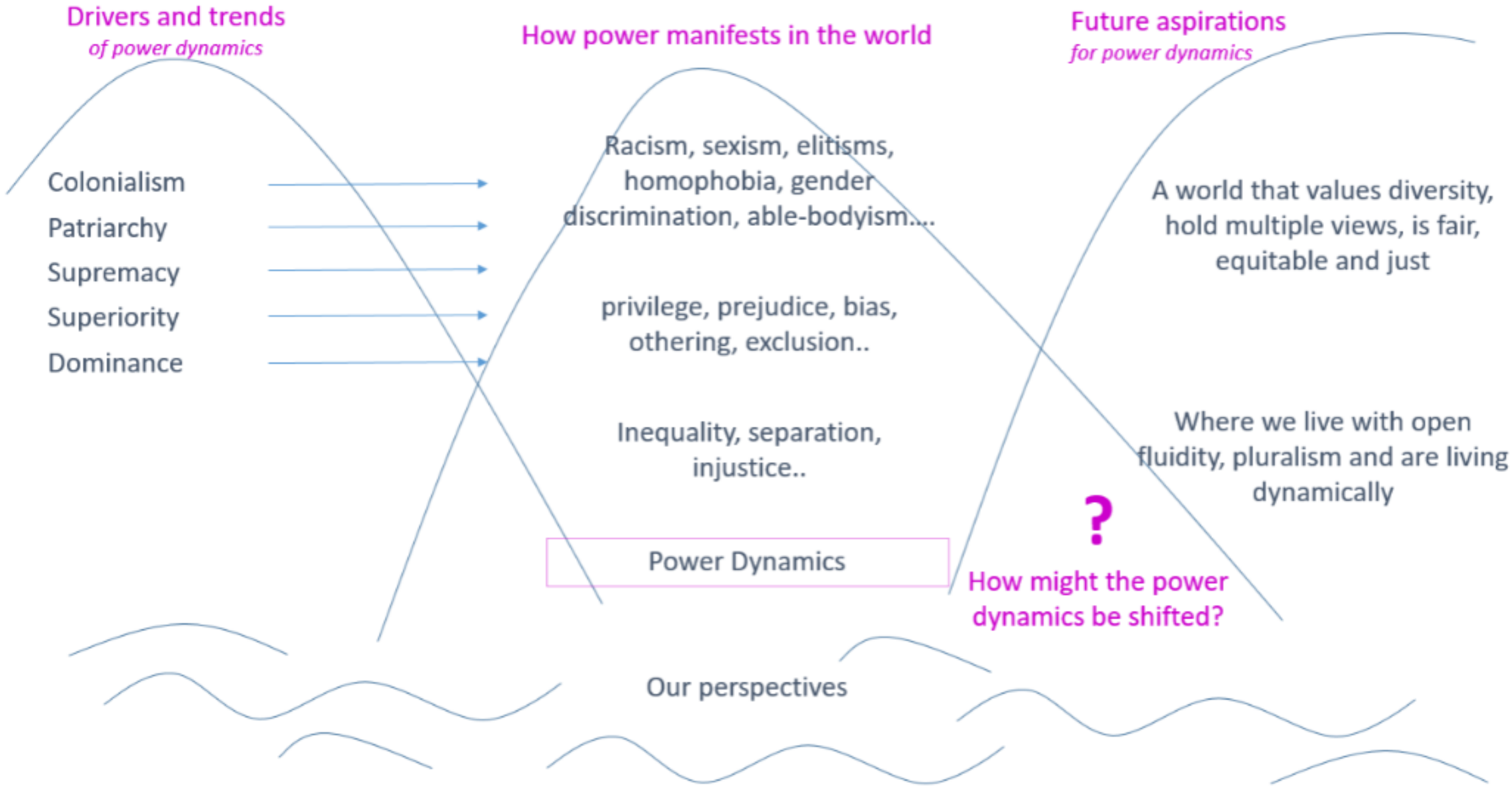

Cycle of Systematic Oppression
Systematic Mistreatment of Targeted Group
Justification for Further Mistreatment (oppress based on the effects of having oppressed)
Misinformation is Generated (including no information)
Power Control Economics
Institutions Perpetuate & Enforce
Society Accepts (approves, legitimizes, normalizes)
Internalized Dominance (feeling/acting superior, often unconsciously, to the target group)
Internalized Oppression (believe the misinformation about your own group)

