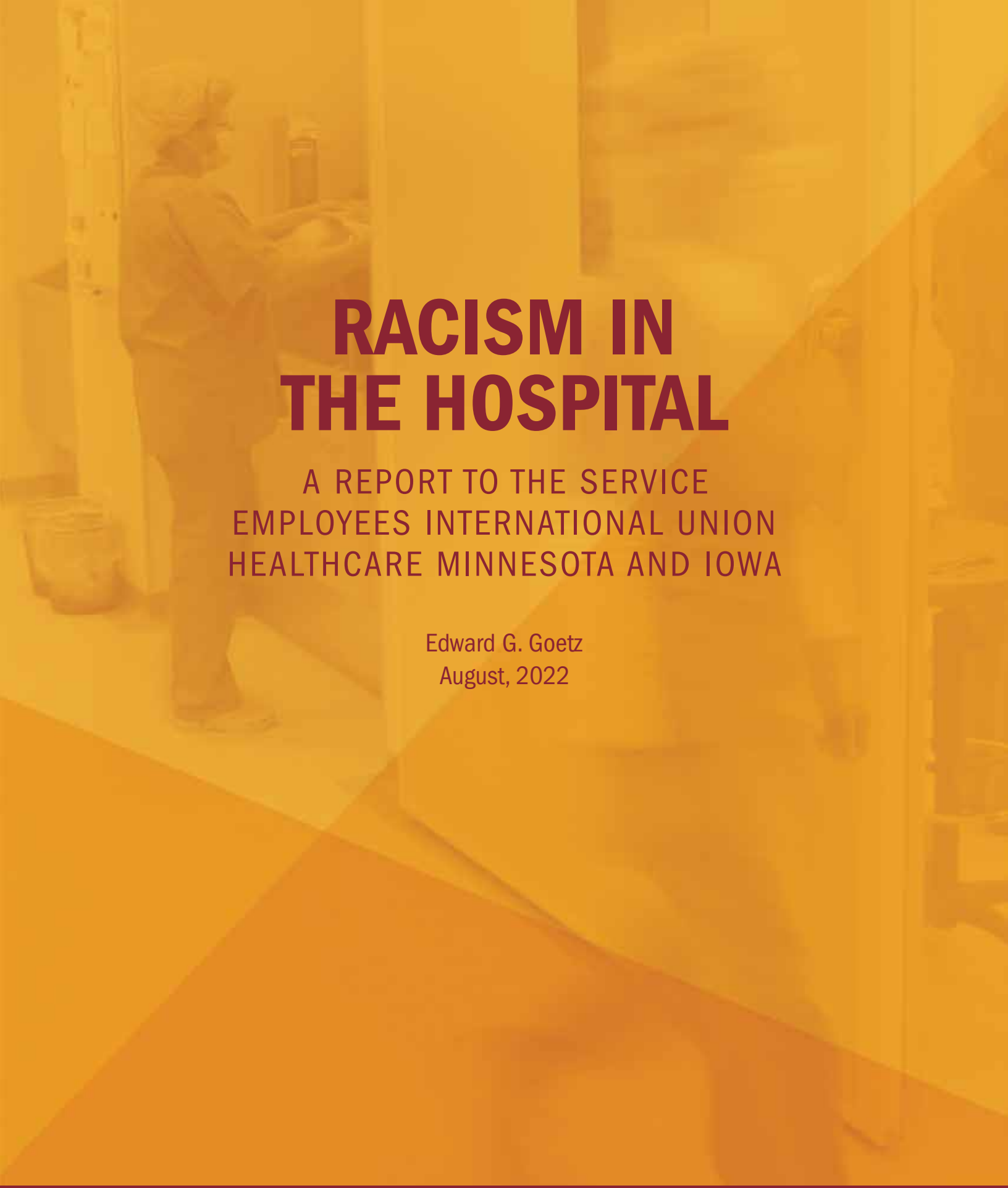

RACISM IN THE HOSPITAL

A REPORT TO THE SERVICE EMPLOYEES INTERNATIONAL UNION HEALTHCARE MINNESOTA AND IOWA

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August, 2022

Center for Urban and Regional Affairs | cura
University of Minnesota

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SEIU Healthcare MN & IA

SEIU employees report episodes of racism in their work environments as regular occurrences.

It is possible to categorize these incidents as falling into one of several types. First, there is treatment by co-workers. Second, there is unequal treatment they receive from their supervisors and managers. Third, several focus group participants reported witnessing, and having to deal with, acts of racism by hospital employees that are directed at patients, including differential care. Fourth, focus group participants are also the victims of racism from patients.

The reaction of hospital administration to the racism experienced by focus group participants was also a topic of extensive concern and in some cases constituted a form of individualized racism in its own. Regardless, however, the lackluster or non-existent administrative response further exacerbates problems of racism in the workplace by signaling to perpetrators that their behaviors will go unpunished. The lack of administrative follow-up is also an additional harm to the person targeted by racist actions.

All of these factors contribute to and make worse a toxic working environment for Black and Brown employees of the six hospitals represented in this study. Most participants felt that acts of racism have increased in recent years, and many comments connected them to the aftermath of the George Floyd murder.

Focus group participants identified a number of different impacts of workplace racism, including damage to employee morale, adverse effects on work, and on the health and well-being of employees.

Participants made several suggestions on how to address racism in their workplaces, ranging from effective training of managers and employees to better communication in anticipation of and response to acts of racism.

