

Culture challenges and barriers faced by Black American nurses: Literature Review

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Cultural competence is the willingness to understand and interact with people of different cultures, races, ethnicity, gender, and sexuality (Nurse Journal Staff, 2022). Cultural competence in nursing focuses on health equality through patient-centered care. This approach allows nurse professionals to successfully treat patients even when patients' beliefs, practices, and values directly conflict with conventional medical and nursing guidelines (Nurse Journal Staff, 2022). Being culturally competent, Nurses can develop the ability to tailor and explain treatment plans according to patients' needs to show respect and provide adequate care. Although the importance of being culturally competent is a vital nurse responsibility that many nursing schools emphasize, Racial and ethnic discrimination still occurs daily in the workplace, hindering progress for many black nurses. By interpreting Quantitative research articles, this literature review will provide insight into the cultural challenges and barriers black nurses face in America and the importance of eliminating these barriers to allow progression and growth to enhance the development of the nursing field and improve the quality of life for all.

Giving while grieving: Racism-related stress and psychological resilience in black African American registered nurses

The article "Giving while grieving: Racism-related stress and psychological resilience in Black African American registered nurses" examines the relationship between racism-related stress and emotional resilience in Black nurses. Participants perceived low emotional resilience

in stressful situations and felt affected by both direct and indirect racism. The study concluded that there is a need for continued research on racism-related stress among black nurses. They believe healthcare organizations must develop systemic approaches to meeting the unique needs of the Black African American workforce through diversity, equity, and inclusion (DEI) programs (Byers et al., 2020).

Key Points

This study of Black African American nurses indicates that they are experiencing racism-related stress. This Data suggest that members of racial minority groups overcome historical and structural barriers to advancement, but they do not escape experiences of racism (Byers et al., 2020).

The National Black Nurses Association (NBNA) recruited participants for this study from its membership of professional nurses using the following criteria: 18 years and older, identifying as non-Hispanic black African Americans. The participants must hold either a registered nurse or advanced practice registered nurse license and have been actively working in a nursing role.

This study used a sample size of 77 nurses and a cross-sectional quantitative correlational design method. The instruments used were the brief resilience scale (BRS), the prolonged activation and anticipatory race-related stress scale (PARS), and the investigator-developed demographic questionnaire.

The first research question assessed nurses' psychological resilience during or after any stressful situation, whether racism-related or not. The results indicated that the participants perceive they generally have low resilience in stressful situations, whether racism-related or not (Byers et al., 2021). The second research question assessed the level of racism-related stress in

Black American American professional nurses. When participants experience racism, whether directly or indirectly, the extent to which they psychologically retain the stressors, ruminate over the occurrence, and sustain its harmful effects—indicates the degree of confidence in the availability and effectiveness of their coping resources related to racism-related stress (Byers et al., 2021).

The third research question assessed the relationship between racism-related stress and psychological resilience (Byers et al., 2021).

The correlation between the BRS and PARS total scores had a P-value of $p < .01$, indicating statistically significant test results. (Byers et al., 2021). Because of the limitations due to the sudden impact of covid, the results were not generalized to the larger population of black nurses. The authors believe there is an opportunity to expand this research in both sample size and analysis. Analysis of the relationship between demographic variables and perceptions of racism-related stress and psychological resilience could provide insight into the differences between generations, genders, educational levels, nursing roles, and geography (Byers et al., 2021). In conclusion, the authors felt that black nurses, especially during the rampant Covid-19 deaths and pervasive police violence, were overwhelmed by compounded trauma and loss, bearing the weight of professionally caring for and personally caring about those affected (Byers et al., 2021).

Assumptions

The authors want to prove through research that organizational systems and cultural improvements can fortify and accelerate psychological resilience in Black African American nurses experiencing racism-related stress. The researchers wanted to stimulate discussion and

inspire the next steps for research about racism-related stress and psychological resilience among Black African American nurses (Byers et al., 2021). This research intends to encourage healthcare organization leaders to learn about racism-related stress, conduct a need assessment amongst their black African American workforce, and collaborate with this population to develop interventions **Deficit/Conclusion**

The authors believe black nurses have unique life experiences requiring focused attention and interventions in the workplace and their communities. One could agree that healthcare organizations want diversity and inclusion, and efforts must include systems and support designed to meet the unique needs of members of their workplaces. The authors believe that organizations should implement - revitalizing their mission, vision, and core values to commit to diversity, equity, and inclusion (DEI). They believe that interventions such as: interviewing leadership candidates about their DEI beliefs, including DEI competencies to expand employee knowledge about psychological safety, counseling for racism-related stress, and encouraging dialogue about recent racism-related occurrences can effectively ensure healthcare teams thrive (Byers et al., 2021).

