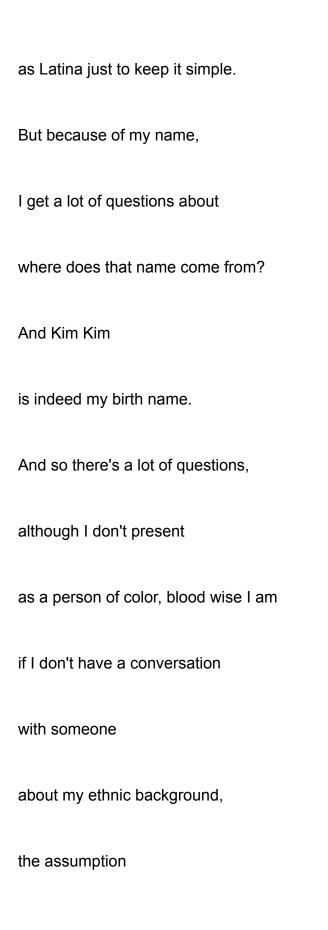
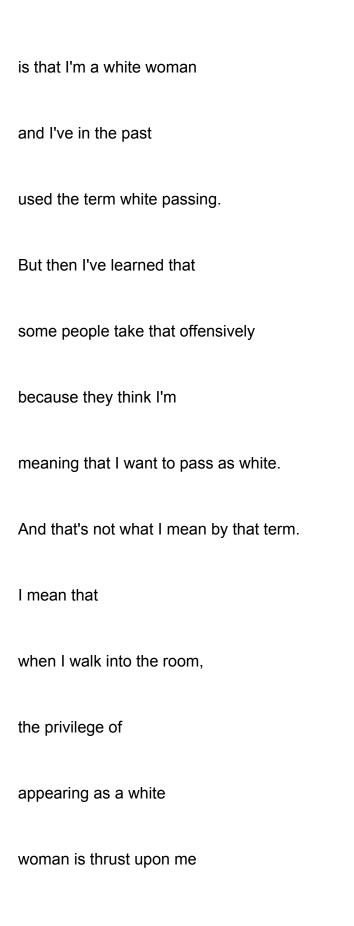
Reckoning With Racism in Nursing