PART 1: INTRODUCTION

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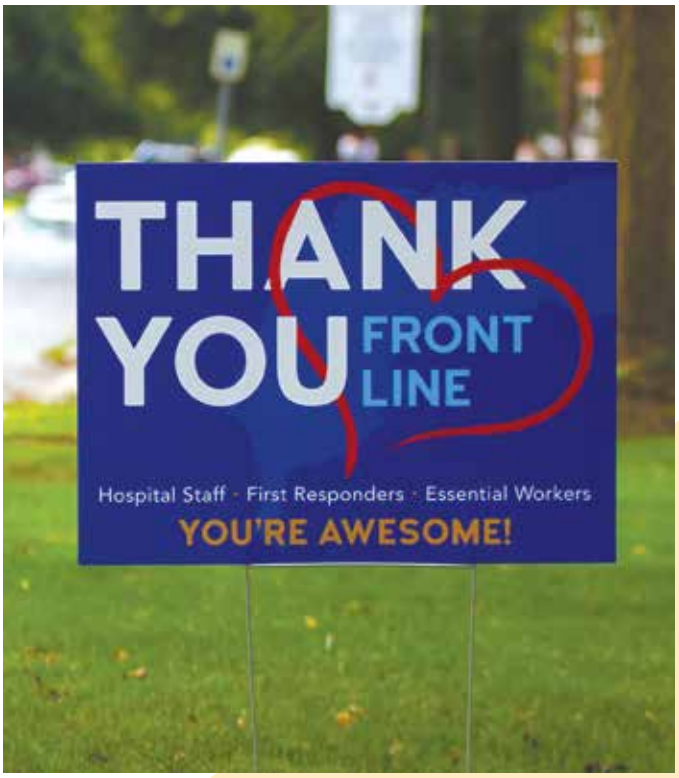
The importance of "frontline" workers in healthcare institutions has been highlighted by the pandemic of 2020-2022. While much concern revolves around the well-being of these workers vis-à-vis the COVID-19 virus, there is also a need to understand and ameliorate racism directed toward such workers.

The pandemic has overlapped with a period of heightened racial tension, especially in the Twin Cities region, the site of George Floyd's murder and ground zero for the social unrest that subsequently erupted across the nation and, in fact, the world. Previous research has shown that the impact of workplace racism on the health, productivity, and job satisfaction of employees is significant. The purpose of this study was to collect information on examples of racism being experienced by hospital workers while on the job so that changes in work procedures and policies can be made to prevent and mitigate such experiences.

Workplace racism is widespread (see, e.g., Beagan and Etowa 2009; Rospenda et al., 2009; Trenerry and Paradies, 2012). Racism exists within healthcare organizations as it does in other public and private institutions (Mistry and Latoo, 2009). Many studies have shown that racism can have detrimental effects on the physical and mental health of those targeted (Anderson 2013; De Castro, Rue, & Takeuchi, 2010; and the reviews in Williams and Williams-Morris, 2000, and Pieterse et al., 2012). Workplace racism also has detrimental effects on productivity, organizational commitment, employee morale, and job satisfaction, among other outcomes (Buttner and Lowe, 2010; Holder and Vaux 1998).



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PART 2: METHODS

SEIU HEALTHCARE MINNESOTA & IOWA

The Center for Urban and Regional Affairs (CURA) conducted six focus groups in March and April, 2022. Internal organizers with the SEIU recruited participants from among union members employed at six hospitals in the Twin Cities area. One focus group was conducted for each of the six hospitals. The schedule of focus groups is shown in Table 1.

Participants were compensated by the union for their time and participation in the focus groups at their regular rate of pay at the hospitals. The focus groups were held virtually, using Zoom. A total of 31 union members took part in the focus groups, all but two of whom were people of color. The groups varied in length of time between one hour and 25 minutes to 1 hour and 50 minutes. The principal investigator for this study, Edward Goetz, was the moderator for each focus group. The moderator took notes during the group, and these notes and the audio transcript of the meeting produced by Zoom were used as a record of the discussion that took place in each group.

31 Focus Group Participants

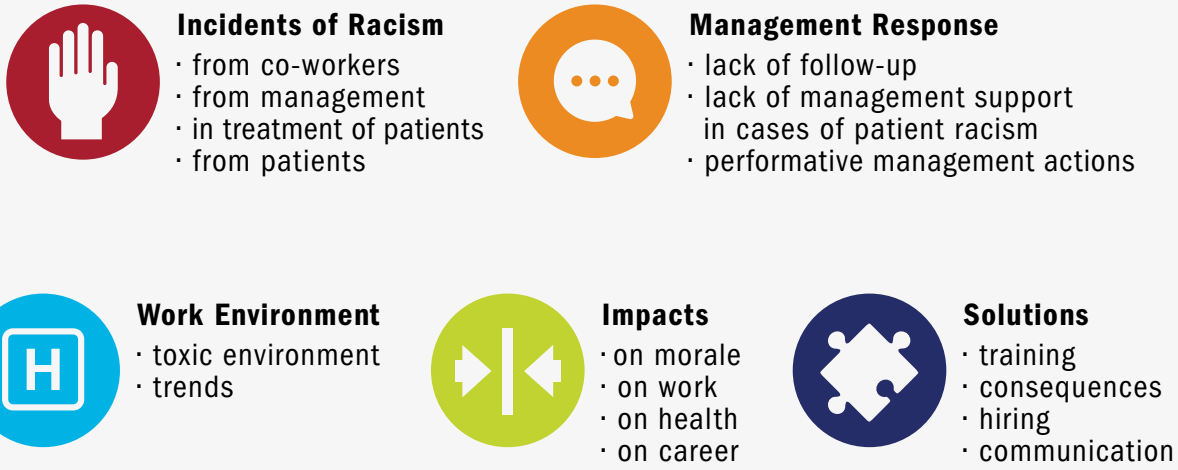
In a focus group, the moderator leads an open discussion of a topic using a flexible interview protocol that includes a series of questions designed to elicit a deep understanding of the research topic and how the participants understand that topic. These group interactions are moderated to encourage a deep discussion, elicit a range of responses, and to illuminate the participants' perspectives (Liamputtong, 2011). Focus groups capitalize on the interaction between participants to generate more or deeper information than emerges from individual interviews (Kitzinger 1995).