The line of reasoning presented by this research promotes that when stressors are recognized, acknowledged, and improved, advocacy can lead to a healthy organizational culture and climate and increased employee engagement and retention of Black African American nurses.

The evaluation of the relationship between racial health disparities and the patient-provider relationship

The most recent estimates from the U.S. Census Bureau (2020) project life expectancy at 71.8 years for non-Hispanic Black Americans; this has been the lowest drop since 2000, heightening

disparities between Black and other racial and ethnic populations in the United States. The leading causes of death among black residents in the United States are heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide (CDC, n.d.). These causes of death amongst blacks are concerning because they are considered potentially preventable in the health field (CDC, n.d.). The evaluation of the relationship between racial health disparities and the patient-provider relationship is a research article that evaluated the patient-provider relationship within vulnerable populations to understand why some African Americans do not go to the doctor.

This study aimed to determine why African Americans choose not to seek medical counsel despite the prevalence of chronic diseases and conditions that commonly plague its population (Curry, 2018). This study assessed the factors that determine how decisions get made to access care specifically for the African American population. The results indicated that health disparities are a significant issue that warrants attention (Curry, 2018).

Key Points

The study used a quantitative methodology to determine if the patient-provider relationship influenced the patient's decision to seek healthcare services. The participants in this study were 40 to 65-year-old African Americans with health insurance and a male or female English-speaking primary care physician. This study used a cross-sectional design to obtain data through an online survey. The researcher used the survey data to determine the correlation between health disparities and the patient-provider relationship (Curry, 2018). The Interpersonal Processes of Care (IPC) Survey was administered to diverse participant groups to characterize interpersonal processes as multi-dimensional. The results show that the IPC Survey can be used to study how interpersonal care affects health outcomes and health disparities. Multiple linear regressions analyzed the data and determined if the independent variables predicted a positive

patient-provider relationship. The P-value was $p < .005$, indicating a statistically significant relationship between the patient-provider relationship and the behaviors of the provider (Curry, 2018). The research concluded that the patient-provider relationship correlates with gender, education level, income, medication compliance, and insurance (Curry, 2018). Staff being rude to the patient, giving the patient a hard time, and having a negative attitude all positively correlated the results with the patient-provider relationships (Curry, 2018).

Assumptions

The author's primary assumption is that discrimination within healthcare needs evaluation because of the correlation between unsatisfactory health outcomes and health disparities amongst African American patients (Curry, 2018). Curry (2018) believes efforts by providers to improve unintentionally biased attitudes, eliminate negative personal perceptions, and address differences in race and personal views will help to facilitate conversations within the African American community regarding the importance of establishing a healthy relationship with a healthcare professional.

Deficit/Conclusion

The benefits one can gain from implementing Effective communication between the patient and the provider can positively affect health outcomes. It can also encourage adherence to recommended treatment options. The patient-provider relationship can influence an individual's desire and motivation to seek healthcare treatment. This study supports that African American patients want to feel comfortable with their providers and want the opportunity to be involved with their healthcare. Mutual respect and understanding between both parties are required for the

patient-provider relationship to be both impactful and beneficial. Suppose providers need to accept this line of reasoning. In that case, barriers will continue to block African Americans from accessing healthcare, promoting racial disparities in health and healthcare for a community in need (Shirley, 2019).

African American or black nurses perceptions of incivility in nursing education

Incivility, bullying, and violence in the workplace are serious issues in nursing. American nurses association (ANA) n.d. defines incivility as one or more rude, discourteous, or disrespectful actions that may or may not have a harmful intent. The purpose of this study by Murphy (2022) was to determine if the perceived levels of incivility experienced in nursing school differ between African American or Black nurses who attended HBCUs and African American or Black nurses who attended non-HBCUs.