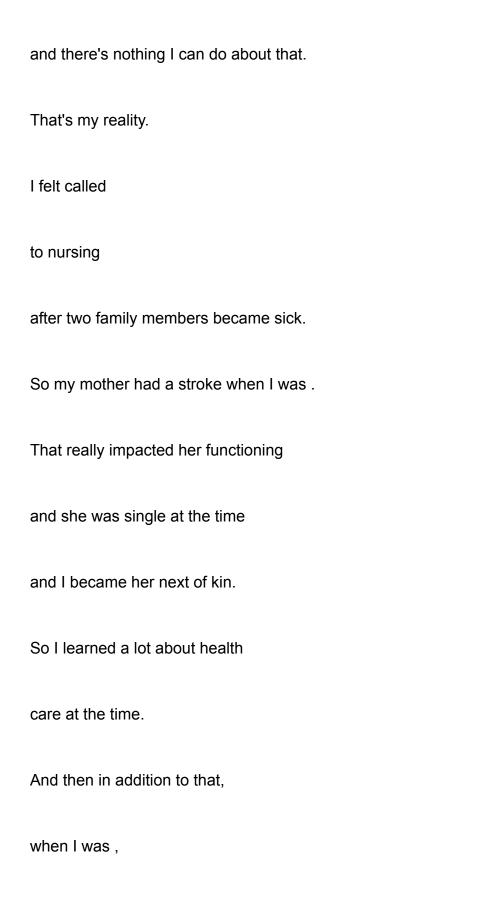
Kim Kim Transcript

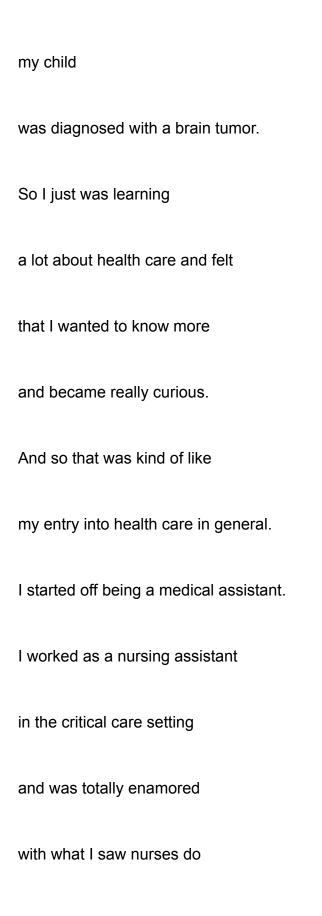
And so I generally identify

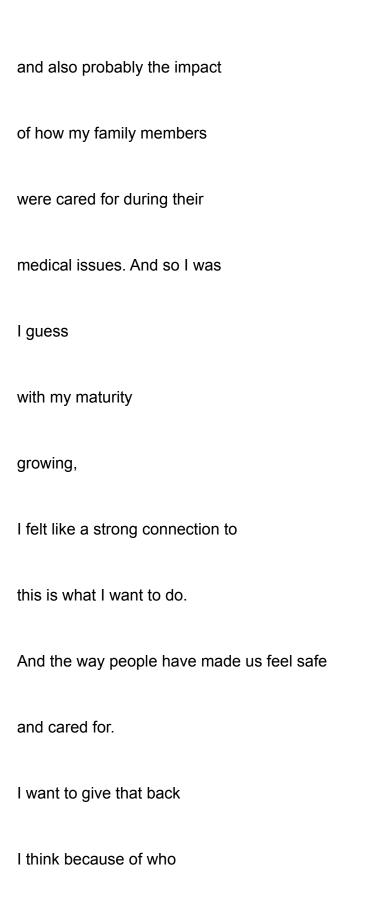
Duration: 12:39 We're addressing racism in nursing I identify as Latina. I am mixed race. My mother is Caucasian and my biological father is Peruvian. But I was raised by my dad, who's from Cuba, who is Asian and Korean specifically and Mexican.