The purpose of these focus groups was to explore the issue of racism in the workplace; specifically, to collect information on the ways in which union members, many of whom are Black,

Table 1: Focus Groups

DATE	HOSPITAL
March 17	Park Nicollet Methodist Hospital
March 22	M Health Fairview Southdale Hospital
March 28	M Health Fairview Masonic Children's Hospital
March 29	North Memorial Health Hospital
April 18	M Health Fairview St. John's Hospital
April 19	Children's Minnesota Hospital – Saint Paul & Minneapolis

FOCUS GROUP THEMES



Indigenous, People of Color (BIPOC), have experienced racism in the hospitals in which they work and to explore the adequacy of management response. The focus group protocol included questions that probed for details about episodes of racism the participants have experienced or witnessed in the workplace, the nature and adequacy of the management response, the impact of those incidents on the workplace generally and on the participants themselves, and finally on thoughts about how racism might be more effectively addressed in the hospital work environment (see appendix for the specific questions). The protocol was used as a guide only; the moderator allowed the discussion to evolve organically, to allow participants to respond to each other as much as possible.

The notes and transcripts were combined to provide a comprehensive record of the discussions.[1] This record was then analyzed to identify themes that emerged across the six groups. This process entailed an initial reading of the notes and transcripts to establish a baseline familiarity with the discussions. This first read-through was done to highlight material that was directly related to the sub-topics covered in the research protocol. A second read-through was done to identify sub-themes. The above figure presents the tiered thematic structure that emerged. The remainder of the report will be organized around these themes.

As noted, focus group research is aimed at drawing out and illuminating the perspectives of participants on whatever issue is being discussed. The reporting of the findings in the following pages, therefore, focuses on the participants' understanding of their work environment and the acts of racism they report. No additional research was done to verify or confirm the information provided during the focus groups. Participants frequently provided details of the incidents they reported in order to justify why they found the actions to be racist in nature. It is possible that some of the incidents reported may have had other, non-racist motivations. This research is best understood as a reflection of how the participants understand the racial dynamics of their workplace, the actions of their co-workers and management, and their own exposure to racism.

1 Zoom transcripts are an adequate first step in recording conversations but the technology is frequently confused by homonyms and is even less accurate when audio quality is poor, as was the case for some participants.

PART 3: FINDINGS

3.1 Acts of Racism

Participants were asked to provide concrete examples of racism that they themselves have experienced or witnessed at the workplace. Participants identified a range of situations and experiences in which they have felt racism was the operative dynamic. The most common sources of racism recounted by participants were the actions of co-workers and the actions of management. In addition, however, the participants spoke of racism towards patients and racism from patients.

3.1.1 Co-workers

Typically, the first, and across all of the groups, the most common answer provided was an example of co-worker (as opposed to management or patient) behavior. Interactions with other employees is a regular source of racism for the SEIU members who took part in this research. The answers provided by participants described a range of behaviors aimed at the participants themselves.

One participant recounted how a physician slammed a door in her face twice to avoid interacting. The first time it happened she thought perhaps there was nothing personal about it, but the second time the physician "looked me up and down" before shutting the door on her.

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Another participant recounted a time when she was walking the hospital floor with white co-workers when the group encountered another employee whose job it is to help with COVID screening by taking temperatures. This participant was the only one in the group to be pulled out to have her temperature checked, and she felt intentionally targeted and humiliated as the rest of her group stopped to watch.

One participant described being stopped on the loading dock on his way into the hospital and being asked to present identification showing he was authorized to be there; another complained about a co-worker spreading rumors about her. What made these incidents racist to the participants is the fact that the co-workers involved were white and the actions were experienced by the participants as intentionally aggressive.

In some cases, incidents related by participants were not actions aimed at them. One participant recalls, "I've seen so many instances where white nurses will call POC nurses incompetent in their practice, stupid even, and… almost implying that they don't know how they got hired on. I see that all the time."

In two of the focus groups the break room was a chief location for problematic racial behavior. Participants in these two groups talked about how they are harassed in the break room for what they eat, being told their food smells. Participants also noted that they had to be careful about what they say and how they act in the break room to avoid being criticized or being told, for example, that they cannot listen to prayers. In this last instance, the participant had forgotten her earphones that day and was attempting to listen to daily prayers on her phone. She was told that was not allowed, a rule she felt was being unevenly applied since the break room television had a Catholic priest preaching at that very moment.

"There's one nurse in particular, um, there's certain days in our calendar as Buddhists, we listen to our prayers. So, most nurses are either on their phones talking to their loved ones or looking on the news. What I do is I listen to my prayer. One day I forgot my headphones and I was listening to my prayer she told me, 'Oh, are you listening to something?' and I said, 'It's only going to be two minutes.' She's like 'Oh, are you listening to like a religious music?' and I said, 'Yeah it's like a, it's like a Buddhist religious… it's just basically healing us and trying to help those in need.' And she's like, 'You know at work you can't listen to religious stuff like that you have to do in a private room.' I said, 'Oh really? Oh okay, no problem,' you know, I shut it off thinking

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she knows better than I. But on the TV was a Catholic priest preaching. I said, 'Is that a priest?' and she's like, 'Yeah they're giving a mass service for the coronavirus and for all the people that died, and I'm a Catholic.' And I'm thinking, 'That phone that you just made me mute was the same thing; I was praying for corona as well as for people who have had it.'"

This example illustrates a number of dynamics that were common across participants. First, there is the unquestioned normalization of what white, and in this case Christian, employees do, feel, think, and say. Listening to a Catholic priest pray for pandemic victims is not questioned the way a Buddhist religious song or recording is. Second, the participant felt from that point forward as though she had to keep her culture and religion to herself, that she couldn't be open and relaxed about who she is around her co-workers in the break room. Third, she felt judged for her culture and religion.

