Addressing and Dismantling Structural Racism in Nursing Education

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NEMNLC
New England Minority Nurse Leadership Conference

PennState
Ross and Carol Nese College of Nursing

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By the end of this presentation participants will be able to:

• **Define Institutional, Systemic, and Structural Racism**
• Identify policies and practices aimed to dismantle racism within nursing education and clinical practice
• **Discuss the impact of micro-aggressions on students, faculty and nursing education**
• Discuss strategies to dismantle structural racism in nursing education
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Rev. Dr. Martin Luther King Jr.
How did we get here
Racism not Race in America drives Inequality
So, What does this have to do with the nursing profession and nursing education?
Nursing Education Programs in the U.S.

- **996** Nursing baccalaureate programs in the United States
  - **282** accelerated baccalaureate programs and **64** accelerated or entry-level master’s programs
- **Over 1,000 ADN** Nursing programs
- **Over 60 Diploma** Nursing programs
- More than **500** nursing schools offer a menu of more than **2,000** graduate programs
  - **357** DNP programs
    - 106 new DNP programs are in the planning stages
  - **80** Nursing PhD Programs
Nursing Programs turn away Thousands of Students each year

• According to AACN in 2020: **80,521** qualified applications were not accepted at schools of nursing
  • Shortage of clinical sites, faculty, and resource constraints

• **66,274** from entry-level baccalaureate programs
• **1,376** from RN-to-baccalaureate programs
• **8,987** from master’s programs
• **3,884** from doctoral programs
The Nursing Profession Is

• The largest segment of the healthcare workforce
  • 4 Million+ RN’s

• The most trusted profession
Data From 2013-2017 Found That Nursing in the United States Does Not Reflect the Country’s Racial and Gender Diversity

- 90% FEMALE
- 80% WHITE

“The decade ahead will demand a stronger, more diversified nursing workforce that is prepared to provide care; promote health and well-being among nurses, individuals, and communities; and address the systemic inequities that have fueled wide and persistent health disparities” (NASEM, 2021)
## U.S Racial Population vs. Nursing Racial Distribution

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>White</td>
<td>72% / 60.1%</td>
<td>83% / 80%</td>
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<tr>
<td>Black / African American</td>
<td>13% / 13.4%</td>
<td>6% / 6.2%</td>
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<tr>
<td>American Indian / Alaskan</td>
<td>0.9% / 1.3%</td>
<td>&gt;1% / 0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>5% / 5.9%</td>
<td>6% / 7.5%</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>16% / 18.5%</td>
<td>3% / 5.3%</td>
</tr>
<tr>
<td>Native Hawaiian / Pacific Islander</td>
<td>0.2% / 0.2%</td>
<td>&gt;1% / 0.5%</td>
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What do we mean when we say?

<table>
<thead>
<tr>
<th>Diversity</th>
<th>Equity</th>
<th>Inclusion</th>
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<tr>
<td>• Understanding that each individual is unique, and recognizing their individual differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs</td>
<td>• Is about giving people what they need, in order to make things fair. Typically giving more to those who need it</td>
<td>• A feeling of security and support when there is a sense of acceptance, belonging, and identity for a person within certain spaces and groups</td>
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Racism Defined and its forms
## Finding Common Meaning

<table>
<thead>
<tr>
<th>Racism</th>
<th>Antiracism</th>
<th>Antiracist</th>
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<tr>
<td>• A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race</td>
<td>• Anti-racism refers to a form of action against racial hatred, bias, systemic racism, and the oppression of marginalized groups. Anti-racism is usually structured around conscious efforts and deliberate actions to provide equitable opportunities for all people on an individual and systemic level</td>
<td>• A person who opposes racism and promotes racial tolerance</td>
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Dr. Ibram X. Kendi: How to be an Antiracist

• Believes that there is no in between safe space of being “Not Racist”, one is either “RACIST” or “ANTIRACIST”
  • The claim of not racist neutrality is a mask for racism

• What’s the Difference?
  • A racist endorses the idea of a racial hierarchy
  • An antiracist endorses the idea of racial equality
**Forms of Racism**

**Structural / Systemic Racism:** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity

- It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time
- It is a feature of the social, economic and political systems in which we all exist

**Institutional Racism:** Refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage

- Criminal Justice, School systems, Employment
Exemplar: Doctoral Education

Figure 5: Highest Nursing and Nursing-Related Educational Attainment
The Need for Diverse Nurses with Doctorates

• The overall number of nursing doctorate programs has increased

• The total enrollment of students in PhD nursing programs has remained fairly constant
  • Resulting in a shortage of newly minted PhDs to renew faculty ranks
  • Approximately 50% of nursing faculty possess the doctorate as a terminal degree

