

Julie Wan 0:09

Hi everyone and welcome back to another episode of the nursing station podcast. In today's episode, we have an exciting topic to discuss. And this will actually be the first in a series on diversity, equity inclusion and belonging, otherwise known as DEI + slated to broadcast before the end of the year. This session is eligible for contact hours and in disclosure in compliance with ANCC's Commission on Accreditation. This educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest. So to start off today's podcast, I'm going to first introduce myself and let my co facilitator introduce herself. So my name is Julie Wan, and I'm a Nurse Manager over in the Brooklyn campus.

Kelly Laurent 0:58

And Hi everybody, I'm Kelly Laurent, and I'm a Nursing Quality Specialist at the Tisch campus.

Julie Wan 1:03

And so normally, we would jump right into the panelists intros, but today, we're going to mix it up a bit. We have a great panel of four today, each with an interesting perspective surrounding DEI+B, that we will learn about shortly. But to start things off, we're going to ask Khadija to introduce herself and inform our listeners of what exactly DEI+B

Khadijah Matin 1:25

Greetings everyone, this is Khadijah Matin. And I'm a senior specialist with workplace culture and inclusion. And what I want to talk about very briefly is diversity, equity, inclusion and belonging. We've all heard about diversity, we know about equity, which means that there's full accommodations. Inclusion is that you are included in the planning and the conversation. We've added the element of belonging because well, how many times were you invited somewhere, but you just didn't feel like you belong there. And so we have now in our work, and efforts have made it DEI+B meaning diversity, equity, inclusion, and belonging. That's a start to get you to understand how the phrasing is expanding, much broader than when we used to just talk about diversity.

Kelly Laurent 2:20

So I'm just gonna go around the room and ask each guest to please introduce themselves. Let our listeners know what your title is and what campus you're from. And finally, why DEI+B is personally important to you. So I'm going to start with Jasmine.

Jasmin Waterman 2:36

Hi, I'm Jasmine Waterman. I'm a nursing Professional Development Specialist here at the Tisch campus, and I've been at NYU for 20 years. Being part of DEI+B is important to me for many reasons, it's important for us to ensure that we promote a healthy work environment and provide culturally competent patient care. We must heighten our awareness and sensitivity to how social determinants of health can impact our patients. Part of providing culturally competent care and ensuring that the best outcomes for our patients happen. It entails learning about how our cultures, you know what they are, and being aware of biases that we may all have. As a black woman and a nurse, I balance on a daily basis, both my professional and personal identities. This involves maintaining a keen awareness, tone of voice, appearance, and how who I am shows up in my social interactions. This is a challenge we're all faced with, how who we are is an integral part of how we are perceived and how we can be effective. As an NPD specialist, I strive to be a positive role model for nurses at NYU. And of course, you know, the enterprise. Culturally diverse leadership at all levels is extremely important to me, as it empowers nurses who look like me to dream bigger, and to be anything that they aspire to be. As past vice president of the New York Black Nurses Association, it was important to me to mentor and inspire other nurses, but also be inspired by the black leaders that were before me, as well as other nurse leaders who were non black, but it was important for representation for me. And so thank you.

Michael Tagadaya 4:21

My name is Michael Tagadaya. I'm the Nurse Manager here at NYU LOH. I manage the PACU that's the Post Anesthesia Care Units for the past 18 years. And why is nursing, diversity, equity inclusion and belonging important to me? Well, as it says their diversity, equity and inclusion, it needs leaders. I have been very fortunate that I had great leaders that I looked up to great leaders that I admired and mentored me here at LOH. Leaders who were transformational and leaders who made sure that I had the risk sources that I needed in order to promote a team that's not just only diverse in terms of our background, but that we have that sense of belonging, you know, that space, that we have that psychological safety that we can express ourselves, bring our authentic selves to work and you know, bring joy to work, and that is translated to our patient care.