The above example might also be considered a microaggression,[2] something that participants noted across the focus groups. In one case, a participant complained about co-workers touching her hair, "implying that it would look better straight." In another case, a participant has a co-worker who repeatedly invokes an old racist trope by addressing her using the name of the only other Black employee in the unit, "and then she would laugh about it. And I don't know if she thinks it's funny, but it's like that is insulting because you are basically saying that all Black people look alike." The participant added, "she has never made that mistake with a white person." The most common form of microaggression is the lack of civility extended to the participants in their place of work by white co-workers. The following are from four different focus group meetings:

"I walk in in the morning, I'll come in and say good morning... and they look down at the floor, or up at the wall, because they don't want to speak to me."

"My manager has been here almost a year but still to this day has not introduced himself to me..."

"I walk in the hospital, Methodist hospital as a housekeeper. In the morning when I walked through that door, I came with a good spirit, like, 'Oh, I'm ready to work!...' When I walked through the door nobody even responded. I mean they say hello to patients, but for us, when they come close, they will turn their face away..."

"You know how you walk down the hallway and you get ready to speak to somebody and they, you know, look at the wall, look at the phone, look at the floor, and you say good morning and they pretend like they are doing something else? I've experienced that a lot of times."

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The line between microaggression and major aggression is also breached in the hospital workplace. One participant reported being asked, while she was pregnant and showing, whether she knew who the father was and if she was going to keep the baby.

Participants also described acts of retaliation from co-workers. In one case it was for an email the participant sent out to workers in the unit about the differential treatment of patients, one white and one BIPOC, in which the white patient received more considerate care. "The email I sent was very professionally written, it did not point any fingers at anyone or use specific names, it just kind of brought a call to action on the situation that had happened with those patients." This participant, who is white, said she was then subjected to a backlash from nurses on the floor and the supervisor.

In two other cases, retaliation stemmed from reports or complaints that a participant had filed against a co-worker regarding workplace rules and procedures.

2 Microaggression is defined by Oxford as "a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group."

3.1.2 Management

In this section, we focus on the ways described by participants in which managers have expressed and acted out racism. The examples are based on the daily or routine interactions between the participants and their managers, as distinct from the reaction of management to reports or complaints of racism which is covered in part 3.2 of this report.

The most common concern that participants voiced was around the differential treatment of employees by workplace managers. This issue arose multiple times in all of the focus groups and took a number of forms, although the differential application of workplace rules was the most common. Participants noted the different treatment of white employees when it came to scheduling, allowing for time-off/sick-time, responses to employees arriving late for work, and other exceptions to workplace rules such as restrictions on headphones or use of cell phones. The differential treatment by race is obvious to the participants, a point that virtually all participants across the six focus groups agreed with and provided examples for.

Participants repeatedly noted their desire to be treated equally. "It's consistency; we just want consistency" in the rules, said one participant. "Consistency is the key; if you are consistent no one can complain, but that's not what goes on at Fairview." As another participant said, his manager "mixes policy with favoritism," applying or ignoring rules according to which employee is involved: "Here we are not treated equally in the workplace, so some people can do this and that and some people cannot." In another group a participant said, "they just pick and choose, like who can do this… They have rules, but the rules are not being applied for everybody… They have to apply to everybody, not only for one person." In yet another group, a participant talked about it this way: "You know they make these policies, they make these rules and a lot of people don't follow them and then, when they don't follow them they're not held accountable for it… Not everybody is following the policy, you know, and some people, they know that and nothing gets done about it. When they write these rules," he concluded, "it's only for the Black people."

EVGENY STARKOV/SHUTTERSTOCK

GUSTAVO FRAZAO/SHUTTERSTOCK

In two cases, participants felt that rules were literally created for the BIPOC employees. In one case, for example, a participant reported his manager posting a sign stating that no language other than English was allowed in the kitchen, which he understood not to be hospital policy and which he felt was a direct response to the fact that some kitchen workers would communicate with each other in their native language.

Another part of this phenomenon is the feeling that white employees are given much greater latitude in behavior than BIPOC employees. One participant described a case in which a white nurse called another nurse "a nigger, out on the floor in front of everybody." The white nurse was given the option of resigning in order to keep her pension. The participant relating this story felt that "if I was a person that, you know, said something racial to another staff of a different color than me, I would have been automatically fired right then and there."

A significant amount of the differential treatment noted by participants relates to the assignment of duties. This was heard across all of the focus groups. In some cases, it has to do with the assignment of patients that are difficult either because of the fact that they don't speak English, or because they are potentially more dangerous (on the psychiatric floor). In other cases, it is the amount of work assigned. One participant said, "On my floor, if a Black aide is training, she gets or he gets four assignments… but if a white aide is training she gets one." People in each of the focus groups provided examples of differential workload, the overloading of jobs for some people and the allocation of fewer responsibilities to others, and the racial patterning of these differential assignments. In one focus group a participant talked about having his assignments and routines frequently changed and having additional work added. He felt this was a deliberate attempt to make his work more difficult to induce an error that might be punished, or perhaps his own resignation from the position. In another, a participant talked about management "trying to squeeze so much work out of you." When pressed about whether this might be simply "poor management" participants agreed that it was indeed poor management, but also maintained that it was racially motivated and racially patterned.

And finally, in one group there was talk about a specific supervisor who "didn't like people of color" and "made it obvious." "You did not need to be a rocket scientist to tell that he didn't like people of color." He would step out of elevators rather than ride with someone who was not white, he would make comments in the break room about the food that was being eaten, and he would apply disciplinary measures that were harsher than warranted against BIPOC employees.

Participants see the differential treatment as a matter of basic fairness.

"We just want to be treated fairly, that's it in a nutshell," said one participant, to which another responded, "I don't want no special treatment. Treat me like the human being that I am."