Key Points

The quantitative research design used SurveyMonkey to measure perceived levels of incivility endured by African American Black nurses who graduated within the past five years (Murphy, 2022). 122 African American or Black nurses participated in this study by submitting an anonymous survey describing their perceptions of the incivility they experienced in their nursing education programs. The author used the uncivil behavior in clinical nursing (UBCNE) instrument in this research study to gather data. Seventeen attended HBCU schools, and 105 attended non-HBCU schools. The age range for the respondents was from 22 to 77 years old, with a median age of 42. Many of the respondents were full-time employees who had an MSN degree. The results revealed that nurses who attended HBCUs perceived lower levels of incivility than African American or Black nurses who attended non-HBCUs. The P-value was $p < 0.048$ (Murphy, 2022). The data analysis indicated a statistically significant difference in the perceptions of the levels of incivility

experienced by African American or Black nurses who attended HBCUs versus non-HBCUs. The 17 African American or Black nurses who attended HBCUs indicated their perceptions of incivility experienced attending HBCUs was lower than that of 105 African American or Black nurses who attended non-HBCUs (Murphy, 2022). African American or Black nurses who have attended HBCUs showed improved psychological outcomes and higher satisfaction levels, improving their academic success when there is a sense of belonging and various forms of support when attending. The author concluded that the findings of this study were relevant to nursing administrations and faculties to raise awareness of the need to work toward decreasing levels of incivility (Murphy, 2022). Murphy 2022 believes that reducing incivility can improve working conditions for nurses and promote increased safety and teamwork climate, increase job satisfaction, improved work-life balance, less stress, and less burnout.

Assumptions

The author's primary assumption was that African-American or Black nurses who have attended HBCUs experienced cultural and peer support, decreasing incivility levels (Murphy, 2022). Results proved that psychological outcomes and higher satisfaction levels improve academic success when there is a sense of belonging and various forms of support. The author believes that intimidation or hostile learning environments can make nursing students uncomfortable and distract them from learning (Murphy, 2022).

Deficit/Conclusion

One should accept the author's belief that this study's results can provide further insight for nursing faculty to consider in planning strategies for preventing and decreasing the levels of incivility experienced by minority nurse students. Potential implications for positive social

change from this study's findings include developing interventions for promoting civility through cultural awareness. Nursing education programs can implement and provide education on expected nurse behaviors, nursing ethics, and behaviors considered unacceptable to each other in nursing programs (Murphy, 2022). Suppose nursing fails to accept this line of reasoning. In that case, it would allow nurses unable to communicate and work together in a positive environment, leading to patients not receiving proper medical attention, which can affect patient health (Murphy, 2022).

Conclusion

This literature review provides insight into the barriers faced by black nursing students, black nurses in the work field, and black patients due to cultural differences. Addressing healthcare disparities requires that nursing faculty know what cultural competency is and practice as role models with patients, nurses, and other healthcare professionals.

Black nurses' roles are essential for improving patient outcomes. Identifying and addressing cultural barriers and the need to hire supportive and culturally sensitive faculty can help reduce counter-intentional or unintentional discrimination. Cultural competency can enhance the quality of care provided by healthcare providers and help eliminate or reduce racial disparities, improving healthcare as a whole (Shirley, 2019). More healthcare providers can reflect the demographics and diversity of their community, and more patients will feel represented and understood, which can help ease patient anxieties, increase compliance, and improve patient outcomes.

Diversity gives nurses additional opportunities to learn about more effective approaches to various patient populations from their colleagues. Black nurses promote the development of more

culturally competent practices and help nurses share information that allows them to adjust approaches to care, which can improve the nursing practice (Shirley, 2019).

Finding enough evidence is one of the most significant challenges nurses face in using evidence-based practice to address minority health disparities. Having Black nurses can help improve quality improvement efforts by expanding areas of evidence-based research within diverse ethnic minorities. It is crucial to diversify the nursing professionals; Nurses should care for individuals without judgment or bias and should have the knowledge and understanding that people are different from each other . Diversifying nursing professionals can improve healthcare by teaching compassion, caring, understanding, and respect to fellow nurses and patients.

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*As you can see the reference is centered and is bolded. The first line is NOT tabbed over, all other lines are, this is called hanging indentation. All references are double spaced. All sources should be listed in alphabetical order. Be sure to use the APA 7th edition and guide for your reference page.