Civilized Oppression Framework (J. Harvey)

- The subtle and normalized weapons of incivility wielded by the powerful over the powerless or less empowered within the setup of hierarchical systems and structures of inequality.
- Behaviors are ingrained as unchallenged, unquestioned and normative.
- These behaviors are also present in the institutional assumptions and unwritten rules which are not easily identified or visible to the agent or the victim.
- With CO, the oppressor sometimes does not realize they are oppressive since the oppressor generally follows systemic rules and behaviors, and the oppressed are not addressing these behaviors since these behaviors go unchecked and are generally accepted.
- A key dynamic and factor within interactions or systems of oppression is power and inequity, particularly with the diversity of peer and non-peer relationships, a socially accepted privileged group, and socially accepted relatively powerless group.


HURT PEOPLE
HURT PEOPLE

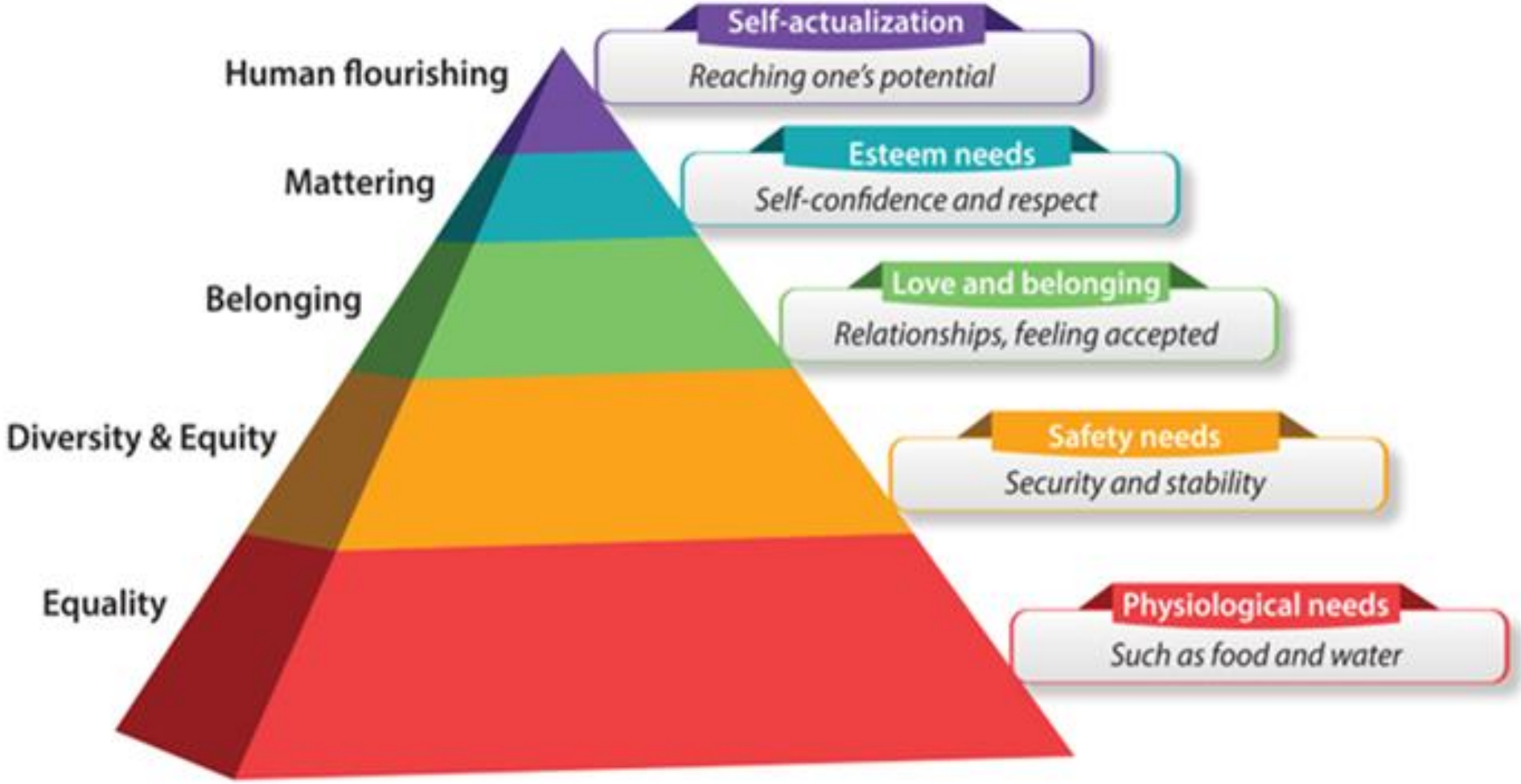
According to Roberts (2015), power is a key ingredient for oppression to thrive while **fear and powerlessness** are needed drivers for aggression and anger which are hallmark experiences in oppressive work environments.