3.1.3 Treatment of Patients

In four of the six focus groups participants spoke about the differential treatment of patients according to their race or nationality. Three types of examples were offered across the groups. The first was about interpersonal interactions and respect, the second about patient advocacy, and the third about the actual care given. In the first case, this might involve the imposition of visitor rules and limits for one family and not for another. Another example offered is providing an extra chair to a white family "because they simply asked for it, whereas they let the Hispanic family from two and a half hours away, they told them to sit in the one chair and they were denied blankets, this happened just three days ago." In a different group one participant related the story of being in a room with a BIPOC patient and her relatives, and "the resident said to the mom who we had yet to figure out what the issue (with the patient) was, but he walked into the room and he said, 'I just want you to know that this is not a hangout spot.'"

As one participant said, "I had a patient's daughter ask me, she said, 'Do you feel like here at this hospital they advocate for women of color here?' and I was just like, I don't know how I'm going to answer that because you know it can be a very controversial thing. But this is also coming from a Black family who can read the room and they know which nurses are, like, 'Yeah I'm not getting great care from them, and I can tell that they don't care,' you know?"

Differences in patient advocacy means that extra services and options are offered to white patients and their families that are not always extended to BIPOC patients. Participants talked about white families being offered "donor milk" in the nursery when patients of color are not told of the option. Another way that patient advocacy differs by race is the way in which the patients and the families themselves are treated when they attempt to advocate for themselves. In one group a participant told a story of a Black woman trying to advocate for her mother and having security called on her.

TATIANA TIMOFEEVA/STOCKSY

In another group a participant told the story of single Black mom in her child's hospital room asking "to try a different route" of treatment because the care that was being given was not working. "And I have also dealt with multiple families who were white who have very much so, been very vocal and proactive for their children, and never once had they gotten the type of response that this mother got" which was a sarcastic and demeaning comment about who had the expertise in the room. This participant said that this happens frequently enough "so that parents, you know, have told me they're never going to come back here."

Finally, participants talked about how racism directly affected patient care and treatment. In two of the focus groups participants talked about how efforts at de-escalating patients varied by the race of the patient.

One said, "It's really interesting to see the efforts that go into de-escalation when the patients are white. I have found that codes are called quicker on People of Color, especially Black and Brown men." This person went on to say that the language used to categorize Black and Brown men as aggressive, "sometimes doesn't ever seem to match up with what the patient is presenting."

Another person in that focus group added, "I want to echo what I've just heard about the quickness to call codes, particularly on Black and Brown men." He went on to say, "I see what I interpret as a heightened response in similar situations when compared to white people, and I've seen that particularly with Black and Brown men, and also Black and Brown non-cis."

In another focus group a participant made a similar observation about how children are treated:

"In about March I think, early March there was an experience, where a child was known to be kind of one to escalate often and during that process, he was basically, we had him under control and we're grounding him or like settling him down and a lot of the staff instantly jumped in, wanting to restrain him. They ended up restraining him and medicating him. And unfortunately, about three or four days later, there was a white patient, a mental health patient that escalated and was actually causing harm to themselves, and I was the CSA [Clinical Support Associate] in that room and I asked staff for restraints, because the patient asked for them herself. And because she was white the staff didn't restrain her even though she actively was harming herself for like six hours. So I think, for me, I ended up sending an email to the whole floor regarding this situation and since then have kind of faced a little bit of retaliation regarding that."

"But, we see a lot, at least I personally have seen a lot of discrimination against those mental health kids and they're often restrained faster and with less chance to de-escalate, or they're seen as troubled or just not good kids, even though they are battling the same issues as our white mental health kids."

One participant said:

"I think about the racist, Islamophobic, sexist, and homophobic things I've heard and witnessed, and I think about the population that we serve with our location and, quite frankly, I think that it's really dangerous to have individuals working who are saying these things, whether it's a joke, whether they're microaggressions… It scares me to think about how their patient care is affected by all of these biases that they continue to hold."

COMPENSATING

Respondents in two of the focus groups indicated that they would compensate patients of color for the way they were treated by white staff. In one case, this was understood by the participant as being expected by her supervisor.

"There have been some other incidents where minority patients have been cared for by white nurses and my assignment as a Black Nursing Assistant has been changed to compensate for whatever this nurse or nursing assistant has done to make them feel like they're not receiving quality care. And, I spoke up on it so Methodist is highly aware that I don't get paid to compensate… I shouldn't have to go in and fluff the pillow a little more or rub the back a little more to apologize for who's ever behavior. That happens a lot."

Sometimes such assignments are made in coded language. As another participant in the same focus group said, "Every now and again the charge nurse may say, 'I've got someone, you know I had to change your assignment…' and they just kind of leave it at that, and then, once I go into the room you know, it's obvious—it's just out there, the elephant in the room. The charge nurse just said, 'You know this person needs more care.'"

In another focus group, three participants talked about compensating for the poor treatment that patients of color may receive from white staff. One said, "I make it a point to make sure that I give families that I work with every single opportunity that I can think of, and find to make their stay more comfortable… I make it a point to make sure that those families are given more access to things that I can find for them, and that's kind of how I work now, because I know Children's isn't changing."

Others agreed, "I will overcompensate on any of our patients that are of color to make sure that they are getting the attention they deserve."

One participant summed it up, saying "That's what people of color do all the time, is compensate."



XIXINXING, RAWPIXEL.COM, SUKJAI PHOTO/SHUTTERSTOCK

3.1.4 Patients

Patients are also a source of racism the participants are exposed to in the workplace. In some cases, the participants reported specific interactions with patients. For example, a patient who told one participant that "he didn't want my kind cleaning his room; he didn't want me entering his room." Another participant reported an openly racist patient who declared that he "didn't want to see a Black person in surgery." Still another reported being told by a patient, "I don't want you to help me, I want the little white nurse."

One participant was asked by a patient whether she was legally able to work as an aide, while another recounted how she was asked where she was from, and what color her mother and father are.

