

Reckoning With Racism in Nursing

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We're addressing

racism in nursing

First, I like to identify myself

as a biracial Vietnamese American nurse scholar

So growing up, my mother is mixed.

She is half white and half Vietnamese,

and my father is % Vietnamese.

And so growing up,

I always didn't really identify

with a certain ethnic group.

But growing up, I was influenced by tradition.

So my parents just transmitted

their culture to me.

And so I was unaware of the influences

I just received,

the tradition and culture

and practices that they they were raised up in.

And so as a child, I just you know,

that was what I was that that was what

I grew up in.

Language and culture

and food were central to my identity.

And I maintain my cultural identity

When I

finished high school, I actually

didn't know what I wanted to major in.

And so

my first semester of college

at the University of Connecticut

was in the business program.

And so I realized that this wasn't who I was.

And once again, I was in that identity

area where you kind of lose yourself.

And so in losing myself,

I was able to find myself

and I explored a little bit more.

I went to a couple of sessions

about nursing in the school of nursing,

and I petitioned into the school of nursing,

and I got in

and after taking a couple

of courses in the nursing school,

I realized that this was my calling,

this is my passion,

and I could really flourish and bring forth

who I was, my identity, my culture

and my caring aspects about myself

that no other profession could really bring out

Being around different students,

being around different professors

that have different diversity as well,

even though on the school of nursing

is majority white.

But seeing some Asian nurses and professors

and scholars in the school of Nursing

and just a different conferences

that you might attend is encouraging

because Asians are historically underserved

population and research

as well as I would say in academia.

And so being

when I say being

a VietnameseAmerican nurse scholar,

that is a very kind of fluid term

because we're still progressing.

We're still trying to share our voice.

We're still trying to

step out of the model minority,

which is an overused term.

It has really changed how I view myself

and how class,

gender

and race

really, really

the intersectionality of those three.

It really influences

how you bring your nursing care

into the hospital, into the at the bedside

with your with the patients, with your clients,

people of

color, and how we really need to understand

each person.

Each individual has their own cultural identity.

Being involved in these conversations

and hearing and

hearing these nurses share their voices,

especially the black and brown community.

It really touched my heart and inspired me

to really see how

people in my community were being racialized

and that sometimes

we internalize ideas

from the white dominant groups

for such a long time,

especially when their voices

have been so dominant in nursing.

In the nursing profession, such as instructors

and professors

When one night I worked

all the nurses on the evening

and night shifts or swing,

and my shifts were Asian,

they were Filipina majority

and Vietnamese, Chinese, and I'm Vietnamese.

That's when I realized that that was

a structural

aspect of racism at play.

And the supervisor,

I brought it up to her attention

and I said what I told her

I asked her, and we get along.

You know, she has humor. I have humor.

And I said, hey,

all the nurses on nightshift are Asian.

And then she said, Yeah,

because we're all racist. Right?

And honestly, with sarcasm,

there's always a hint of truth behind it, right?

It's not always % joking around

And so I laughed. I said, Ha ha.

But inside, when I walked away

and she went down to the elevator,

she pushed the button.

I was thinking about that for a bit.

Maybe there was a reason or rationale behind

keeping the Asians on nightshift.

Filipina nurses

were one of the largest Asian populations

to have died during the COVID pandemic

because they were they have been hired

to take care of these patients.

They were given tough assignments, assignments

that had a majority of COVID.

patients

being evaluated

for worsening progression of COVID or

COVID itself.

We see that these nurses, because of class,

because they need to continue working

to support their families,

to feed the mouths of their children,

to pay the bills, to pay rent.

We see these clinical nurses,

particularly Asian people, of color,

still working at the bedside

and getting sick.

There is a disparity

in during the COVID pandemic where Asians are

dying from it,

working on evening and night shifts and just

we need to really examine that and see what

what what are the variables

that are employing influencing them.

Getting COVID

compared to white nurses.

We need to look at that

in the community that I work in,

it's a fairly white city or town

and so sometimes when I take care of them,

they ask me, Oh, are you Chinese?

Are you ching chong? Oh, your eyes look slanted.

Where are you from?

And I say, Oh, I'm from Quincy.

And they say, No, where are you really from?

And I say, Oh, I'm from Connecticut.

I was born and raised there.

And they say, Oh, Connecticut,

that sounds like you're wealthy.

So there's just so many different

kind of microaggressions that

they that patients

sometimes I'm not sure

if they recognize that they're being racist

but these questions, they continue to be asked

when I encounter new patients, especially men,

Caucasian men,

and, you know, I've kind of become numb to it.

I kind of know how to redirect their questions.

I say I'm from Quincy

and I say it's inappropriate

and I'm your nurse

and I'm here to take care of you.

And I really don't know

where their questions come from or what

what algorithm in their mind

makes them ask these questions.

People assume that you're from one

country.

Where in Asia, it's not just China.

And most of the times

they think that you're from China

because it's the country

that is mostly predominant in China.

It takes up a lot of space

if you look at a world map.

But there's over different countries

in Asia, and a lot of people,

especially Westerners,

they fail to acknowledge that for some reason,

even if they know

so there's, you know,

especially South

Asia, some

some people don't even consider Indian

Indian people Asian,

but technically they're South Asian.

So there's just a lot of learning.

There's a lot of

learning that needs to take place.

There needs to be training

for instructors, for professors.

There needs to be a cultivation

of cultural desire in these professors.

It's not just one workshop.

It's not just two workshops or three workshops.

It's it's it's it's kind of like

you can't require them.

You can't impose

these these future professors,

these future instructors,

to attend these workshops

and just sit through them.

You know,

there has to be some way, some

some springboard of action, some

cultural desire

that's cultivated inside of them

so that they can really when they really

look at curriculum,

when they really look at

what courses are being taught,

though these courses might not say in the title

anything about a culture

or anything about race, gender,

or class and nursing,

because most of it is clinical

for undergraduates.

But what inside these courses,

what can we teach our students

and it doesn't have to be big.

It can be small.

What things do you see that

you can advocate for, for racial justice?

Is there something going on

between the nurses and the client?

Springboard students

into into

new avenues, new paths

that they haven't walked before,

things like that.

Things that engage students

and not all will engage,

not all have a cultural desire.

I'm not saying everyone will.

There's going to be some pushback.

Some people might still,

you know,

be comfortable in their own comfort zone,

and that's OK.

You know, everyone is different.

But for those people that those students,

for those students

that are passionate, for those students that

that want to

share their voice,

those students will

will definitely be identified

and they will emerge.

And for that, that makes me hopeful

for the future of nursing for the next years.

There are so many voices that need to be shared.

There's so many voices that

are left

to be

uncovered or phenomena

or experiences that are left to be uncovered.

And so with that,

that just really gives me hope,

just knowing that there are so many different

marginalized populations that

that it is our imperative

and it is our responsibility to really

make it easier for these populations

to access equitable health care

and provide them with a sense of social justice

nurses of color

who are standing,

who are standing in solidarity

of what I'm doing,

and as well as they've seen a solidarity of me,

I see in solidarity with them,

we support each other.

And to have that sense of support,

I don't think I would be here today.