

### Strategy 9

#### Create and promote a supportive and inclusive workplace culture

**Strategy 9.2** North Carolina nursing associations should:

- Educate members about available mechanisms for reporting unsafe working conditions and experiences of bias, discrimination, and injustice.
- Develop a mechanism for informal reporting and sharing of stories from nurses about experiences of bias, discrimination, and injustice.

#### Desired Result

Nurses will be aware of the options for reporting unsafe working conditions or abuse and will have additional opportunities to share their experiences and receive support from peers.

#### Why does the task force recommend this strategy?

Nurses who experience bias, discrimination, and injustice in the workplace need to be aware of the formal reporting mechanisms and how to navigate that process with their employers. However, those structures may not address or resolve feelings such as sadness, anger, and frustration that nurses may carry as a result of negative experiences or toxic situations. In those cases, informal structures for nurses to share their experiences and receive support from peers are invaluable for fostering a sense of community and resilience. These peer support systems can take various forms, such as informal gatherings, social media groups, or mentorship pairings, offering a safer space for nurses to express their feelings, share experiences, and seek advice. Such platforms encourage openness, understanding, and empathy, enabling nurses to navigate challenges with the backing of colleagues who may have faced similar issues. The solidarity found in these groups can lead to collective problem-solving strategies, advocacy for systemic changes, and a reduction in feelings of isolation.

#### Context

See [Strategy 9.1](#) for additional context about nurses' experiences of bullying, abuse, and racism in the workplace.

#### REPORTING INCIDENTS TO EMPLOYERS

A nurse's first report of an experiences of bias, discrimination, or injustice in the workplace should be to their employer. It is important to document the incident in detail, including dates, times, individuals involved, and any witnesses. Keeping a record of incidents as they occur can provide a clear and comprehensive account. Following documentation, the nurse should refer to their institution's policies and procedures on reporting discrimination or harassment. This often involves reporting the incident to a direct supervisor, human resources department, or a designated diversity and equity officer within the organization. If the situation involves a direct supervisor, it may be appropriate to report to their superior or directly to the human resources department. Many organizations also offer anonymous reporting mechanisms, such as hotlines or online reporting tools, to encourage reporting without fear of retaliation. Using these established channels is the best strategy for having concerns heard and addressed appropriately.

#### THE IMPACT OF STORYTELLING

Storytelling and sharing experiences of bias, discrimination, or injustice in nursing can have profound benefits, both for individuals and for the profession as a whole.

- Creates a sense of solidarity and support among nurses** – Sharing experiences lets nurses know they are not alone. This shared understanding can foster a community of care and resilience, encouraging nurses to stand together and support one another.
- Can be therapeutic for those who have faced injustice** – Sharing experiences can provide a means for processing and coping with those experiences. It can empower nurses to reclaim their voice and agency, contributing to personal growth and professional development.
- Serves as a powerful tool for education and awareness-raising** – Sharing experiences can have an impact on others within the health care community. It can illuminate systemic issues and personal biases that might otherwise remain unacknowledged. Bringing these stories to light creates a greater opportunity for institutions to recognize and address discriminatory practices and to work toward creating a more inclusive and equitable work environment.
- Catalyzes change within the health care system** – Sharing experiences can lead to the development of policies and practices that actively combat discrimination and promote diversity and inclusion. For instance, hearing firsthand accounts of bias can inspire health care organizations to implement sensitivity training, develop more robust grievance mechanisms, and ensure fairer treatment for all staff and patients.

Storytelling and sharing in nursing not only facilitate personal healing and community building but also drive systemic change, contributing to a more just and equitable health care environment.

The **Commission to Address Racism in Nursing** is using storytelling in an effort to “describe the demoralization, exclusion, and trauma that nurses from marginalized and underrepresented races and ethnicities experience in the workplace to examine and understand the issue of racism within nursing”.<sup>13</sup> The Commission is collecting experiences—both good and bad—related to discrimination based on race or ethnicity; racist attitudes, actions, and micro or macro aggressions; and allyship, mentorship, resilience, and perseverance.<sup>13</sup>



### Perspectives

The following are quotes from focus groups conducted by the National Commission to Address Racism in Nursing.

*“Nurses of color indicated that Human Resources is not supportive and that when action is taken to report racist behavior, the aggressor is seen as the victim, and the actual victim is subjected to further incivility and bullying. When grievances are filed, ‘If at the end of the day the findings are in favor of a person of color, the administration often works to seal the findings and not have them disclosed.’”*

*“[A] nurse recalled looking for new employment every three to four years because of the treatment endured, asking, ‘Are we eating our young or are we just racist against someone who is Brown?’”*

*“[P]articipants who identified as nurse faculty described accounts of blatant disrespect from White students or refusal of students to engage with their professor or persistent challenging of their knowledge base. One nurse reported her faculty peers take anti-anxiety medication before entering the classroom to manage the anxiety associated with mistreatment from students.”*

*“[N]urses retold accounts of being labeled as angry for simply asking questions or seeking clarification.”*

National Commission to Address Racism in Nursing. Summary Report: Listening Sessions on Racism in Nursing. June 2021. <https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf>