Learning Together About Racism

By Joanne Kaldy

“We will all be learning together,” said Mamata Yanamadala, MBBS, chair of the Diversity, Equity, and Inclusion (DEI) Workgroup of AMDA – The Society for Post-Acute and Long-Term Care Medicine at the beginning of “A Culture of Nursing Home Racism: The Winding Path to the Present,” a session at this year’s Annual Conference. Although DEI issues aren’t new, she said, “This is new work for most of us. There’s not much in the medical literature published about this subject. There is still much to learn and do.”

Understanding the Past to Inform the Future

“Having knowledge of historically documented racism may help us change the culture and move forward toward antiracism,” said Linda Keilman, DNP, GNP-BC, FAANP, associate professor in the College of Nursing at Michigan State University. “As we travel the path to being inclusive, we have to understand how we got to the present day.” She invited the audience to “embark on this powerful journey with us.”

The history of nursing homes dates back hundreds of years. Settlers brought the concept of the almshouse—a place for people without families or financial resources—with them to the country in the 17th century. “These [almshouses] typically provided beds and meals but nothing else,” Dr. Keilman said. Most of these houses were closed by the 1930s or 1940s, and modern nursing homes, where residents received medical care as well as room and board, began to emerge. However, lack of oversight and inadequate funding led to problems, and by the 1970s abuse in nursing homes had become a national scandal. “People feared being in nursing homes and facing destitution and poor conditions,” Dr. Keilman said. Since then, conditions and care have improved, but racism and inequities continue.

“To fight racism, we need to understand attitudes and actions,” she said. “We cannot underestimate the challenges before us. Dismantling a system that has been around for generations is no easy task.”

Moving Beyond Power and Privilege

It is important to understand how power and privilege have impacted what happens in our nursing homes, said Diane Sanders-Cepeda, DO, CMD, senior medical director at UGH/United Healthcare E&I Retiree Solutions. Power is the ability or authority to decide the rules, what is best for others, and who gets resources. Privilege involves the advantages, favors, and benefits granted to individuals of a dominant group, usually without their awareness or knowledge.

Dr. Sanders-Cepeda offered two case studies to show how power and privilege impact a nursing home. One involved a 77-year-old white resident who used foul, offensive language and racial slurs and felt like he could do and say whatever he wanted without consequences. The second concerned a 77-year-old Black woman who was afraid to ask for pain medication because she feared retaliation from staff.

“Implicit bias, defined as attitudes we have or stereotypes we hold for others without our conscious knowledge, also plays a role in nursing homes,” Dr. Sanders-Cepeda said. This bias affects resident selection, clinical providers, nursing staff, and other staffing. It also impacts the treatment of residents and staff alike.

“Thinking about bias, Dr. Sanders-Cepeda asked, ‘Are you a passive bystander? Are you complicit as power and privilege are being exercised?’ She suggested that practitioners and others need to assess their reactions to situations, be self-aware, and try to connect to others with empathy. This requires emotional intelligence, she said. This means tuning into our emotions and how they impact our performance (self-awareness). Then we need to regulate our emotions (self-management), tune into others’ feelings and have empathy (social awareness), and work on effectively interacting with and influencing others (social management).

Many Faces of Racism

It is important to understand that racism isn’t a one-dimensional concept. Structural racism is what we see in society at large, where racial inequity is normalized, legitimized, perpetuated, and reinforced through public policy and practice. Structural racism is observed in housing, employment, criminal justice, education, earnings, credit, and other areas. For instance, a recent story in the news detailed how a home’s value is appraised differently for Black and White owners (New York Times, Aug. 25, 2020; https://nyti.ms/3u2y8OB).

Institutional racism is embedded in organizations as well. It creates an environment or organizational culture where some racial groups are seen or treated as superior or have a disproportionate amount of power and privilege. Other groups are oppressed, disadvantaged, and/or neglected and generally viewed as inferior.

Cultural racism involves an ideology of inferiority and is perpetuated in the values, language, behavior, imagery, symbols, and unated assumptions of the larger society. It manifests as stereotyping, implicit bias, discrimination, and biased societal policies and is conveyed through the media, social norms, and microaggressions.

Interpersonal racism occurs in interactions between individuals and involves assumptions, beliefs, and attitudes. And, finally, internalized racism involves self-stereotyping, when members of groups who are oppressed accept the negative racial stereotypes and dominant society’s beliefs as true.

Being Part of the Solution

When practitioners witness inappropriate behavior or instances of discrimination, it is important not to ignore the situation. Intervening can but doesn’t necessarily mean calling someone out on the spot. It could involve calling the individual in for a private conversation after the fact. Dr. Yanamadala said, “You need to be able to calm the discussion. Sometimes you can talk to a colleague and ask for help if you’re not comfortable approaching someone on your own.” At any rate, she said, “It’s not always the job of marginalized people to speak up. They need others who are willing to step in and speak up for or with them.”

Bia, Prejudice, and Microaggression Toward BIPOC and LGBTQ People

Most people have been victims of microaggressions at some point, whether it took the form of a verbal or nonverbal insult or a hostile, derogatory action or comment. These can be painful and scarring in the long term. In “Everyday Language: Unmasking the Presence of Bias and Implicit Bias, Prejudice, and Microaggression Toward BIPOC and LGBTQ People,” the presenters talked about words matter.

In video clips, PALTC professionals talked about how microaggressions have impacted them. As one said, “They really wear people down. But if we keep talking about this, maybe it will get better for others ... maybe not for me but for my children.”

Chitra Hamilton, MD, a geriatric medicine physician at Baylor Scott & White Health Center in Texas, noted, “There are likely hundreds of stories out there like the ones shared in these videos.” She talked about the importance of psychological safety—the idea that part of a successful team is the open ability for interpersonal risk taking and honest conversation. She said of microaggressions, “Some actions or words are intentional, and some are unintentional. Nonetheless, while the intent might not be obvious, the impact is clear.”

Bob Linscott, assistant director of the LGBT Aging Project of Fenway Health Institute in Boston, added, “We are hearing about such situations with other staff and with patients. We have to first look at staff and environments where people aren’t comfortable being their true selves. If staff isn’t comfortable and can’t be their authentic selves, this will be picked up by the patients.” By calling people in to explore situations and find meaning together, he said, that is how things begin to change.

Dr. Hamilton shared an experience of her own where a faculty member didn’t stand up for her when she was the victim of racist comments. “If I just kept my head down, I didn’t have to deal with it. I never felt empowered to stand up for myself,” she said. Now, she added, “Regardless of whether it’s another physician, a certified nursing assistant, a maintenance worker, a trainee, a nurse, or someone else, I will never let an experience like that go by without doing something.”