Participants offered far fewer examples of patient racism than they did co-worker or management racism. In fact, some references to patient racism were made by participants more to highlight the fact that supervisors and managers failed to protect them or support them in the face of racially hostile patients.

One participant dismissed the importance of patient racism saying that "a lot of the patients who are racist are seniors experiencing dementia or just repeating what they've been taught."

This participant found that she is "able to brush that off because it doesn't affect my sense of self-value" the way that racism from co-workers and management does.

Another participant also seemed to indicate that patient racism was of a different sort than the racism experienced at the hands of co-workers and management, saying, "Edina is just racist, so we have to deal with that walking in the door."

MONKEY BUSINESS IMAGES/SHUTTERSTOCK

3.2 Management Response

Most of the participants have either directly reported incidents of racism or have seen or known colleagues report it. There was widespread, indeed universal criticism of how management reacts (or does not react) to such reports. Participants repeatedly spoke about the inadequate follow-up on their complaints of racism and maltreatment. They also spoke about the lack of support they typically receive from supervisors at the time of the occurrence. In most of the focus groups, participants talked specifically about the irrelevance of the Human Resources (HR) department in addressing their concerns. Finally, participants in five of the six focus groups talked about how management actions do not match their proclamations regarding diversity and equity, calling corporate policy announcements and diversity goals "performative".

3.2.1 Inadequate Follow-up and Support

The number one complaint about management response to complaints of racism center on inadequacy. Several participants across the groups characterized the typical response of management as sweeping things under the rug. This was expressed in many different ways:

"They say, 'Okay let me look into that, I'll get right back to you' and usually that's the end of it."

"A lot of head nodding and very little follow-up."

"Coming back to say, 'Oh, the person didn't intend to create harm.'"

"They will always say, 'Don't take it personal'..."

"I had to go outside of St. John's with a complaint because they shoved it under the rug."

Participants note that the lack of follow-up means that racist actions go undisciplined. Participants were particularly upset that behaviors go unpunished, and they note that this only emboldens those who behave in racist ways.

KTOGRAPHY/SHUTTERSTOCK

"You know they're not going to do anything; it just seems like that happens again and again."

And to follow up on what ---- said, I think that certain individuals feel safe making some really problematic statements because they know nothing will get done.... Because there have been some instances where people have said very blatantly racist things to me, or that I've witnessed, and it's shocked me how comfortable they felt saying those things. And so they were still there (after a reported incident) and nothing happened a month or two later. I think it just kind of feeds into this whole cycle when nothing gets done."

When participants talked about a lack of follow-up they were typically referring to a lack of discipline or a lack of change in procedures. Focus group participants described the personal toll that a lack of response takes on them, calling the lack of response "invalidating." But beyond the lack of punishment or consequences, sometimes participants noted that they were not informed of any step being taken in response to their complaint. As another participant said, sometimes the complainant is never notified of any steps that were taken: "they should be telling you what steps they're going to take... and get back to you and follow through with it.... At least acknowledge that 'we took it, we investigated, and here's what we came up with and here's what we'll be doing going forward,' but don't just leave it. I don't even know if you took care of me..."

In most of the focus group conversations, participants were especially critical of HR and their role in addressing workplace problems of racism.

"When you go there, they already have the paper written... they say, 'Sign here and have a nice day,' you know what I mean? They already basically decide before the meeting even started."

"I don't feel confident to go to HR or anywhere because I don't feel like I'm going to be heard."

"We found out that even if you reach out to HR, they're not for the employees... I've had plenty of meetings with HR representatives, with (union) members, and they come with some backyard stuff to show you that the employer is the one that's right."

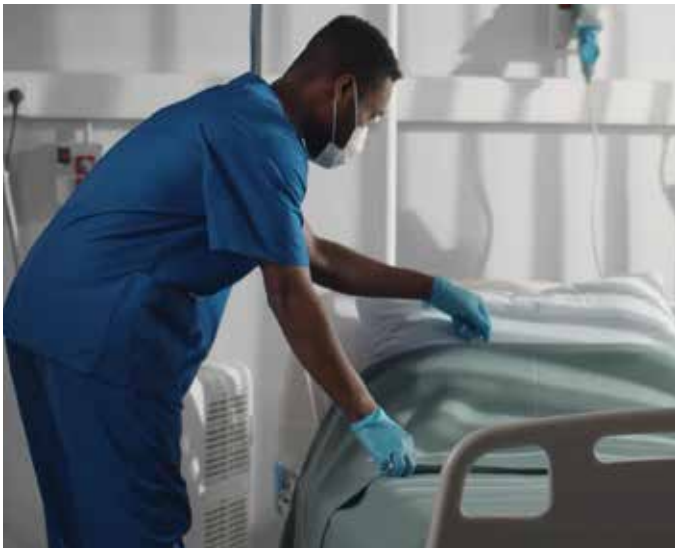
"I can't go to HR because at that point they're not going to help me, so it's not an option."

"They don't give the respect to the employees that they give to the employer."

"There's no consequences if I come to HR."

"HR always backs up the manager and basically encourages them for what they do and the next

AITANA FOTOGRAFIA/SHUTTERSTOCK



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time it will be worse."

In addition to lack of follow through to formal and informal complaints, participants noted that in some cases of patient racism, their managers or superiors provide no support.

In the case of the participant who was asked by a patient whether she was legally able to work as an aide, the nurse in the room at the time told her to "go ahead and answer that," later saying that the patient "has the right to know if

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you're legally able to work here."

Another participant who works in housekeeping was told by a patient "that he didn't want my kind in his room cleaning his room, he didn't want me entering his room… I thought my manager would back me up and go in and say, 'Well, this is the housekeeper for your room and if you don't want any service then you just don't get any service.' Instead, my manager went inside the room and said, 'Would you like for me to clean your room?' and then used my cart and cleaning supplies on my cart to clean a patient's room, instead of backing me up. So I felt disrespected twice."

