

Reckoning With Racism in Nursing

Valorie Taylor Transcript

Duration: 11:34

We're addressing

racism in nursing

I have been,

you know, just climbing up this hill trying to find

who I am.

And nursing

gave me

that platform. When I graduated from nursing school

in, in the eighties, I mean, I was so proud

because I felt like I am somebody.

This profession, has, and being a bachelor's

prepared nurse, also gave me

just a real sense of being black

and educated

I come from a family of nurses.

I have my mother's a nurse.

She's actually a nurse practitioner.

My aunts,

I had two of them

that had graduated from school in Virginia, one in

and the other one in

when I was .

And I will add too, I missed my senior prom

having to go in for my first

GYN appointment

very first time I'd been examined at all and I had a black nurse practitioner, a major in the army.

Her name was Shirley Akins

and she was phenomenal for me.

But during the examination she discovered there was

an, she felt a nodule and called the doctor.

And the doctor came and examined

me and didn't feel anything.

So he said.

I'd never had a black nurse or black physician or anything.

And she insisted that I have an exploratory.

And during that time

I didn't realize that there was actually racism

in medicine or anything like that.

But her insistence led me into the operating room,

and they discovered

that there was a five

by five centimeter nodule on one of my ovaries,

and that was taken care of.

She was very, very impactful for me

because she made me realize the importance of nurses

That was,

I believe, the most important element

in my becoming a nurse,

how she made a difference in my life

and how I could make a difference

in other people's lives.

I was the first black

nurse to a nursing student

to graduate from Montana State University in Bozeman,

and that was in the eighties

For a long time,

I kind of evaded working

as a going into leadership in nursing,

thinking that the bedside was

where I felt the most comfort.

But I realize now

that it's not only at the bedside where we are needed,

but as in in terms of leadership

and providing direction to our staff

and not only the staff at the bedside,

but even in nursing leadership,

you know, to be have a presence there to be an example

that as a black nurse,

I have more to offer than just working at the bedside

I think that often times at the bedside

we're making we're making judgments

and we're passing those judgments on to other nurses.

And so then you've got people that are nurses

that are not

sensitive and compassionate and empathetic.

Working mental health.

We it's behavioral a lot of times.

I was speaking with a white nurse

about a black patient.

And I said because this patient was having some

some really significant issues

and he was really pretty psychotic.

I was seeing some type of improvement.

But I was wondering on this particular day

how he was doing.

The nurse told me that the patient was acting a fool.

I said, I am not sure what that description means.

When I, as your supervisor,

as the nurse manager is asking

how this patient is doing,

your response of this patient is acting

a fool is not acceptable.

I remember when I was working, NICU

I had nurses that were

would make judgments on patient's families.

OK, so we're taking care of the babies.

In the families or the moms especially.

Weren't able

they weren't coming regularly or as frequent as

we as nurses thought they should.

So we made a judgment

that that that mother didn't care.

I was getting this in report and I had to tell the nurse

I am not interested in your judgment of this mom

because you don't have any idea

of what this mother is going through.

I had really

wonderful instructors and my very first

course was where I learned the most about racism.

I think I was just kind of oblivious

and just kind of think that everybody is nice.

And, you know,

I just thought that everyone really treats people

the way that they should be treated.

I came to a very rude awakening.

There were a lot of things

that I learned about myself as well as learning about

the the majority of what happens and how

how racism is interwoven in our very society,

in the very society that we live in.

And even though we have gone through a lot

as people through slavery and the Jim Crow and the

you know,

just a lot of the prejudices that we have,

we experience, it's not over. I believe

being

black and being a nurse is a big advantage.

I'm able to look at the big picture.

I when I approach nursing

I don't approach it from a particular dynamic.

I approach it as from

from more of a global view.

And more of an accepting

or an acceptance for people and who they are.

The people that we care for are so broad

and very vast and they have different backgrounds.

And we've got to be able to navigate

those those cultural things so that we can help them

We use that word racist.

It's really more colorism

you know, because there's only one race,

and that's the human race.

I see.

The real need is for honest conversation

and for people to be willing to look at themselves.

And that is something that's hard.

We still have to examine and be willing to listen

to what other people have to say

about how they're treated.

What can nursing do?

That is what we have to begin to focus on.

Respectful communications, inclusion.

Everyone has to do their part.

Whether you're black, white, Hispanic, indigenous,

Latinx, white, I think I said I'll say them twice.

I'll see them again. White.

You know,

we all have a part and a role to do in nursing.

And it's not just about Florence Nightingale.

It's about Mary Mahoney.

It's about Mary Zucconi.

It's about

other blacks

and other of us that have made contributions

to nursing.

And let's

let's stop

making this a little lily white organization

because it's not

we are very diverse

So that's my truth, and I'ma stick with it.

I would say stand fast, unmovable,

always doing the right thing

because you will make a difference.

Sometimes there's a

there is a lot of opposition, and in times

you might feel

that you're not making the making a difference.

But believe me, you are.

And it's not necessarily

you might not make a difference.

With those that you work with oftentimes,

although you're giving them things to think about

and they will emulate

the types of behaviors,

the types of interactions that you have

with your patients,

and especially those ones that are positive.

And then when their patients come back

and they have this survey and your name is on it.

Yeah, they'll be trying to emulate and in

and follow you.

But the bottom line is, you know, that you've done
the best you can do. There are some situations you
are really powerless to
to make it
well, not necessarily make a difference,
but there are some things that you
at the time
you may not be able to make to do
some of the things that you'd like.

However, it's always important to do the best
you can
regardless of
what kind of opposition you might receive.

And like I said, the bottom line is

we got into nursing because we wanted to be helpful.

We want to be an advocate.

We want to make a difference. And you will do that.