



# Project Echo:

**How can we break barriers to health equity?  
Combating stereotypes and bias in healthcare**



National Commission to Address  
Racism in Nursing



Adapting an all teach, all learn model to dismantle racism

ANA  ENTERPRISE

# Racism in Nursing

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- Assistant Dean of Clinical Affairs & Simulation Associate Professor
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- DEI Consultant
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# Racism in Nursing

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## Objectives

Explain the impact of stereotypes and bias on healthcare outcomes.

Identify strategies for healthcare professionals to combat bias & discrimination in healthcare settings.

Discuss the role of organizations promoting a more inclusive and equitable workplace

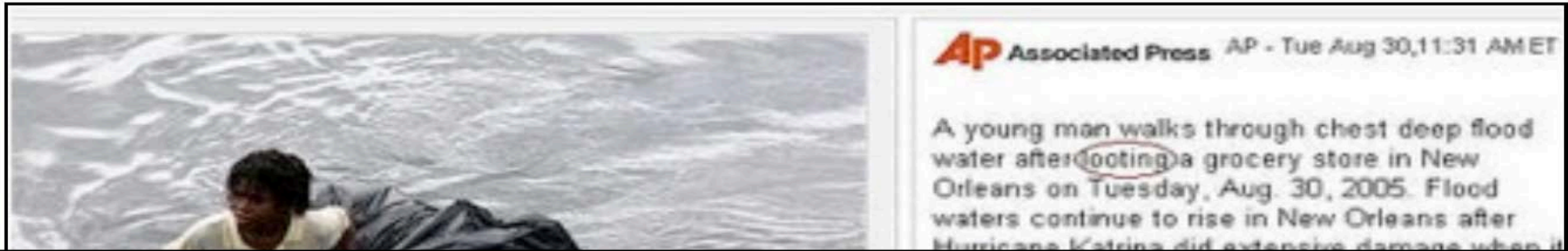


# We all have bias because that's how our brain works.

“Implicit bias is the attitude or internalized stereotypes that unconsciously affect our perceptions, actions, and decisions. These unconscious biases often affect behavior that leads to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, health status, and other characteristics.” (NIH)