Another participant recounts being told by her manager, "please don't go in that room, you're not allowed to go there," and finding out later it was because the patient did not want any Black people in his room.

3.2.2 "Performative" Management

Participants commented on the more corporate dimensions of management as well, typically to contrast the stated goals of diversity with the reality of conditions in the workplace.

As one participant said, in the months after George Floyd's murder many corporations wanted to implement greater awareness of racism. She added, however, that if "you want to tell me one thing, you got to show me that you want to make this change… You got to show me you can. Putting it on paper don't mean a whole lot when I walk in the door" and get treated poorly.

Referencing negative treatment in the hospital, one participant said the goal of diversification is empty when **"they don't allow you to be who you are."**

Other participants called out the fact that hiring practices, even with diversity goals, are not producing true diversity in the hospitals. They point out the fact that the "diversity" occurs in the lower-paid job categories, while nurses, physicians, and managers are typically white.

"Unfortunately," said one participant, "I wish I could say I have felt like there have been changes. I feel like the things that the organization as a whole has tried to implement have been rather performative. I think about Black History Month and… having a Black Employee of the Day… That's great that people are getting recognized for their great work, but **how about putting in policies that actually improve people's day to day,**

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when they come into work?"

3.3 Work Environment

The discussion in each focus group typically evolved toward a conversation about the work environment more generally. Participants made comments in each of the groups about what it is like to work in a space in which racial microaggressions and overt cases of racial antipathy were allowed to occur. In addition, participants were questioned about the relative frequency of racial incidents in the past few years.

3.3.1 Toxic Environment

The aggregate impact of the factors described above is what many participants regarded as a toxic working environment for BIPOC employees. Participants felt that the racial dynamics in their hospitals are getting worse and have accelerated in recent years. They attribute this to heightened racial tensions of the past five to ten years and especially in the aftermath of the George Floyd murder.

Participants in every focus group commented on the workplace culture and the ways it has been poisoned by racism and the lack of an effective management response. One person said she feels as though "trust and caring is missing" in her workplace. Another participant said that **hospitals should be places for care and empathy, but that her workplace lacked both.**

One group of comments focused on how people are branded as troublemakers or "aggressive" if they stand up for themselves. Another group of participants reported being afraid or hesitant to speak up for fear of getting in trouble, being retaliated against, or ostracized further.

The result, according to one participant is a "poison, toxic environment" that "no sane human being wants to continue" to experience; a "toxic loop" that reinforces itself by excusing or ignoring problematic behavior and disincentivizing efforts to improve conditions. In another group one participant said, "They will stress you out and so you can do something, or you can quit. And many people quit; there's not many people like us who speak up. A lot of people come to work and leave because they don't want to spend, they don't want to address all of this stress, you know, they can't stand it." In the same focus group, a different participant said, "I'm not old enough to retire, you get so you have to just suck it up." The alternative (moving to a new unit) makes little sense: "Why would I go and take a pay cut and start over with another job that's basically going to do me the same way that I'm being done here. I've learned how to deal with the people at this job. So, I take what I'm going to take." The work environments described by participants even punishes white employees who report problems, as illustrated by the backlash experienced by the participant who sent an email to her co-workers.

Participants stress that management and higher-ranked employees rarely believe their reports of racial mistreatment, become defensive, and can instigate retaliation, when efforts are made to surface and talk about racial issues in the workplace. Some participants noted that there is simply no will to "talk about the big picture, which is white privilege and racism."

On multiple occasions across the focus groups conducted, participants felt the need to describe conditions in their workplace as especially, or notoriously bad. During the course of the six focus groups participants claimed that Methodist Hospital and North Memorial were known as places where you'll be mistreated as a person of color. Another participant said Southdale is notorious for racism. In yet another focus group, a participant noted that families have indicated to him that they will not be coming back to Children's Hospital because of how they were treated. In two of the focus groups, participants identified notorious floors, units that were known among employees

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as being difficult to work in if you are BIPOC.

3.3.2 Frequency of Occurrence

When participants spoke about specific incidents in their workplace they frequently concluded their description with a phrase along the lines of, "things like that happen all the time." That is, the participants report that racism is a common occurrence at their jobs. Some of the actions described in previous sections, such as management avoidance of dealing with racism and microaggressions from co-workers, are everyday experiences.

Participants in all of the groups were directly asked whether they felt that racial acts were increasing, decreasing, or remaining at the same level in recent years. Without exception, the participants who responded to that question felt that things were getting worse. One participant attributed it to the pandemic and the resultant backlash against the fact that she is Asian. Black participants tended to reference the George Floyd murder and, in fact, described events immediately after the murder and during the civil unrest.

While agreeing that acts of racism in the hospital were increasing, participants were also clear that such events are not new and were not unusual prior to the current era of racial tensions. As one participant noted, "I think for me personally it's always challenging to navigate predominantly white spaces."

Still, recent events nationally and locally have made things more difficult. The same participant who noted the difficulty in navigating white spaces, went on:

"I found this to be extremely challenging following George Floyd's murder. I have a multitude of memories where white staff were being insensitively playful and honestly quite discriminatory just describing everything that was going on in our city. And I even had, there was this one instance where I was on a pediatric unit and a psych associate kind of just came to me and demanded that I denounce the rioting that was happening in the city."

The aftermath of the Floyd murder came up in other groups as well.