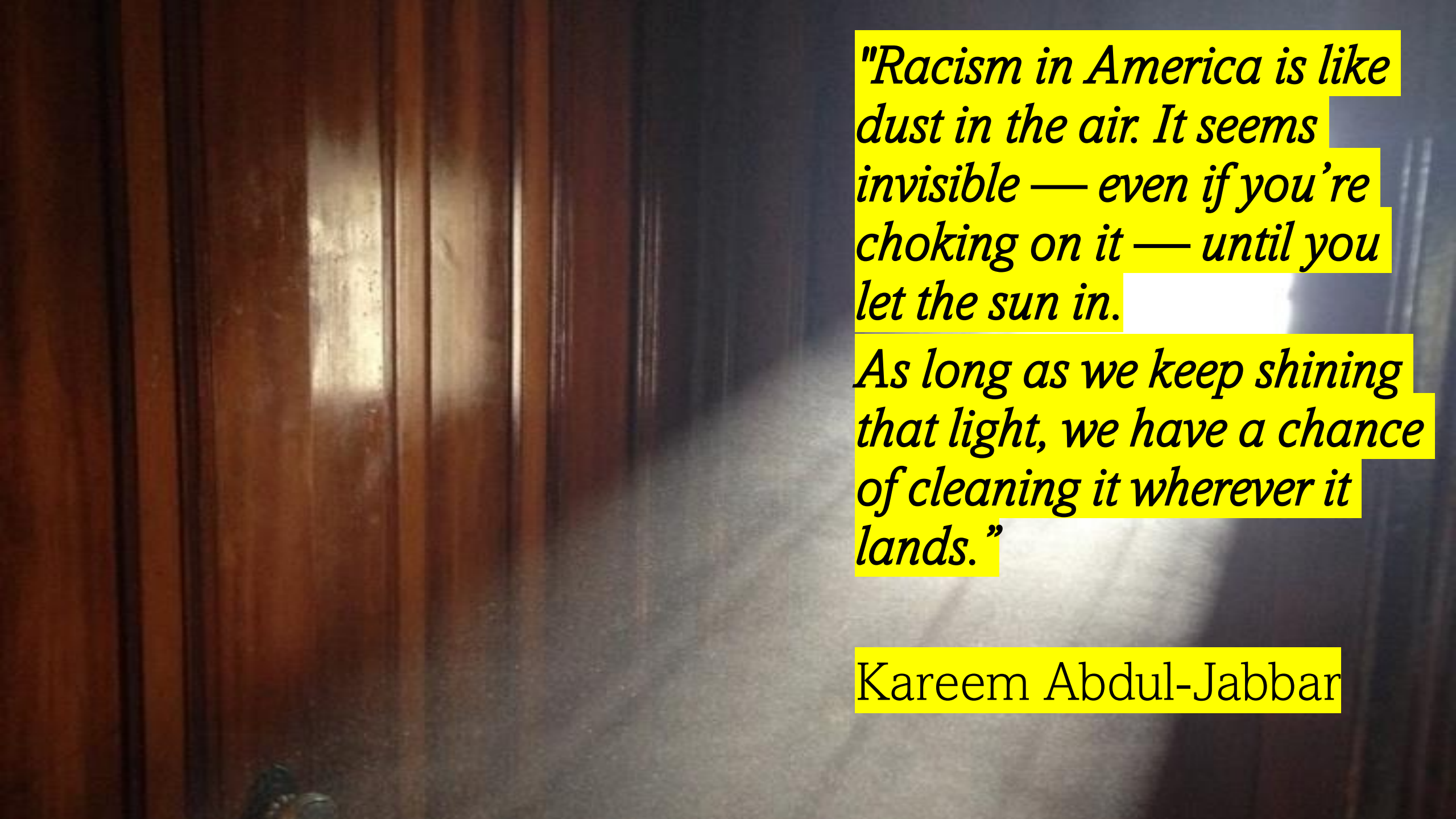


A systems perspective on issue of power

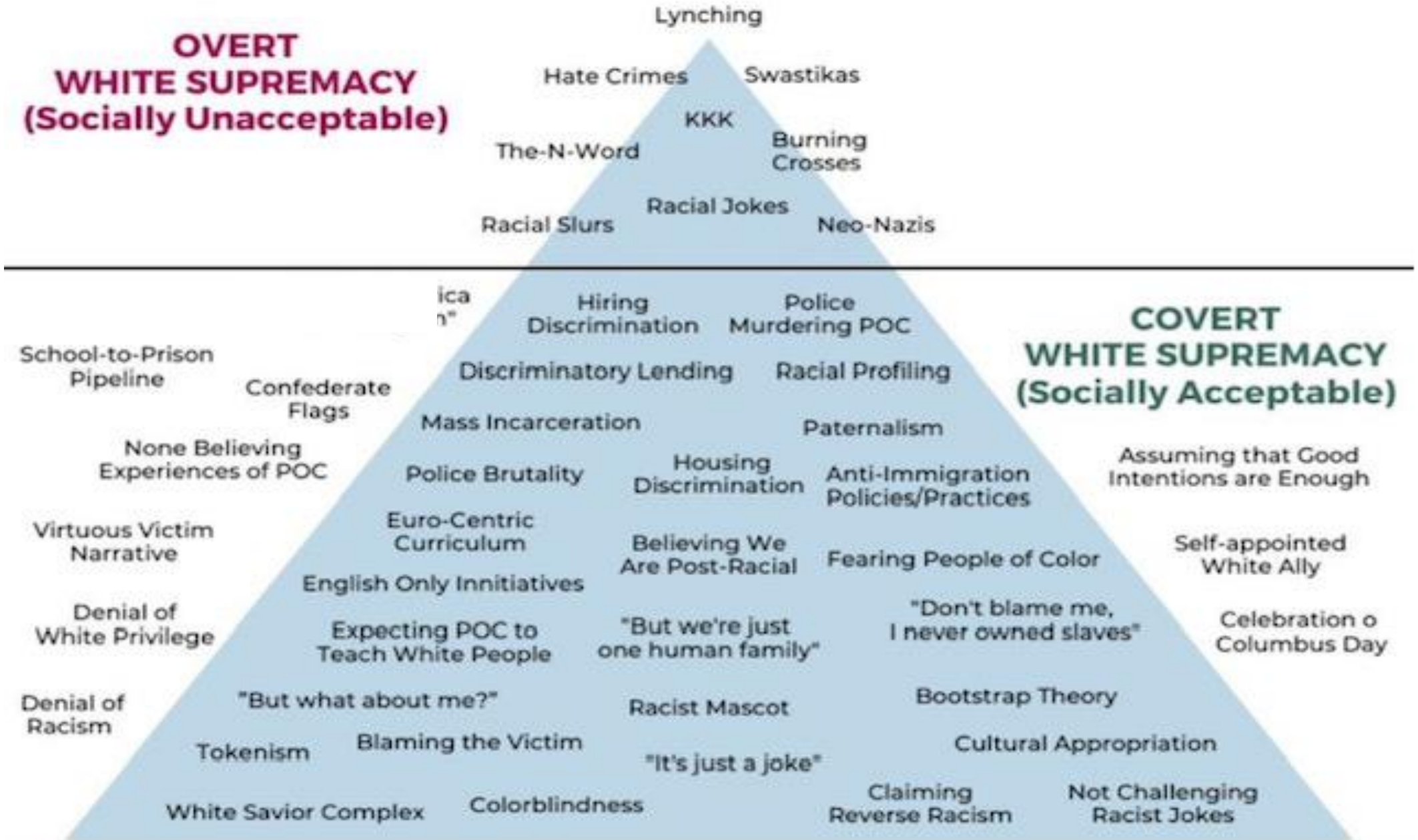
https://medium.com/school-of-system-change/power-dynamics-a-systemic-inquiry-c30e2e658d3e

Inclusive Excellence




"Racism in America is like dust in the air. It seems invisible — even if you're choking on it — until you let the sun in.
As long as we keep shining that light, we have a chance of cleaning it wherever it lands."
Kareem Abdul-Jabbar