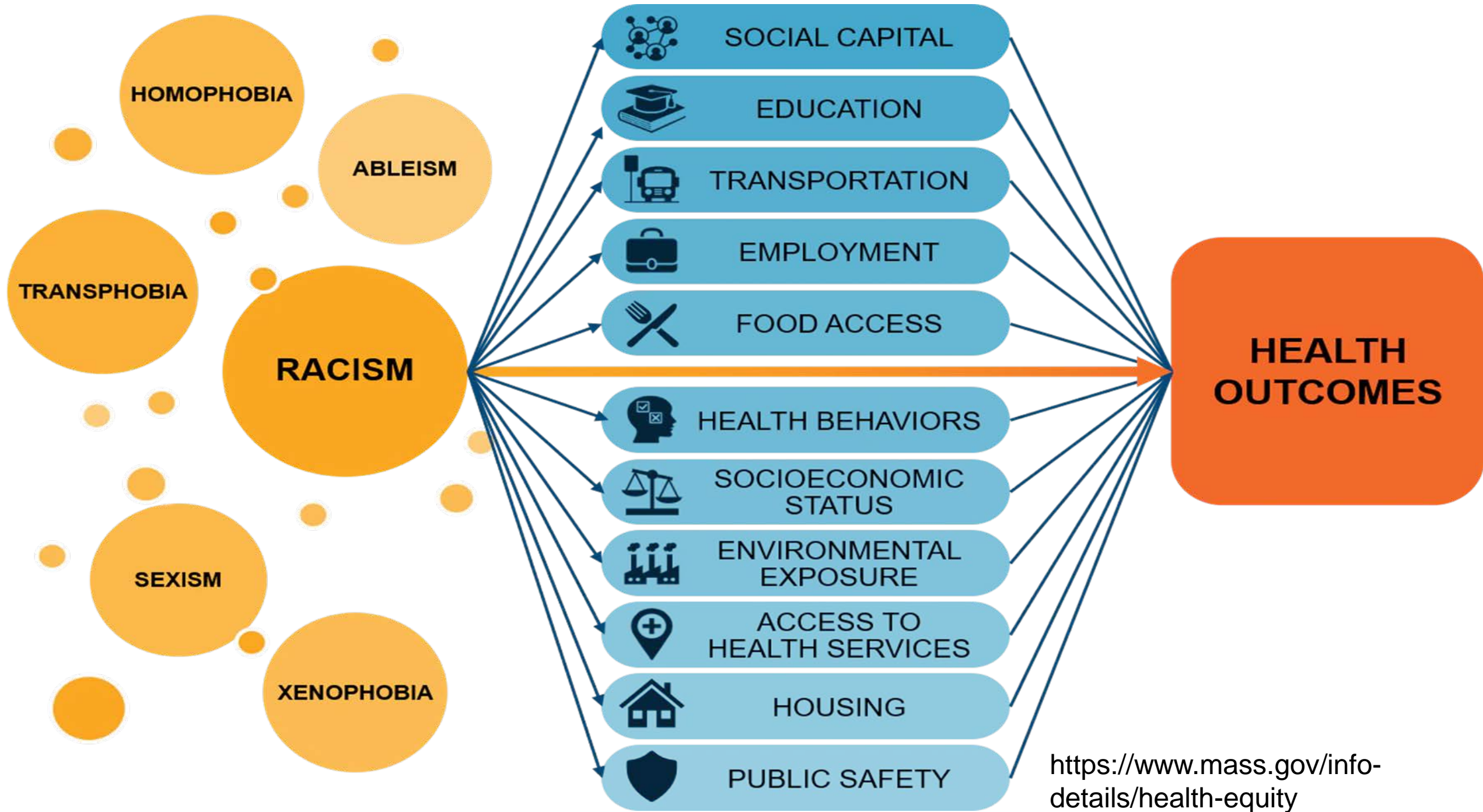


# Origins of Stereotypes



*“Stereotype is a standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgment.” Merriam-Webster*







# TYPES OF MICROAGGRESSIONS

- **Microassault** - are overt forms of discrimination in which actors deliberately behave in discriminatory ways, but do not intend to offend someone or may think that their actions are not noticed or harmful.
- **Microinsult** - are statements or behaviors in which individuals unintentionally or unconsciously communicate discriminatory messages to members of target groups.
- **Microinvalidation** - are verbal statements that deny, negate, or undermine the realities of members of various target groups





**Effects on Patient  
Outcomes**



# Effects of Bias and Stereotypes

- Misdiagnosis/diagnostic bias
- Quality of care
- Treatment disparities
- Emotional distress
- Poor provider/patient relationships
- Communication bias
- Access to healthcare
- Stigmatization
- Mistrust
- Failure to provide pt centered care

# Racism in Nursing

75% witnessed racism in workplace

63% of nurses personally experienced racism

57% of nurses reported

64% of reports resulted in no change

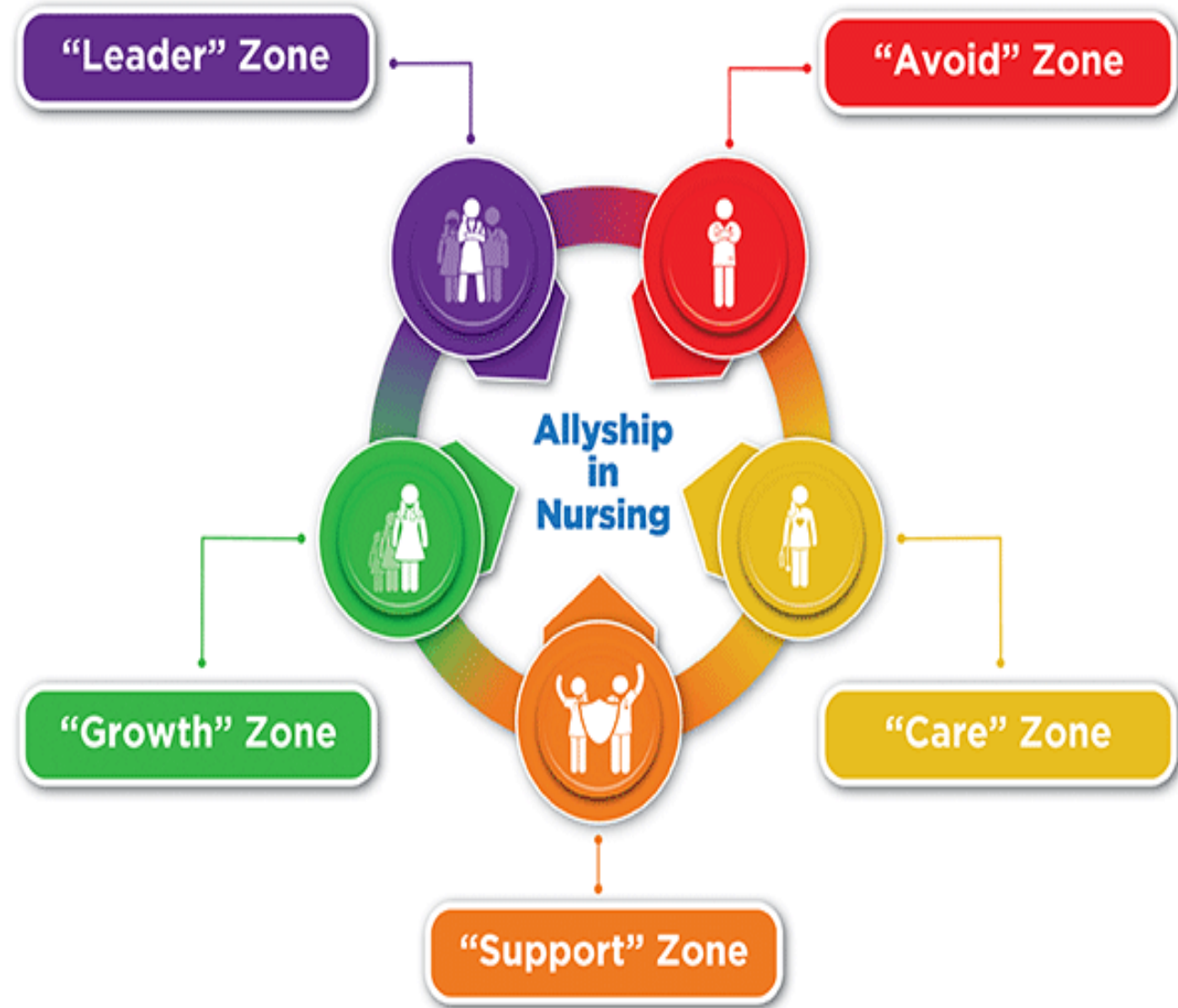
Data was collected through a survey administered by the National Commission to Address Racism in Nursing Between October 7-31, 2021, 5,623 nurses completed this survey.