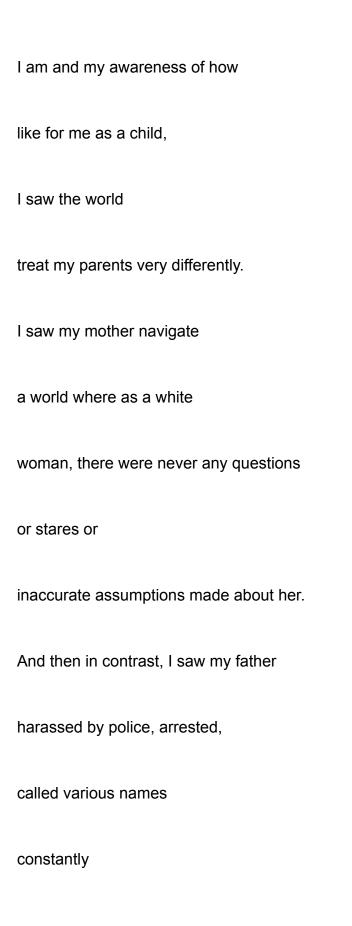


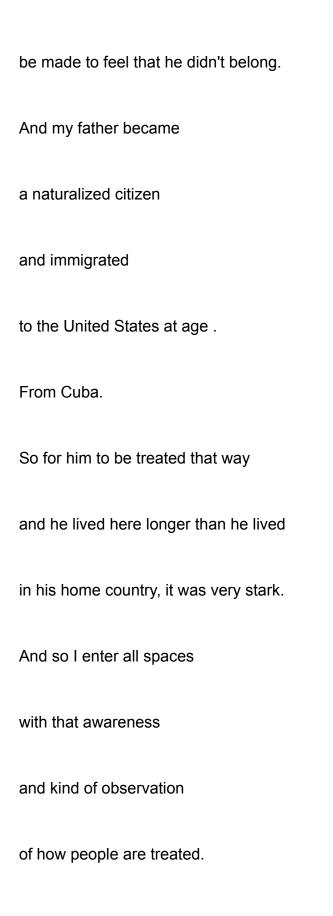




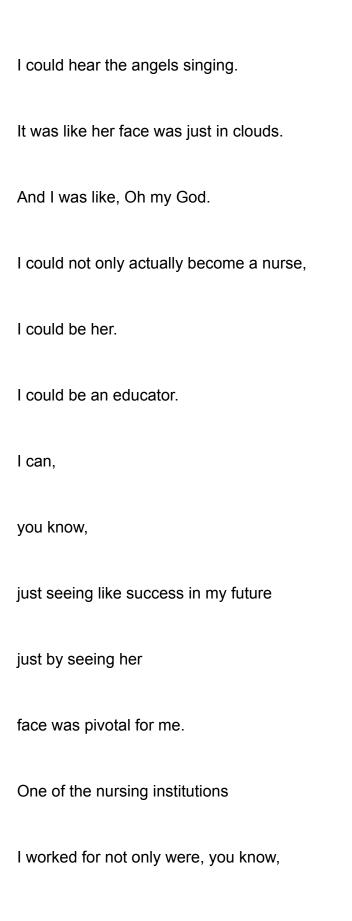


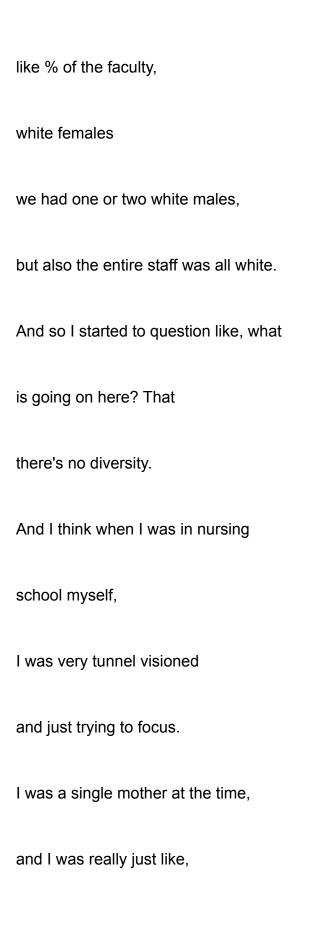


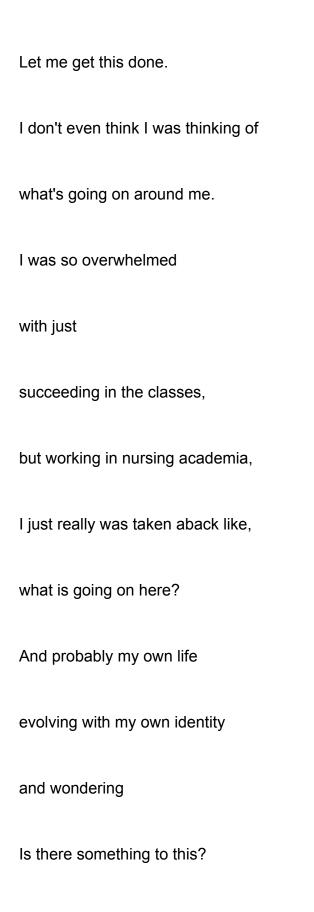


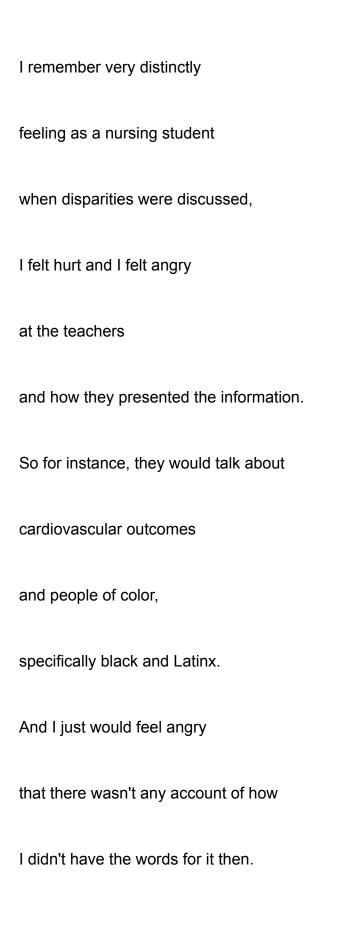


So I felt naturally drawn to identify with students who didn't see representation of themselves in nursing academia. I had a Latina nurse educator in my simulation, so this was like my assessment course where you had to kind of like prove you could do a headtotoe assessment before you could go to clinical. She walks in the room and she's Latina or and that's my perception of her. And I felt like