Manjula Stanislaus 5:23

Hi, everyone. I'm Manjula Stanislaus. I am one of the nursing professional development specialist as well as Nurse Residency Program Coordinator. I have been working with NYU Langone Long Island since 2005. Today, I just want to talk a little bit why diversity, equity inclusion and belonging is personal to me because it started to trigger in my life way back in 1970s When I was a child, and it becomes more and more predominant in my life, and I realized that I was in the midst of health disparity during my undergraduate degree. Some of the common factors that I come across, affecting the social determinants of health are due to poverty, lack of transportation, lack of access to medical care. I saw a real example of a diversity during my community health nursing posting. As a student nurse, we go down the road to see our patients, even though the patients were living with their family and their loved ones we saw the patients who were bed bound, had no food at home, gaping wound, some of them had

wounds that are covered with dirt, and they had no speciality bed, they were in pain. When we take health history from our vulnerable populations like pregnant moms, children and elderly, we realized that they had no medical follow up, they were malnourished and not vaccinated. As a student nurse, I was witnessing how health disparity led to infant mortality and maternal mortality. This life experience taught me more and more the existence of health disparity being a nurse for almost 25 years. Now I say that I think of those experiences that I come across, and I realized that I was not a voice for my patient, not for my community.

Kelly Laurent 7:04

Thank you. And that kind of leads into the next question. After you kind of highlighted those disparities. How can you all speak to how DEI+B would impact our workforce and our patient outcomes? So I'll have Jasmine, take this first.

Jasmin Waterman 7:17

Thank you for the question Kelly. Let's talk about how stress and anxiety and health care can affect our healthcare providers. Stress and Anxiety can negatively impact health outcomes for health care workers, as well as our patients. So if a nurse is under a lot of stress or anxiety, fatal errors can be made workplace environments of bullying or undermining unfair assignment being overlooked for qualified roles. These can all lead to further stress and anxiety in health care providers, which could perhaps affect work performance, which ultimately could compromise patient safety. In addition, many have experienced generations of trauma influenced by social determinants of health, such as the neighborhoods they live in, and their economic status. So it's important for us to be mindful of how we treat our colleagues and employees. Because of my commitment to serve, I'm always looking for ways to improve patient care. Joining the EI plus B was a way for us to learn as well as bring awareness to the cultural differences and hardships that we all experience and thus assist in fostering a culturally competent workforce that provides safe patient care. My wish is for the health care providers, in our institution and everywhere to treat all patients with respect and dignity. We should not assume someone is drug seeking, because you are the provider. And you don't believe that their pain rating is what they say it is, or identify a patient as non compliant because you're unaware of how social determinants of health impact that particular patient. Patients need to be informed about all treatment options. And then this is why diversity and health care is necessary to ensure better patient outcomes for all.

Kelly 9:05

Michael would you have anything to add?

Michael Tagadaya 09:07

As inclusive leader, inclusive, not exclusive, as the word implies, is that someone that leader who ensures that there is a safe space, as I alluded to earlier, where people feel respected, they feel valued, that you treat them fairly. And what does that do to our outcomes? What does that do to our nursing workforce? You've heard it on the news. There is a national shortage of nurses. The US labor relations project that about 275,000 nurses are needed between 2020 to 2030. When you have an inclusive leader, you are essentially promoting the staff, the nurses to stay at the workforce to do the work that they're supposed to do which is to care for our patients, care for the communities that we serve. I think it's critically important that a nurse leader values, acknowledges, recognizes biases, it's important that these unconscious biases are real exists. And when you're a leader, you acknowledge that to learn how to address that, to educate your workforce about that, joining this workgroup on diversity, equity inclusion, we were trained how to address micro-aggression. And that was one of the turning points why I joined this committee actually.

Manjula Stanislaus 10:33

I totally agree with jasmine and Michael, it was very well explained, I had two things in my mind to share. But Jasmin already spoke about labeling patients non compliant, and drug seeking for a patient who has a difficulty with the pain management, those are the classic example how it could affect patients outcome. So in order to prevent that, we need to understand the individual biases. And we need to bring that awareness to each and every one in the healthcare field.

Switching over to leadership, from your perspective, Michael, could you tell us more about how inclusive leadership is the central component of DEI+B.

Kelly Laurent 11:04

Switching over to leadership, from your perspective, Michael, could you tell us more about how inclusive leadership is the central component of DEI+B.

