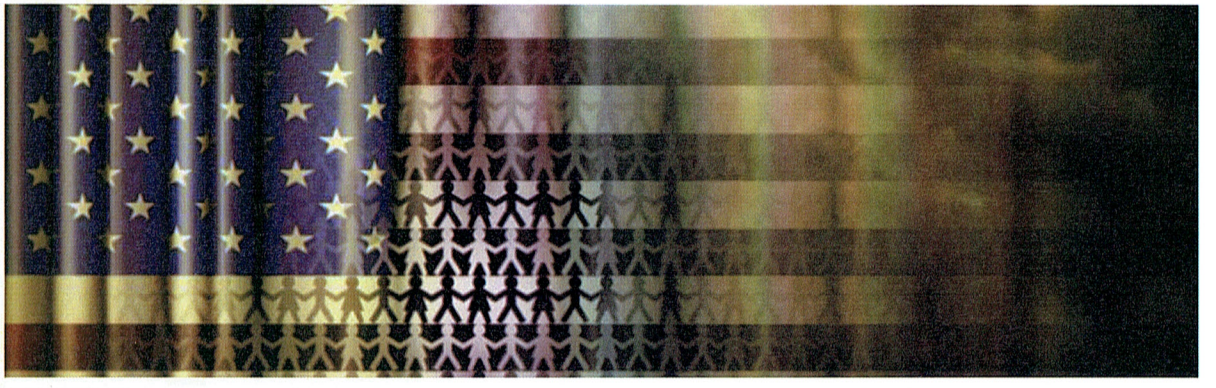

Working through patient bias as a nurse

Posted on March 24, 2018

Discrimination and bias occur everywhere, including in the healthcare industry. For a profession that emphasizes compassion and care, how can nurses effectively tackle patient bias based solely based on gender, race, or culture? One DNI instructor provides tips.

For some readers, best-selling author Jodi Picoult's book "Small Great Things" may seem like an unlikely work of fiction. That is, unless they delve deeper into her inspiration for it: the real-life case of an African-American nurse Tonya Battle from Flint, Michigan. On Halloween of 2012, a child's father told a supervisor that he did not want any African-American nurse taking care of his newborn baby. On his arm was a swastika tattoo. According to Dallas Nursing Institute's Michael Idemudia, discriminatory incidents such as these happen more often than we may think.

"This happens every day, including to me," says Idemudia, a

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Michael Idemudia

"This happens every day, including to me," says Idemudia, a nurse practitioner and instructor for DNI's Licensed Vocational Nursing program. "We have a whole new generation of nurses coming into the workforce. And in today's political climate, they may not be as tolerant of discrimination towards them as nurses in years past may have been. There have been nurses who resigned due to patient disagreements or lack of support from their employers. With stronger interpersonal communication skills, developed within the nursing program, the next generation of nurses may learn better ways to approach conflicts to obtain favorable resolution."

Here are some of the tips that Idemudia has learned from his own 20 years in nursing and suggested tips to help both aspiring and established nurses.

Tip 1: "Build a strong unit within your nursing team."

Idemudia and his wife have been nurse practitioners for a combined 20 years and purchased a clinic in the fall of 2017. But right away they received complaints, saying "this nurse—whose name we cannot pronounce—doesn't know what they're doing."

According to Idemudia, patients vowed not to come see them simply because they couldn't pronounce their Nigerian names. While some of his own comrades in various industries decided to choose more common names to get their foot in the door, Idemudia and his wife stood firm with their own names. Eventually, patients did begin to assess them based on their qualifications and level of care more than their last name, but it wasn't easy to establish that rapport.

"In my case, I had my wife by my side to get through these hardships," Idemudia says. "But nurses who may be going through these issues alone could benefit from having others who can also relate. Having a supportive chain of command, unit manager, charge nurse, or assistant dean can be very helpful."

One of the many ways to build those bonds, according to Idemudia, is to have regular in-service discussions with nursing teams about cultural differences and cultural biases. In these meetings, nurses can share their own personal and professional experiences. This will give them the opportunity to listen and also learn how others overcame similar obstacles.

Tip 2: "Do not take any type of criticism personally."

Idemudia is anything but thin-skinned. Before he became a nurse practitioner, he served in the military for approximately eight years—four on active duty and four in the Reserve. When he was interviewed for DNI by a fellow military man, the two bonded immediately. According to Idemudia, "in the military, we're like a family. If one of us is hurting, then each of us is hurting."

As a military man, neither of the two are strangers to high-stress situations. In hospitals—where stress can be just as high, and where families and loved ones are subject to illness and death—nurses (and doctors) can be the first and easiest people

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subject to illness and death—nurses (and doctors) can be the first and easiest people to blame. But what happens when they are blamed for something that is out of their control, such as gender, race, or culture?

"Although nurses are trained to not take anything personal, we're still human," Idemudia says. "But if a nurse has a confrontation of any kind with a patient, those nurses are already on the losing end because they are the professionals and should conduct themselves as such."

This is one of many reasons why Dallas Nursing Institute instructs aspiring nurses on how to properly deal with patient conflict. Courses in Transcultural Nursing and Ethics and Professional Practice within DNI's Bachelor's of Science in Nursing (BSN) online program help guide them in the right direction.

Idemudia recommends taking these courses one step further by presenting different scenarios in controlled settings so nursing students are able to evaluate the best way to approach unruly or rude patients and their loved ones.

DNI graduates pride themselves in maintaining accountability and professionalism within the legal and ethical standards of their respective nursing programs. Compassionate nursing, according to Idemudia, is also one of the primary reasons that he chose DNI as an educator.

Tip 3: "Take advantage of available hospital resources."

Chaplains are one of the most common outlets for patients in need of support, but they're also accessible for healthcare professionals. And hospital chaplains are in high demand. In 2015, 70 percent of 4,862 hospitals surveyed provided pastoral care services, according to the Association of American Medical Colleges—a 53 percent increase from 2002.

Statistics are not available regarding how often clergy are brought in to help mediate conflicts based on discrimination or bias. And while Idemudia, who is currently working on his doctor of nursing practice degree admits that he has never been introduced to an assigned psychologist or psychiatrist to work with team members, chaplains may be the next best option to support a productive working environment. Chaplains are trained to work with people of various faiths, as well as agnostics or atheists.

With the help of these three tips, more experience, and open communication, nurses create stronger support systems within their own ranks and positively transform some of their most challenging day-to-day activities.

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