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Bettering nursing healthcare: Teaching Nurses how to identify, address and mitigate racial bias in practice

Ironically, the year 2020 afforded us an opportunity to ‘clearly see’ the deep impact of racism and racial bias on black and brown people around the world. From Covid-19 disproportionately effecting and infecting many thousands—to the shockingly heinous murder of George Floyd, for many witnesses it was a unique, eye-opening experience. However, for others it was an “It’s about time” moment that finally and unequivocally elucidated the tragic lived experiences of black and brown people in our society. These events should not have been a surprise to nurses or any other healthcare workers either— especially those in the United States. According to the Center for Disease Control, black women are three to four times more likely to die from pregnancy-related causes than white women, and the US has the worst pregnancy-related death rates than in any industrialized country—including behind Mexico and Uzbekistan. Researchers posit the root cause of these tragic statistics is racism, which is succinctly defined as “Racism=Prejudice + Power” (Bidol, 1972). This equation is especially helpful for Chief Diversity Officers leading diversity endeavors in healthcare systems to reference when educating nurses about the adverse impact of racism and racial bias on the lived experiences of black and brown people. It is also an equation, by definition, that signals to all healthcare professionals, their potential to practice racism and racial bias without full awareness or intent. Research suggests there is a normal and involuntary component to how the brain makes snap judgments, associations, and categorizations to make sense of the world, so this must likely happen at work too. Thus, teaching nurses and other healthcare professionals to consider racial bias as a possible influence on their practice is not an indictment on these professionals. It is education. This presentation provides specific strategies re how to address resistance from nurses in healthcare systems who might reject the notion that as members of a “helping profession,” that they could ever harbor or potentially exhibit racial biases that can potentially lead to adverse outcomes and experiences for black and brown patients.

Recent Publications

1. Bidol, Pat A. (1972) Developing New Perspectives on Race: An Innovative Multi-media Social Studies Curriculum in Racism Awareness for the Secondary Level. *New Perspectives on Race*.
2. Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths, Black, American Indian/Alaska Native women most affected, September 5, 2019

Biography

Dionne Wright Poulton is Vice President and Chief Diversity Officer at Care New England Health System in the State of Rhode Island where she oversees all diversity, equity and inclusion endeavors involving almost 8,000 employees and many thousands of patients served each year at three hospitals, four healthcare facilities, and at 80+ ambulatory sites across the State. She is a leading expert on DEI, unconscious bias, and transformational adult learning and behavior, and is a certified K-12 teacher with degrees from Rice University, University of Toronto, San Francisco State University, and a Ph.D. from the University of Georgia. Dr Poulton also sits on several Boards, including the American Heart Association, and has been featured in *Forbes*. She is also author of the acclaimed book, *It’s Not Always Racist...but Sometimes It Is: Reshaping How We Think About Racism* (2014, Archway Publishing); and is host of the popular podcast, “The Dr. Dionne Show,” which focuses on DEI in the workplace and beyond. Dr. is a proud mom of two teenaged young women.

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