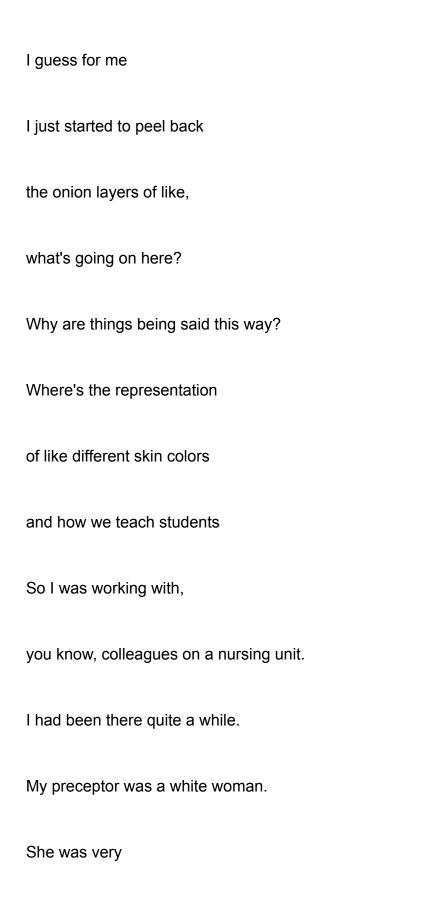


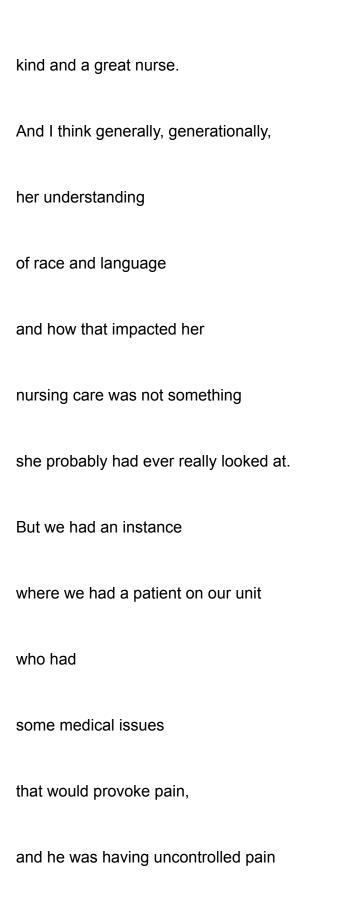




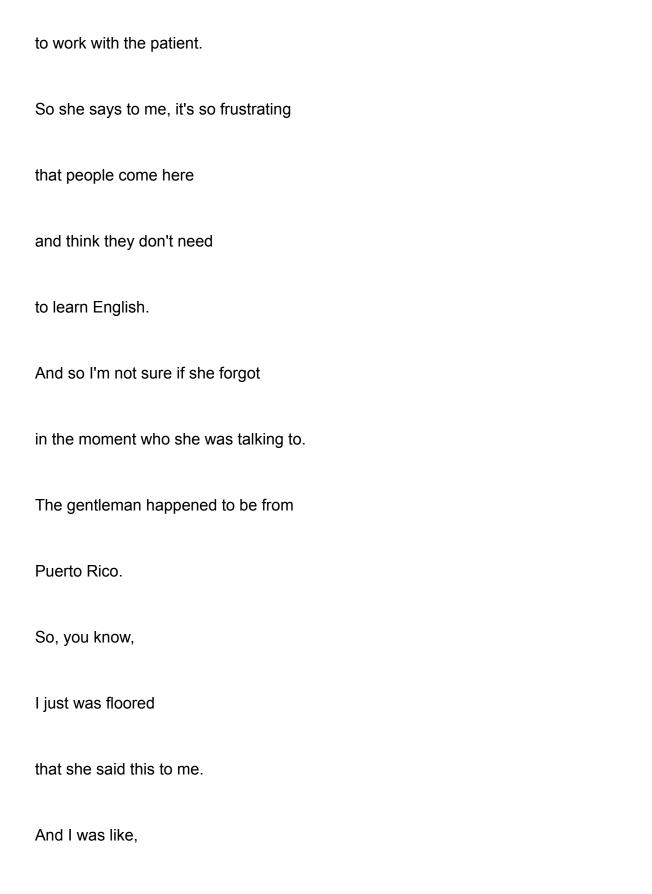


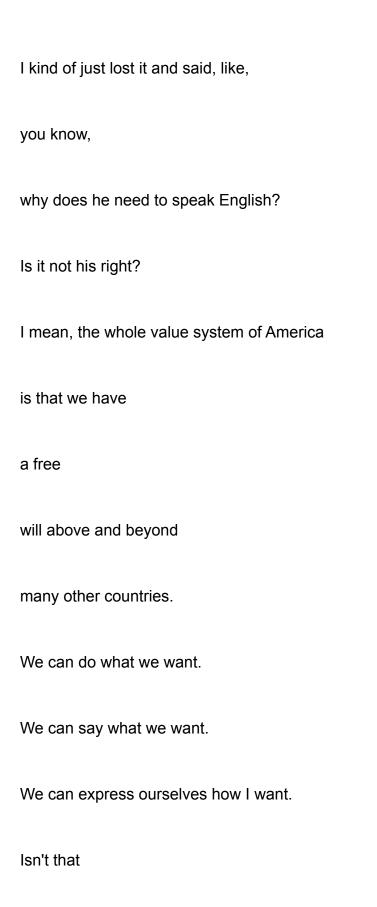
But things like systemic racism impacts
someone's health.
What I would hear is that,
oh, well,
this is related to lifestyle
and dietary choices, but yet
when we would hear of poor
white people
who also had poor diets
and had low economic statuses, we weren't
always seeming to grasp
health disparities.
And so

