

Problem/Background

Disruptive and discriminatory patient behaviors toward nurses continue to be a significant issue within the nursing profession. In 2022, the National Commission to Address Racism in Nursing surveyed over 5,600 nurses to assess the prevalence and impact of racism within the nursing profession and to also identify the primary sources of racist behavior¹. The results show that 63% of the surveyed nurses have personally encountered racism in the workplace. The perpetrators of those racist acts were either peers (66%), **patients (63%)**, or managers or supervisors (60%)¹.

Racism as a disruptive behavior threatens healthcare workers' well-being and patient care². Various research studies reveal that discriminatory disruptive patient behaviors decrease nurses' ability to provide patient-centered care and to communicate compassionately with patients⁴. Racism can threaten not only patient safety but also the well-being of nurses and their ability to perform their job duties competently¹. Addressing patient bias towards providers will require nursing programs to integrate bias mitigation training into their current curriculum to prepare nursing students to respond to discriminatory and disruptive patient behaviors.

Literature Review

- Disruptive patient behaviors encompass explicit refusal of care, biased remarks, nonverbal disrespect, demeaning statements, and unwelcome comments³.
- In some randomized controlled trials, exposure to disruptive behaviors resulted in adverse consequences, in both assessment and intervention performance⁵.
- Numerous surveys reveal that healthcare providers who experienced patient bias did not receive training on how to respond to disruptive behavior³ -creating an opportunity for nursing education to fill a curricular gap³.
- The use of simulated standardized patient encounters can prepare nursing students to address disruptive and discriminatory patient behaviors⁶.
- Introducing 1st year nursing students to patient bias-focused simulated standardized patients encounters can better prepare students for entry into clinical rotations and also improve their skills in addressing to discriminatory and disruptive patient behaviors⁶.

DECREASED CLINICAL LEARNING AND PRACTICE

"When it [a sexist or racist comment] happens to me...it makes my mind feel crowded, emotional, scared...it makes it harder to practice"³

"I found myself visiting [a patient who had propositioned me less than I would any other patients]"³



EMOTIONAL BURDEN

"The amount of emotional energy and mental energy spent worrying about whether something about my appearance, or something immutable about who I am is causing [patient's biased behavior]...it's just a lot of time and energy and emotion that I could have spent learning...instead of doubting my abilities"³



Reference

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Implementation plan

PAUSE Framework⁷

Pay attention to what's happening beneath the judgments and assessments

Acknowledge your own reactions, interpretations, and judgments

Understand the other possible reactions, interpretations, and judgements that may be possible

Search for the most constructive, empowering, or productive way to deal with the situation.

Execute your action plan

- Utilization of the **Pause Framework** to design simulated standardized patient encounters.
- Use the **Concern, Uncomfortable, Safety (CUS) strategy⁸** to develop techniques for responding to discriminatory and disruptive patient behaviors.
- Integrate the **Addressing Patient Bias** module into the pre-licensure nursing curriculum (**GN 6202: Health Assessment**) to equip students with the skills to effectively address and ensure patients' safety and patient-centered care.
- Use of various modalities (e.g. virtual reality) to provide follow-up training.

Evaluation plan

- Increase confidence in addressing disruptive and discriminatory patient behaviors.
- Use of the CUS strategy to express patient bias concerns.
- Use of Pause techniques to prevent patient bias from impacting patient safety and care decisions.
- Use of clinical judgment and situational awareness⁹ to ensure optimal patient care during disruptive and discriminatory encounters.
- Identify scenarios where disruptive and discriminatory patient behaviors may impact patient safety and clinical decision-making.

Implications

↑ Patient safety, quality of care, patient satisfaction, organizational commitment/retention.

↓ Burnout and intent to leave the profession.

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Preparing Nursing Students To Address Disruptive & Discriminatory Patient Behaviors

Marsha Guillaume, MPH

Biography

Marsha Guillaume is the Chief Diversity, Equity, and Inclusion (DEI) Officer and an Assistant Professor at the College of Graduate Nursing (CGN), Western University of Health Sciences. She has a strong commitment to Diversity, Equity, Inclusion, and Anti-Racism (DEIAR), with over eight years of project management experience focusing on health equity, long-term institutional capacity building, and strategic planning. As the Chief DEI Officer, Marsha trains faculty and students to examine and assess decades of practices and traditions that sustain health inequities, structural racism, socioeconomic inequities, and chronic community disinvestment. She actively engages students, faculty, and staff to further actions, attitudes, and policies that support DEI. As of 2024, Marsha has provided 40+ hours of DEI training to faculty to ensure the delivery of culturally responsive and sustaining education to the CGN student body. She continues to lead training to prepare faculty to identify and eliminate race-based medicine, racism, and bias from the curriculum and offered courses.

Marsha has years of public health experience in leading community and global health initiatives focused on tackling health disparities and advancing health equity. Throughout her career, she has delivered innovative system-level interventions to respond to ever-changing healthcare challenges and demands faced by vulnerable and underserved populations. Marsha continues to develop DEI curricula that equip students and faculty with the skills to understand and change structural barriers when addressing health disparities. She empowers her students to make significant strides in public health and to lead efforts that create a culture of health and promote practices and policies that center DEI principles. As faculty, she addresses the social determinants of learning by recognizing her responsibility to foster an open, welcoming environment where students of all backgrounds can collaboratively learn, work, and serve.

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