- Self-awareness & reflection
- Intentionally diversify experiences
- Personal development
- Cultural humility
- Support a culture of DEI





- Avoid Zone:** I'm uncomfortable directly addressing racism. I'm afraid to say the wrong things, so I stay neutral.
- Care Zone:** I ensure that the voice of nurses of color are expounded. I engage in my own learning of racism.
- Support Zone:** I speak up and challenge racist ideologies and when nurses of color are not treated fairly.
- Growth Zone:** I understand my own privilege and how I benefit from racism. I educate my peers.
- Leader Zone:** I develop and promote anti-racist policies and build anti-racist leaders.
- Allyship** is active, not passive. It's every nurse's ethical responsibility.



# Racism in Nursing

## Becoming An Upstander



- Use bias mitigation strategies
- Be empathetic/offer support
- Promote inclusivity
- Lead by example
- Confront bias/discrimination
- Report incidents
- Stay informed
- Join organizations/committees

# Racism in Nursing



- Tools to Address Racism in Clinical Practice with Dr. Bridgette Brawner
- Tools to address racism in clinical practice with Dr. Marife Aczon-Armstrong
- Understanding Unconscious Bias and Microaggressions with Bart Bailey

<https://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing/project-echo/>



# Organizational Strategies

- Collect, analyze, and report equity data
- Set clear equity goals and metrics
- Create policies for hiring, review, and promotion that recognizes DEI activities.
- DEI education that incorporates implicit-bias recognition and management for all employees
- Establish a DEI committee
- Employee and patient surveys
- Anti-Discrimination policies and reporting mechanisms



COMMITTED TO  
**DIVERSITY**  
EQUITY, INCLUSION  
& BELONGING

# Racism in Nursing

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## Case Study Questions

- What examples of bias did you observe during the patient encounter?
- What role did stereotypes play in the patient's care?
- Based on the care that the patients received, what are some of the potential consequences on patient outcomes?
- In what ways could the provider have provided more equitable and culturally sensitive care?
- If you were witnessing this interaction, what would you do?

# Racism in Nursing

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“Being a nurse ... means being aware of social injustices and the systemic racism that exist in much of nursing ... and having a personal and professional responsibility to challenge and help end them.”

—Calvin Moorley, RN

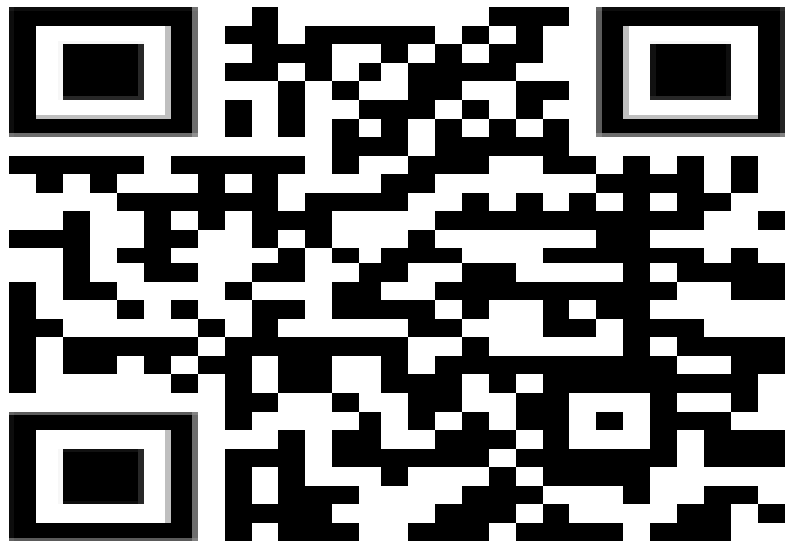


# Thank You

## Contact Information

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# References

- Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family practice management, 26*(4), 29-33.
- Puhl RM, Phelan SM, Nadglowski J, Kyle TK. Overcoming Weight Bias in the Management of Patients With Diabetes and Obesity. *Clin Diabetes*. 2016 Jan;34(1):44-50. doi: 10.2337/diaclin.34.1.44. PMID: 26807008; PMCID: PMC4714720.
- Sabin, J. A. (2022). Tackling implicit bias in health care. *New England Journal of Medicine, 387*(2), 105-107.