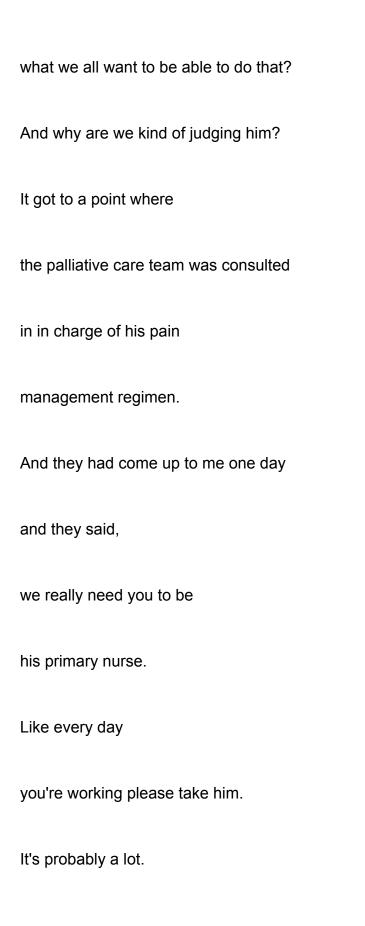


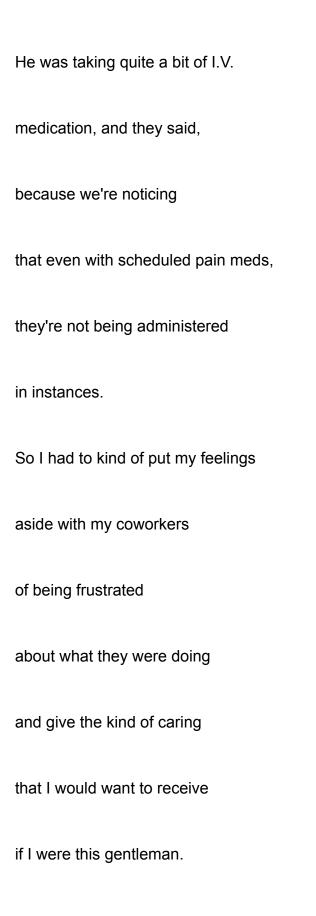


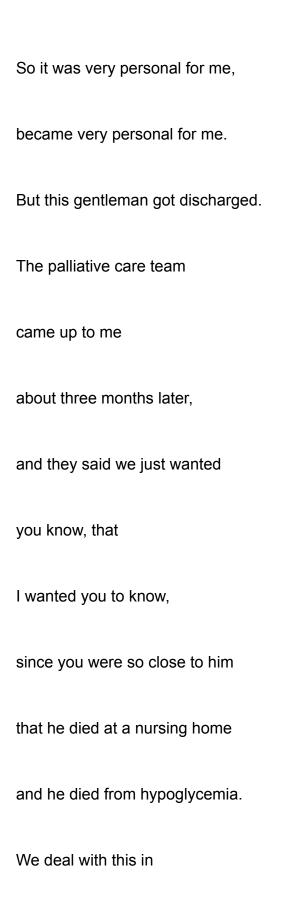
and poor response to pain medications. And so he quickly became labeled as a drug seeker. In cases we've learned that patients and in some instances will resort to their first primary language when they're in distress. And so he chose to speak in Spanish to express his pain and just feeling very hopeless about not being able to control it. So because I speak Spanish, I was often assigned

