

# Listening with compassion

## Nurses' experiences of racism in nursing

By Kendra McMillan, MPH, RN

*“Many Black girls don’t make it through this nursing education program.”*

**HAVE** you ever had your intelligence, competence, and value questioned because of the color of your skin, the texture of your hair, or your accent?

In February 2021, the National Commission to Address Racism in Nursing hosted five listening sessions with nurses who identify as Black, Indigenous, or Person of Color (BIPOC) to facilitate an in-depth exploration of racism in nursing and to catalog nurses' experiences and the impact of racism. The outcome resulted in a thematic analysis and comprehensive report written to inform the Commission's on-going work aimed at addressing racism in nursing.

Bias shapes our interactions with those we presume as different or other. The downstream impact of invisible boundaries set by racist thoughts and attitudes rooted in power, privilege, and entitlement evolves into acts of discrimination and oppression that result in exclusion, denial of opportunities, and inequities in pay and advancement. (Visit [myamericannurse.com/?p=314895](https://myamericannurse.com/?p=314895) to view a chart depicting the impact of racist attitudes and actions on nurses.)

*“Nursing has not been safe or particularly uplifting.”*

Self-doubt or internalized oppression result directly from the lack of validation and support and ongoing minimization of role and skill encountered by BIPOC nurses. At the listening sessions, nurses reported a lack of respect from both colleagues and patients, even from patients of the same race, and the prejudgment that BIPOC nurses are assumed to be in every other role outside of nursing despite being overqualified for the positions they hold. They frequently felt silenced by their colleagues in practice and academic settings, and many experienced retaliation after confronting racist attitudes and actions. Some nurses reported being told to consider LPN or associates degree nursing education versus baccalaureate, and others were outright dissuaded from considering nursing as an attain-

able career choice. BIPOC nurse faculty shared accounts of White students blatantly disrespecting them, refusing to engage, and persistently challenging their knowledge and expertise.

*“I fear what they will do to my patients.”*

Nurses shared instances of intentional sabotage, such as withholding information during shift report. Nurse faculty told of students experiencing post-traumatic stress because of false accusations brought against their character and integrity and overall harm caused by lack of action against racism.

BIPOC nurses spoke of the additional workload associated with proving their abilities, and the burden of risk from harder and riskier patient assignments. They shared stories of exhaustion and mental pain. However, despite bearing the brunt of hatred and continued assaults against their character, integrity, and knowledge, BIPOC nurses spoke of their tenacity and a reliance on faith that fosters perseverance and a desire to improve the academic and practice settings for those entering the profession.

The nurses who participated in the listening sessions identified four actions to foster inclusivity.

- **Mentorship.** Nurses benefit from mentorship from senior BIPOC nurses and White allies aware of racism in the workplace.
- **Accountability.** Nurses called for accountability at the organizational level to maintain a safe and humane work environment that fosters authenticity and inclusivity. Transparency in the evaluation and resolution of grievances is needed to address systemic inequities and discrimination.
- **Allyship.** Nurse allies must use their position of privilege to address racism, encourage antiracism by “unlearning” thoughts and behaviors, and to hold their peers accountable for their racist actions.
- **Call out racism.** Nurses agreed that racism must be called out when it occurs. **AN**

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