• The Number of DNP doctoral nursing programs has exploded
  • More students of color in DNP vs. PhD programs
  • Becoming an APN (NP, CRNA, CNM, CNS) will soon require a DNP
  • DNP make more in practice and most in academia are in non-tenure earning positions
Growth in Practice and Research Focused Doctoral Programs: 2007-2019

Source: American Association of Colleges of Nursing (AACN)
Nursing PhD vs. DNP Graduates

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<tbody>
<tr>
<td>DNP</td>
<td>1,282</td>
<td>1,595</td>
<td>1,858</td>
<td>2,443</td>
<td>3,065</td>
<td>4,100</td>
<td>4,855</td>
<td>6,090</td>
<td>7,039</td>
<td>7,944</td>
<td>9,158</td>
<td>49,429</td>
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<tr>
<td>PhD</td>
<td>532</td>
<td>601</td>
<td>610</td>
<td>628</td>
<td>743</td>
<td>709</td>
<td>773</td>
<td>796</td>
<td>801</td>
<td>801</td>
<td>759</td>
<td>7,753</td>
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Racism is a major driver of health care disparities.
We will never achieve health equity.
IOM: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

• Minorities receive a lower quality of care than whites
  • Even when they have the same health insurance or the ability to pay

• Causes of Healthcare Disparities
  • Healthcare system organization and operation
    • Cost containment, Public health insurance, Access
  • Patients’ attitudes and behaviors
    • Historical mistrust, not following doctor’s orders
  • Healthcare providers biases, prejudices, and uncertainty when treating minorities
    • Ism’s and Stereotypes, communication

When White folks catch a cold, Black folks get pneumonia

Health Care Disparities

The World Health Organization (WHO) defines health disparities as:

Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play
### Health Disparities are Driven by Social and Economic Inequities

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community, Safety, &amp; Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider &amp; pharmacy availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Parks</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td>Community engagement</td>
<td>Access to linguistically and culturally appropriate &amp; respectful care</td>
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<tr>
<td>Debt</td>
<td>Playgrounds</td>
<td>Vocational training</td>
<td>Stress</td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Walkability</td>
<td>Higher education</td>
<td>Exposure to violence/trauma</td>
<td>Exposure to violence/trauma</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Zip code/geography</td>
<td></td>
<td>Policing/justice policy</td>
<td>Policing/justice policy</td>
<td></td>
</tr>
</tbody>
</table>

**Health and Well-Being:**
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Health Equity

Dr. Camara Jones (2014)

• **Health Equity**: Assurance of the conditions for optimal health for all people

• **Three principles to achieve health equity**:  
  • Providing resources according to need  
  • Valuing all individuals and populations equally  
  • Recognizing and rectifying historical injustices
Moving Toward Health Equity

• Definitions of Health Equity

  • “Health equity is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance” (NASEM, 2017)

  • “Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically” (WHO, 2020)
The Future of Nursing
2020-2030
Charting a Path to Achieve Health Equity
The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

• Vision
  • The achievement of health equity in the United States built on strengthened nursing capacity and expertise

• Health Equity achieved through ten desired Nursing Outcomes
  • Nurses are prepared to act individually, through teams, and across sectors to meet challenges associated with an aging population, access to primary care, mental and behavioral health problems, structural racism, high maternal mortality and morbidity, and elimination of the disproportionate disease burden carried by specific segments of the U.S. population
  • Nurses reflect the people and communities served throughout the nation, helping to ensure that individuals receive culturally competent, equitable health care services
  • Health care systems enable and support nurses to tailor care to meet the specific medical and social needs of diverse patients to optimize their health
The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

- Nursing Roles and Leadership
  - Conclusion 9-4: **Nurse leaders have a responsibility to address structural racism, cultural racism, and discrimination based on identity** (e.g., sexual orientation, gender), place (e.g., rural, urban), and circumstances (e.g., disabled, mental health condition) **within the nursing profession** and to help build structures and systems at the societal level that address these issues to promote health equity

- Recommendation 9:
  - The National Institutes of Health, the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Administration for Children and Families, the Administration for Community Living, and private associations and foundations should convene representatives from nursing, public health, and health care to **develop and support a research agenda and evidence base** describing the impact of nursing interventions, including multisector collaboration, on social determinants of health, environmental health, health equity, and nurses’ health and well-being
What can nursing do to Dismantle Racism

“
To actualize racial equity is not a sprint, it is a marathon. To actively dismantle racism, we must confront the legacies of racial slavery, racial segregation and racial supremacy in the United States.