SHOW
RACISM IN AMERICA VS.
SOUTH AFRICA


OVERT
WHITE SUPREMACY
(Socially Unacceptable)
Lynching
Hate Crimes
Swastikas
KKK
The-N-Word
Burning
Crosses
Racial Jokes
Racial Slurs
Neo-Nazis
COVERT
WHITE SUPREMACY
(Socially Acceptable)
ica
Hiring
Discrimination
Police
Murdering POC
School-to-Prison
Pipeline
Confederate
Flags
Discriminatory Lending
Racial Profiling
Mass Incarceration
Paternalism
None Believing
Experiences of POC
Police Brutality
Housing
Discrimination
Anti-Immigration
Policies/Practices
Assuming that Good
Intentions are Enough
Virtuous Victim
Narrative
Euro-Centric
Curriculum
Believing We
Are Post-Racial
Fearing People of Color
Self-appointed
White Ally
English Only Innitiatives
Denial of
White Privilege
Expecting POC to
Teach White People
"But we're just
one human family"
"Don't blame me,
I never owned slaves"
Celebration o
Columbus Day
Denial of
Racism
"But what about me?"
Racist Mascot
Bootstrap Theory
Tokenism
Blaming the Victim
Cultural Appropriation
"It's just a joke"
White Savior Complex
Colorblindness
Claiming
Reverse Racism
Not Challenging
Racist Jokes

The Need for Freedom & Equal Distribution of Power

Freedom is being able to make decisions that affect mainly you.

Power is being able to make decisions that affect you and others around you.

If we confuse power with freedom, we will fail to uphold real freedom.

Additional References

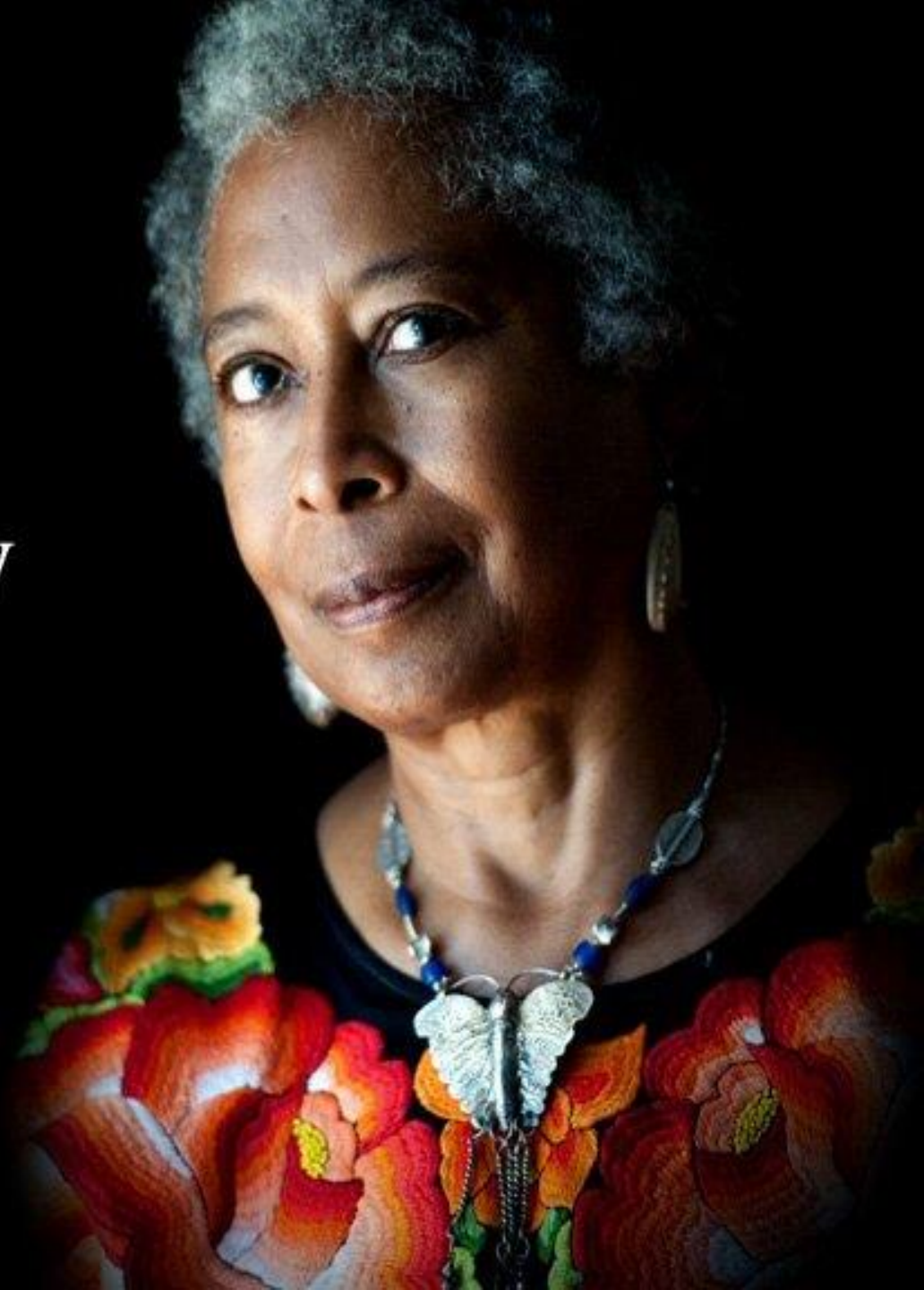
Kickbusch, I. (2015). The political determinants of health—10 years on. Bmj, 350.