Michael Tagadaya 11:14

I think it's an integral part of DEI+B. Number one, a leaders work is always magnified. The leaders role in any organization is to support the staff, to educate the staff, provide them with the resources, in order for them to feel that they are valued, that they work in a safe space, that you don't just allow discrimination to take place. An inclusive leader to me is someone who looks at someone's differences as a uniting force, a uniting factor, in fact, towards a common goal, learning from the COVID pandemic, we were taught a lot about the value of humanity, and that how no matter how different and how many, whatever is our status in the society, whatever our position, whether we're doctors were nurse leaders were staff, nurses, unit clerk, support staff, the COVID 19 pandemic title taught a lot of lessons that we have a lot of things in common, in fact, that unified us. And we need a leader for that we need the leaders to lead and to follow at the same time. And to me, that is the essence of an inclusive leader. And that's how they can impact nursing DEI+B.

Julie Wan 12:33

We'd like to really encourage our listeners to become better familiar with the DEI+B and Manjula and Khadijah, could you speak to you know, what are some learning and training opportunities that are available?

Khadijah Matin 12:46

So maybe I'll start the learning possibilities, there's quite a number of options, whether it's done within units or through the on our focus the learning management system and platform, the primary topics also, as we mentioned, are unconscious bias and microaggressions cultural humility, and also respect and civility. There was a series we did through this subgroup where we had the nurse managers take a series of very short little vignettes about respect and civility. And then we followed up with facilitated discussion modules in groups. And it really allowed each participant to express how they understood it. What was their individual takeaway. And, you know, one of the things I would like to remind us when we're talking about disparities in health care, is that it's not only just the patient who perhaps has pain, but one of the age differences. And one of the gender challenges. So if a woman presents herself in the emergency department thinking she just has a heart attack, and the health provider says to her, no, well, you just hit that age, you probably just need to relax, when in actuality she's having that heart attack, or if the patient comes in who appears to be disabled or differently abled, and there's a reticence or not quite be desire to serve that patient because, well, if she's pregnant, and in a wheelchair, it might mean that you have to pay attention a very different way. And those are the kinds of scenarios that we talked about, and the kind of instances of how training plus their invaluable experience really begins to change the environment. We're continuing to work with workplace culture inclusion as a component of this subgroup, because the more we find ways to serve that committee, we also learn more of how do we bring in more viable and relevant material

Manjula Stanislaus 14:53

I can add to produce just one great Khadijah. I love the way how the workplace incivility brings into action. I really love that concept. When I think about patient's outcome in regards to diversity, equity inclusion, I think about how do we train our healthcare workers to collect health history of a transgender individual. How do we train our healthcare workers to communicate and care for patients for geriatric population, patient with obesity? Are we integrating antiracism? Are we integrating biases are we integrating oppression? So when you look at the demographic of United States is shifting progressively and increasing in a diverse population. These patients can suffer if you do not prefer our healthcare workers to understand better and address health equity. As a part of the DEI+B committee, I have a commitment that I do bring it to the committee and I work as a subgroup committee members. In the onboarding process, we create a purposeful intentionally planned meeting with our senior nurse leaders to plan a curriculum which is evidence base, and to integrate diversity, equity and inclusion to our new hires. There are three different ways we include right now, one of the examples during onboarding, we invite Kevin Moore, who's our assistant director for LGBTQ. He speaks to the audiences about transgender gender pronoun, and familiarized with the content. The second way how we

integrate the curriculum is through most important things about Age Friendly Care, how do we provide diverse care for our age? Or our elderly population? How do we bring a friendly health system through integrating 4M model? And the third way, how we integrate Diversity Equity is through integrating case studies, who's the homeless individual? How do we speak up for those patients? How do we advocate for those patients? It should not be one specific curriculum and the sense of one topic, it should be integrated throughout the process. That is what we believe in our senior leader believes in, it should not be one separate, separate curriculum, it should be integrated throughout our nursing orientation and residency program.

Khadijah Matin 17:07

I think the bottom line is how does each individual service provider regardless of your job title, what's the lens that you greet and see every single colleague, but also each patient that walks through the door? How do you see them in the fullness of their humanity? And though they may appear to sound like art mature accustomed to that that's an incredible opportunity to learn even more about the art, and particularly the art of nursing. I believe that I think this committee also does as well.

Kelly Laurent 17:43

Yeah, it sounds like you guys are doing amazing work. And we want to thank you so much for joining us today, and being a valuable resource to our nursing staff. And just as a reminder that this session is eligible for point five contact hours. So a survey will be posted with this recording. And if you complete the evaluation, you can obtain a certificate for those CEUs. So thanks again for everyone's time and we look forward to you returning.