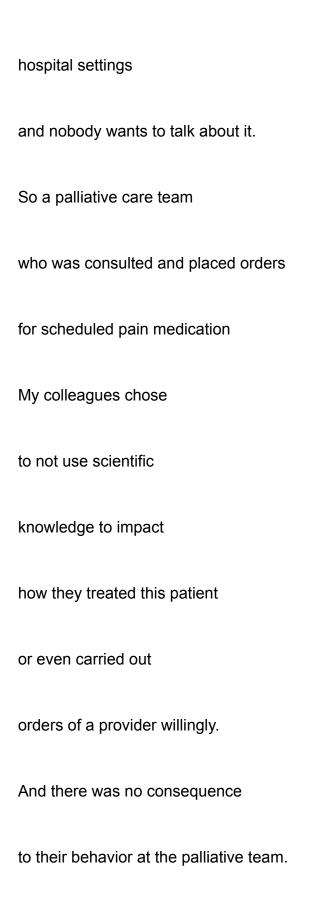


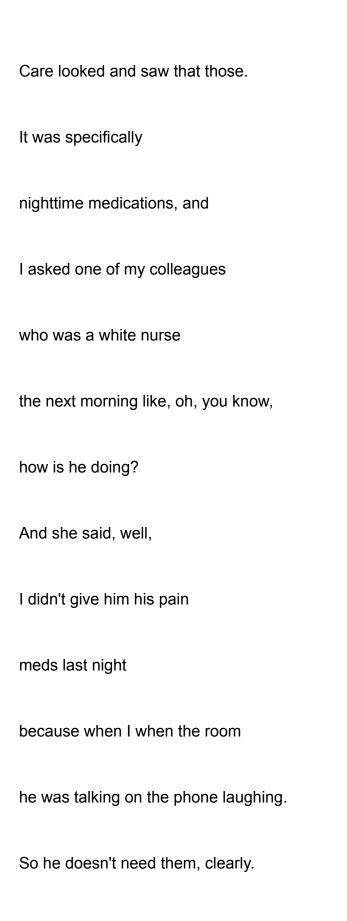


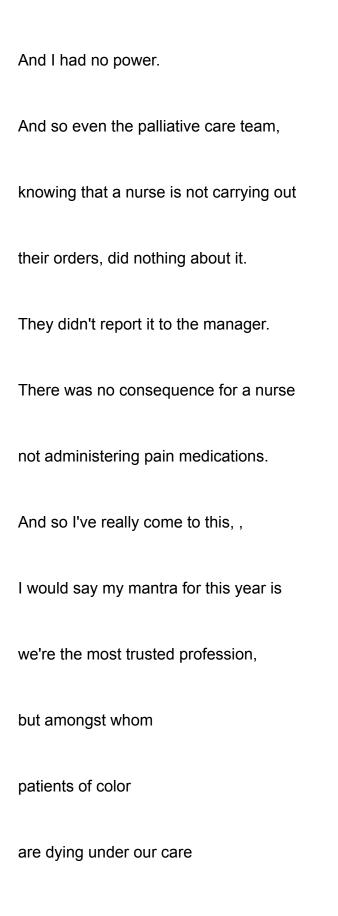


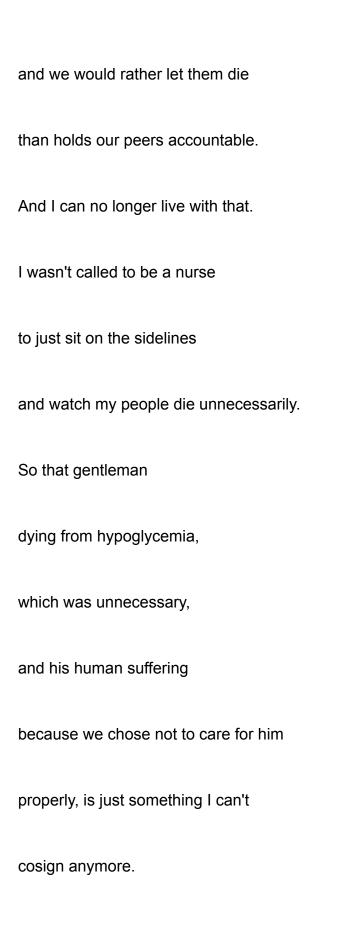


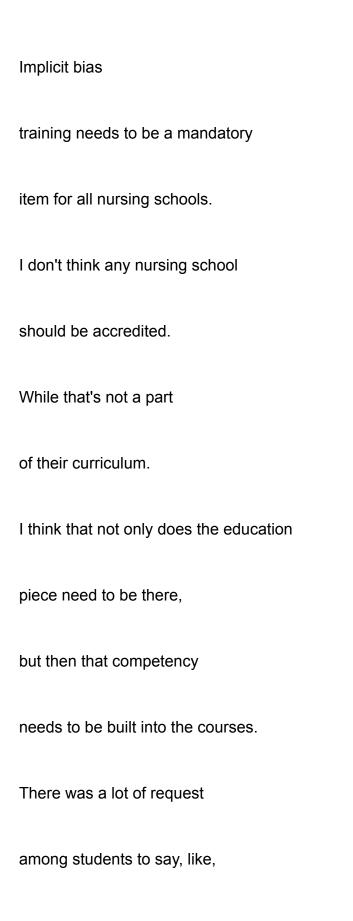




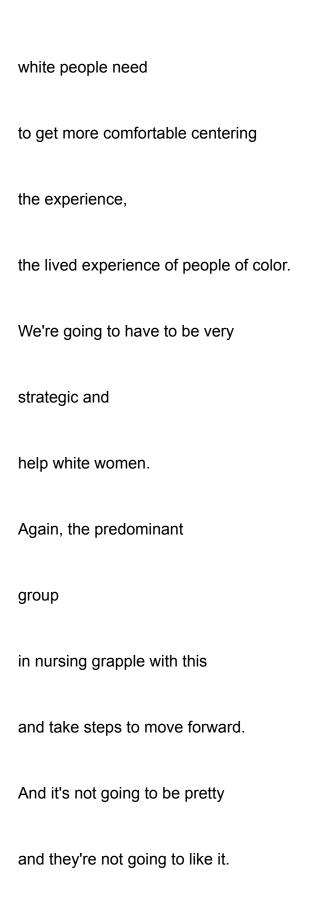


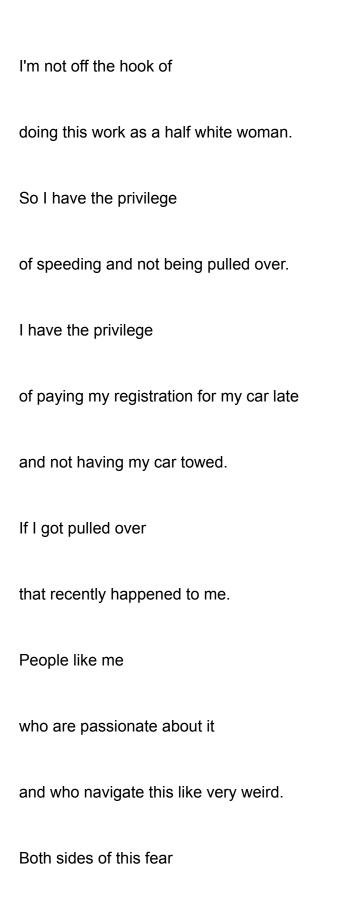






We need to practice these skills. I need to know how to articulate to a colleague that I feel that their care is being impacted by bias racism. I think education's necessary. I think competency checks are necessary, and I think it needs to be a part of staff and faculty's evaluation. So I'm happy that the tides are turning because we are seeing a more frank conversation happening. I think that





I think
I can
help, but I
have to tone down my frustration
and deliver it in a way that
I hate to say it this way,
but I can't think of it.
I have to learn
how to coddle my white colleagues
so that it isn't as hurtful
for them to make steps forward