Roberts, S. J. (1983). Oppressed group behavior: Implications for nursing. Advances in nursing science, 5(4), 21-30.

Racism in America versus South Africa (YouTube video)

The most common way people give up their power is by thinking they don't have any.

ALICE WALKER



Case Study

A highly reputable health care institution just revised their organizational values to include “valuing diversity”. The Chief Nursing Officer (CNO), who is white, successfully recruited several international nurses from West Africa and the Philippines.

During her meeting with these nurses, they fearfully revealed concerns not only about the harmful treatment of some patients of color, but also shared their own experiences with racism and discrimination from peers, patients and their managers. Their families that immigrated to the U.S. with them were also struggling with similar issues in the local community.

The CNO stated that “I’ve never heard this before in my 25 years in the organization and we have numerous nurses here with similar backgrounds as you!” and suggested that these nurses were dealing with culture shock and they needed to allow more time to build relationships and adjust to the culture. She shared the nurses’ concerns with HR but the VP of HR stated that they have not seen any evidence of these concerns in their reporting systems or any quality data to validate any of these concerns. The VP of HR asked the CNO to encourage these nurses to report their concerns directly to HR in the future for “proper follow up”.

1) How can this CNO be a better ally and better advocate for these nurses?
2) Is there anything the CNO could have done prior to these nurses’ arrival to mitigate these issues internally and externally in the community?
3) What advice would you provide these nurses or what recourse do they have?

Thank you for joining us today!

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LEARN MORE

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Next ECHO:

When: Wednesday, October 4, 3:00-4:30pm ET

Topic: How do equity-minded nurses advance anti-racism?

Presenter:
Piri Ackerman-Barger, PhD, RN, CNE, FAAN

You will receive emails from the Racism in Nursing Project ECHO team with:

- An evaluation link to help us improve!
- A survey to receive CNE
- Slides from today

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Registration REMAINS open!

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Upcoming Sessions:

OCTOBER 4

How do equity-minded nurses advance antiracism?

PIRI ACKERMAN-BARGER, PhD, RN, CNE, FAAN
Associate Dean for Health Equity, Diversity and Inclusion
UC Davis School of Nursing

OCTOBER 18

How can we break barriers to health equity? Combating stereotypes and bias in healthcare

KELLIE BRYANT, DNP, WHNP, CHSE
Assistant Dean of Clinical Affairs and Simulation
Columbia School of Nursing

NOVEMBER 1

Barriers to health equity: is providing access enough?

DANICA SUMPTER, PhD, RN
Clinical Associate Professor
University of Texas - Austin School of Nursing

NOVEMBER 15

How can cultural intelligence be the catalyst that perpetuates health equity?

ANGELA RICHARD-EAGLIN, DNP, MSN, FNP-BC, CNE, FAANP, CDE
Associate Dean for Equity, Yale School of Nursing

NOVEMBER 29

How do we ensure health equity in a society built on white supremacy and oppression?

ROBERTA WAITE, EdD, RN, PMHCNS, ANEF, FAAN
Dean, Georgetown University School of Nursing

DECEMBER 13

Is anti-racist care possible under capitalism? Building a foundation of structural inclusion

DANISHA JENKINS, PhD, RN
Assistant Professor, San Diego State University

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