

Reckoning With Racism in Nursing

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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.

And so I generally identify

as Latina just to keep it simple.

But because of my name,

I get a lot of questions about

where does that name come from?

And Kim Kim

is indeed my birth name.

And so there's a lot of questions,

although I don't present

as a person of color, blood wise I am

if I don't have a conversation

with someone

about my ethnic background,

the assumption

is that I'm a white woman

and I've in the past

used the term white passing.

But then I've learned that

some people take that offensively

because they think I'm

meaning that I want to pass as white.

And that's not what I mean by that term.

I mean that

when I walk into the room,

the privilege of

appearing as a white

woman is thrust upon me

and there's nothing I can do about that.

That's my reality.

I felt called

to nursing

after two family members became sick.

So my mother had a stroke when I was .

That really impacted her functioning

and she was single at the time

and I became her next of kin.

So I learned a lot about health

care at the time.

And then in addition to that,

when I was ,

my child

was diagnosed with a brain tumor.

So I just was learning

a lot about health care and felt

that I wanted to know more

and became really curious.

And so that was kind of like

my entry into health care in general.

I started off being a medical assistant.

I worked as a nursing assistant

in the critical care setting

and was totally enamored

with what I saw nurses do

and also probably the impact

of how my family members

were cared for during their

medical issues. And so I was

I guess

with my maturity

growing,

I felt like a strong connection to

this is what I want to do.

And the way people have made us feel safe

and cared for.

I want to give that back

I think because of who

I am and my awareness of how

like for me as a child,

I saw the world

treat my parents very differently.

I saw my mother navigate

a world where as a white

woman, there were never any questions

or stares or

inaccurate assumptions made about her.

And then in contrast, I saw my father

harassed by police, arrested,

called various names

constantly

be made to feel that he didn't belong.

And my father became

a naturalized citizen

and immigrated

to the United States at age .

From Cuba.

So for him to be treated that way

and he lived here longer than he lived

in his home country, it was very stark.

And so I enter all spaces

with that awareness

and kind of observation

of how people are treated.

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 headtoe 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

I could hear the angels singing.

It was like her face was just in clouds.

And I was like, Oh my God.

I could not only actually become a nurse,

I could be her.

I could be an educator.

I can,

you know,

just seeing like success in my future

just by seeing her

face was pivotal for me.

One of the nursing institutions

I worked for not only were, you know,

like % of the faculty,

white females

we had one or two white males,

but also the entire staff was all white.

And so I started to question like, what

is going on here? That

there's no diversity.

And I think when I was in nursing

school myself,

I was very tunnel visioned

and just trying to focus.

I was a single mother at the time,

and I was really just like,

Let me get this done.

I don't even think I was thinking of

what's going on around me.

I was so overwhelmed

with just

succeeding in the classes,

but working in nursing academia,

I just really was taken aback like,

what is going on here?

And probably my own life

evolving with my own identity

and wondering

Is there something to this?

I remember very distinctly

feeling as a nursing student

when disparities were discussed,

I felt hurt and I felt angry

at the teachers

and how they presented the information.

So for instance, they would talk about

cardiovascular outcomes

and people of color,

specifically black and Latinx.

And I just would feel angry

that there wasn't any account of how

I didn't have the words for it then.

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

I guess for me

I just started to peel back

the onion layers of like,

what's going on here?

Why are things being said this way?

Where's the representation

of like different skin colors

and how we teach students

So I was working with,

you know, colleagues on a nursing unit.

I had been there quite a while.

My preceptor was a white woman.

She was very

kind and a great nurse.

And I think generally, generationally,

her understanding

of race and language

and how that impacted her

nursing care was not something

she probably had ever really looked at.

But we had an instance

where we had a patient on our unit

who had

some medical issues

that would provoke pain,

and he was having uncontrolled pain

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

to work with the patient.

So she says to me, it's so frustrating

that people come here

and think they don't need

to learn English.

And so I'm not sure if she forgot

in the moment who she was talking to.

The gentleman happened to be from

Puerto Rico.

So, you know,

I just was floored

that she said this to me.

And I was like,

I kind of just lost it and said, like,

you know,

why does he need to speak English?

Is it not his right?

I mean, the whole value system of America

is that we have

a free

will above and beyond

many other countries.

We can do what we want.

We can say what we want.

We can express ourselves how I want.

Isn't that

what we all want to be able to do that?

And why are we kind of judging him?

It got to a point where

the palliative care team was consulted

in in charge of his pain

management regimen.

And they had come up to me one day

and they said,

we really need you to be

his primary nurse.

Like every day

you're working please take him.

It's probably a lot.

He was taking quite a bit of I.V.

medication, and they said,

because we're noticing

that even with scheduled pain meds,

they're not being administered

in instances.

So I had to kind of put my feelings

aside with my coworkers

of being frustrated

about what they were doing

and give the kind of caring

that I would want to receive

if I were this gentleman.

So it was very personal for me,

became very personal for me.

But this gentleman got discharged.

The palliative care team

came up to me

about three months later,

and they said we just wanted

you know, that

I wanted you to know,

since you were so close to him

that he died at a nursing home

and he died from hypoglycemia.

We deal with this in

hospital settings

and nobody wants to talk about it.

So a palliative care team

who was consulted and placed orders

for scheduled pain medication

My colleagues chose

to not use scientific

knowledge to impact

how they treated this patient

or even carried out

orders of a provider willingly.

And there was no consequence

to their behavior at the palliative team.

Care looked and saw that those.

It was specifically

nighttime medications, and

I asked one of my colleagues

who was a white nurse

the next morning like, oh, you know,

how is he doing?

And she said, well,

I didn't give him his pain

meds last night

because when I when the room

he was talking on the phone laughing.

So he doesn't need them, clearly.

And I had no power.

And so even the palliative care team,

knowing that a nurse is not carrying out

their orders, did nothing about it.

They didn't report it to the manager.

There was no consequence for a nurse

not administering pain medications.

And so I've really come to this, ,

I would say my mantra for this year is

we're the most trusted profession,

but amongst whom

patients of color

are dying under our care

and we would rather let them die

than holds our peers accountable.

And I can no longer live with that.

I wasn't called to be a nurse

to just sit on the sidelines

and watch my people die unnecessarily.

So that gentleman

dying from hypoglycemia,

which was unnecessary,

and his human suffering

because we chose not to care for him

properly, is just something I can't

cosign anymore.

Implicit bias

training needs to be a mandatory

item for all nursing schools.

I don't think any nursing school

should be accredited.

While that's not a part

of their curriculum.

I think that not only does the education

piece need to be there,

but then that competency

needs to be built into the courses.

There was a lot of request

among students to say, like,

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

white people need

to get more comfortable centering

the experience,

the lived experience of people of color.

We're going to have to be very

strategic and

help white women.

Again, the predominant

group

in nursing grapple with this

and take steps to move forward.

And it's not going to be pretty

and they're not going to like it.

I'm not off the hook of

doing this work as a half white woman.

So I have the privilege

of speeding and not being pulled over.

I have the privilege

of paying my registration for my car late

and not having my car towed.

If I got pulled over

that recently happened to me.

People like me

who are passionate about it

and who navigate this like very weird.

Both sides of this fear

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