

Reckoning With Racism in Nursing

Shermel Edwards-Maddox Transcript

Duration: 09:09

We're addressing

racism in nursing

I am a medical surgical nurse.

I have been my whole career almost ten years now

I'm currently serving as faculty at a major university

here in Texas.

I still do a little bit of bedside.

I still serve as a relief charge nurse

in the clinical setting.

My aim is nursing education

I have a degree in biology and

I initially planned to go to nursing school and managed

to talk myself out of it. Finished my degree

and then I went and taught high school.

I taught for about five years and then

got the itch to go back to nursing school,

completed my master's degree in nursing education,

and I will graduate next,

hopefully next fall with my Ph.D. in nursing science

Am I intriguing because of

what I look like or because of who I am?

I would be a millionaire

if I had a dollar for every time someone said,

What are you? With only doing one

I will check AfricanAmerican.

I am a biracial woman.

My mother is white and my dad is black.

Experienced racism within my family.

And then, of course, in the

in the world.

Being biracial, is that you don't fit in on either side.

You're often

if you are not white enough for one group

and you're not black enough for another,

Now, I didn't come from this lineage of

bachelors, prepared masters, doctoral prepared families.

The degree was not the norm.

My mom couldn't really relate to that. My mother is white.

Her parents lived in a very small

kind of rural city outside of Dallas.

I mean, dirt road farm kind of area.

When I was younger, she would travel up there to see them.

And I remember an instance

where I was at their home, and the neighbor,

my grandmother's

neighbor came by to get something or see her or something.

And she asked me to wait in the back room

because she did not want her neighbor

to see the brown child.

I introduced myself

and she was surprised I was a nurse

and that I wasn't that the tech

pulled my stethoscope out

and she kind of asked what I was doing

and I explained what I was doing.

And then she goes, oh, you're the nurse.

You're not the the, we call them PCAs here.

And she goes, You're not the PCA

And I said, No, I'm the nurse.

An older white gentleman that they give you,

they give people like you degrees.

I'm like, well, I didn't no one gave it to me.

I did have to work for it.

Of course, we've had patients, not want colored nurses

and providers.

I have

seen patients

demand a white doctor,

which is really hard to come by sometimes in my facility.

We had a very prominent VIP patient

on our unit.

I had gotten in report was very nasty to the staff

that were minorities

I would call everyone Hector

who was Hispanic despite what their name was,

As the charge nurse did not go in his room that day

because I did not have the bandwidth to withstand

whatever comment he might have.

It just makes it really challenging

to try to care for them

when they don't want you

because because of what you look like

A lot of times I have to compartmentalize those things.

Definitely when you're working at the bedside, it hits me

days later, maybe, or months, or weeks. In some ways,

it allows me to brush what happens to me

and maybe others under the rug

in order

to push forward, in

order to do the education, in order

to to do all the things that I do.

I think sometimes it is really hard to sit down

and process some of these things.

I'll be watching the TV show and

they'll show something about Black Lives Matter,

and I literally will cry.

And there's nothing

specific that, you know, they didn't show anything bad

but maybe they're showing a march, or things like,

you know, the George Floyd either murder or trial,

all of those things.

I had to be

very mindful of what I'm willing to watch,

listen and hear, because it does. It weighs on you.

And even to this day, I have not watched George's video.

I don't need to watch it because I know it's real.

There's something

different when you see someone that looks like you

doing what you want to do.

When I was in nursing school,

I didn't have faculty that look like me.

I really want to be that person for our nursing students.

I did have one faculty member.

She was very helpful and she was super kind.

To see an AfricanAmerican woman

in a, if you will, in a leadership position

with a master's degree in nursing

that was giving back again was very, very powerful.

I remember getting a letter of recommendation

from her in order to apply for scholarships

and things like that.

I felt more comfortable asking

for those types of things with someone that I think

looked like me

Me and three other faculty members

just got a really nice grant

We are going to look at implicit bias

in health care

providers, specifically nursing nursing students

and kind of what that does to

health, health care outcomes. We know explicit

bias can be problematic.

We haven't

really done

a lot with implicit bias

and understanding that we all have it.

Implicit bias and pain management of Sickle

Cell patients who were majority AfricanAmerican,

they will wait longer in the waiting room.

What I found was quite interesting

is that they will do something called

pseudo addiction is the term for it,

and basically they will act out

in order to receive pain medicine

because they are denied pain medicine.

Hematology societies just came out

with a new set of guidelines

this year

to how to treat ischemic pain caused

that these sickle cell patients have

this is a genetic disease.

There's nothing they did or smoked

or drink or aid or any of that

that caused them to have this very painful disease.

And again, we can't just classify them as drug seeking

and not treat it.

You have a lot of patients that you're caring for.

They're in pain.

I think we as nurses sometimes get jaded

and think that your surgical pain is the same

as that person.

Sickle cell pain is the same person as that cancer's pain.

Because when a cancer patient is in pain,

we don't question them.

The important part is that sickle cell disease

affects minority groups.

And so just another example, again,

how minorities are not treated the same

I would hope that I could be an agent for change,

that I can serve

as someone, as a mentor to someone who wants to go there

but has never seen what there looks like

when our minority children don't see

what black excellence looks like.

I think that

they think, OK, well,

I'm only going to expire, aspire to be this

to get more minorities involved with STEM.

Starting in the middle schools

and the high schools,

getting our young adults interested in sciences

math, engineering, all of it.