EQUALITY  EQUITY  LIBERATION
Top TEN Ways to be Antiracist in Nursing
To be Antiracist in Nursing

1. Become story catchers
   Be intentional when hearing about other people’s experiences. To hear is to learn and understand, which leads to empathy with the person.

2. Be genuine
   Do what you say you will do. Keep your word – if you do not have trust, you cannot be an ally.
To be Antiracist in Nursing

3. **Manage me**
   Resist "amygdala hijacking", where generalizations cause you to act out of previous fear and pain, thus letting emotions take control of your reasoning.

4. **Maximize curiosity. Minimize certainty.**
   Ask yourself, “Why am I thinking this about this person?”, “Where did this originate from?”, and “Do I know what I think I know to be true?”
To be Antiracist in Nursing

5. Distribute power
Give voice to, and support with concrete action, those without power. Minimize power plays in promotion, hiring, and patient assignments.

6. Preserve the dignity of others
See the humanity in others. Are you viewing colleagues as a deficit to your team, rather than an asset and why?
To be Antiracist in Nursing

7. Stop labeling others

See people as people. Eliminate ideas about superiority, inferiority, and where to place people on a hierarchy.

8. Expose unwritten rules

Examine your systems. Bias cannot be avoided so tweak your systems to overcome it. Pivot to make adjustments based on what is going on in the world.
To be Antiracist in Nursing

9. Support authenticity
Allow each person to be their authentic selves. Accept them with their differences. Don’t force people to lose their uniqueness.

10. Manage perception
Consider how your decision/policy will impact or affect those not part of the decision process. Don’t get caught up in your own intent. The receiver only knows impact of what was done.
Teaching a more Inclusive Nursing History

Nursing History if taught at all in nursing schools is usually taught from a White Eurocentric female perspective.
Promote an Inclusive Nursing History

- **Mary Seacole**: (1805, Kingston, Jamaica—May 14, 1881, London, England), Jamaican businesswoman who provided sustenance and care for British soldiers at the battlefront during the Crimean War.

- **Florence Nightingale**: (1820 – 1910), Credited as being the Founder of Modern Nursing. Also provide care to soldiers during the Crimean War.
Randolph F. R. Rasch, PhD, RN, FNP, FAANP, FAAN – First Black Male to ever earn a PhD in Nursing

Eric J. Williams, DNP, RN, CNE, FAAN – First Male president of National Black Nurses Association

Ernest Grant, PhD, RN, FAAN – 36th president of the ANA

Courtney Lyder, ND, RN, FAAN
Frist Black Male named dean of a U.S. nursing school (UCLA, 2008)
A website and archive celebrating the contributions of BIPOC nurses to the nursing profession.

Started by nurses and launched on February 1, 2021 to coincide with Black History Month

Website: https://medium.com/nurses-you-should-know

My Profile: https://medium.com/nurses-you-should-know/sheldon-d-fields-5d0d219e31e6
Conclusions

There is currently more attention being given to the importance of diversity, equity and belonging

• The lack of diversity, equity and inclusion in Nursing is a driver of health disparities

SDOH, NDOH, and racism remain major drivers of health disparities

Nursing has a moral, and ethical responsibility to address DEI issues and dismantle racism

Best Practices for dismantling racism in nursing

• Commission on racism in nursing Top TEN ways
• Teach a more inclusive and racially truthful version of nursing history
• Dedicated to diversifying the nursing profession, especially at the doctoral level
• Willing to implement antiracist initiatives such as changing admission and progression policies
Internet Resources

• Beyond Florence – Web site
  • https://nursingclio.org/2021/02/04/moving-beyond-florence-why-we-need-to-decolonize-nursing-history/

• Healthy People 2030
  • https://health.gov/healthypeople

• National Academy of Medicine / Culture of Health Tools
  • https://nam.edu/programs/culture-of-health/culture-of-health-tools-and-resources/

• National Institute on Minority Health and Health Disparities
  • https://www.nimhd.nih.gov/

• IOM The future of Nursing 2020 – 2030
  • https://nam.edu/publications/the-future-of-nursing-2020-2030/

• IOM Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care
Institutional Racism via Michael Jackson

• When you have a moment here is a video that you can take a look at and share with your colleagues, family, & friends
• It is a very simple but powerful explanation of institutional racism
  • Recommendation: Use as an introduction for any trainings on institutional racism
  • Great ice breaker and conversation starter

• Link: https://www.trtworld.com/video/social-videos/institutional-racism-in-us-explained-through-a-michael-jackson-song/5ace29d41b01722a81cbf1e7
Contact Information

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