"I was pretty active during that time in all that was going on. I wasn't really at the hospital at all, I was pretty much in the streets and around the city either helping as a medic or trying to keep things as calm as possible from people doing any kind of craziness, and just out there, experiencing racism and oppression and everything that came with the George Floyd atmosphere for myself, not seeing it through the TV, right? And so I wasn't here (at the hospital) when a lot of things happened, but when I got back, what I was told what happened and from the pictures that I saw, what happened was like a completely different world. Right outside of the hospital, maybe a block away, not far but you had multiple white nurses and some non-people of color here taking pictures with cops and the National Guard and hugging, and it was like a photoshoot. It was a completely different world than what was going on right downtown you know, like on the bridge five minutes away from here, you know I had a gun pointed at my face multiple times, you know, I was on the I-35 when that tanker came through, I was there at the Third (Precinct building) when they rushed it and the cops started shooting everywhere. I was in multiple different scenarios, but then you come here, and it was like it was almost like a baby shower like. It was weird you know, like you had hugs and photo shoots like they (the police and National Guard) were celebrities or something and then right out on the street, are the rest of the people of color and you know people in the Community protesting and speaking up and they're literally blocked off from this."

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Several participants noted that acts of racism are more frequent in part because people (co-workers, managers, and patients) are less afraid to say what they want to say. Participants attribute this to both the political environment in which acts of racism and racist language have become more common and to the lack of management response that, participants say, gives people tacit permission to continue committing acts of racism.

3.4 Impact

Participants were asked how acts of racism affected them and their work. Responses varied but can be categorized into four themes; the damage that racism does to morale, how it makes work more difficult, negative effects on mental health, and in a couple of cases, how racism has affected the career of participants.

3.4.1 Morale

Many of the participants value working in a hospital but have trouble feeling good about their jobs because of the racial environment. As one said, she wants to come "to work to do what you love to do" in a hospital that "is supposed to be diverse and that welcomes everybody" but "co-workers make it hard for you to do that." Another participant said, "you start hating your job" while in another group a participant said, "I mean personally it kills my morale," a statement that others voiced agreement with.

Participants specifically mentioned the toll of being treated differently and the fear and dread they feel.

"It makes it hard to feel safe in the work environment."

"It creates a, you know, a fear. Like, oh what's next, you know? What's going to happen to me? Or, like, what's going to be my reaction?"

"When I come into work I'm worried. That's how I used to go into work (when he had an openly racist manager), looking over my shoulder. Every time I go into work I'm worried, 'Is this when I'm going to experience it again?'" He added that his worries came from multiple sources: "You get discriminated by your co-workers, you get discriminated by sometimes the patients, and then, worst of all, your manager."

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Participants reported a range of personal reactions to the work environment they are facing. One noted, "I know that I went into work those days kind of feeling down and annoyed and just a lot of emotions. Nobody wants to go into work and feel like they have to prepare some sort of speech to combat" offensive remarks and actions they may face. Others noted that they are forced to hide their true selves at work. One noted how she has withdrawn and stays away from others to minimize the moments of friction.

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Another said he can't be authentically himself. In another group, a participant said she can't be herself because her religion and culture are "different" and not well-tolerated in her workplace.

3.4.2 Work

In three of the focus groups participants noted that previous acts of racism and the fear of future acts make doing their jobs difficult. One person noted that being the target of racist acts "is traumatizing" and he becomes overly concerned with not giving anyone an excuse to criticize or punish him. "I'm afraid I might make a mistake," he said, but added that he's also worried that "sometimes when you're too careful you get into trouble."

Participants mentioned being afraid of losing their jobs or being subjected to racist criticism if they make any kind of misstep. **After being targeted by a co-worker one participant said, "I started shaking," and she began to confuse things in her work. "So, yeah, it affects my work when something like that happens, and I just feel like any little thing I'm going to get fired. I'm constantly thinking about, you know, doing everything right, the correct way, so I won't get fired."**

Another participant in the same group said,

"It makes me question my work, where I'm always double checking to make sure I'm doing everything right, making sure that I don't make a mistake, because if I do make a mistake, you know what the consequence is going to be, how I am going to be written up... It's like I'm always on eggshells just making sure I'm doing everything right by the book, not making a mistake, because I don't want them to be able to hold that against me... It's very stressful."

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Another participant described it as having to do mental "gymnastics" (adapting to and dealing with a racist environment) while simultaneously "doing a really complicated job." Participants across groups noted that the stress involved in trying to do everything right actually makes it more difficult for them to avoid mistakes and contributes to the pressure they feel on the job.

3.4.3 Health

The performance pressure felt by BIPOC employees subjected to workplace racism is one dimension of the increased stress they feel. Stress also comes directly from the incidents of racism themselves, and the fear of additional acts of racism directed their way. One person said, "mentally, I almost lost it." Another reported seeing a doctor for two years for stress and for back pains he associated with the stress of his workplace. Yet, another participant reported getting mental health counseling to help deal with her anger, **"I got mental health counseling to make sure that I'm just not an 'angry Black chick'; that is not who I am and that is not what I wanted to put out there."** A white participant who questioned some of the racial practices on her floor reported having anxiety attacks in the bathroom at work when subjected to retaliation from co-workers; **"I was taking anti-anxiety medication before I even got to work to get through my shifts."**

3.4.4 Career

Two participants described how acts of racism have altered their careers in important ways. One participant, a Muslim woman who had gone to school to become a medical assistant, started working as a medical assistant but quit her job when subjected to racism and discrimination "for everything." She was young and had no one to talk with to process what she was going through. She came back to the hospital environment and is working in housekeeping. A second participant, who is white, reported in another group that while she was still at her job at Children's she has "accepted a new position" and is "leaving the company just for my own well-being and my own mental health and safety." She added, "I just don't feel comfortable working with the company anymore, because I do face a lot of nurses who won't speak to me anymore or are just super harsh when they do speak to me," after she sent an email to staff about the treatment of BIPOC patients on the floor.

Other participants across the focus groups mentioned people that they know who have been fired or left positions, though they did not have details or information beyond that.

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3.5 Solutions

At the end of each focus group, participants were asked about potential steps that could be taken to address the problems of workplace racism that they had described. Participants were in agreement that management practices had to change, and management should be held more accountable for there to be an effective response. Regardless of the specific remedies chosen, and below four approaches that were mentioned by participants are described, there was agreement across groups that serious work needs to be done. As one person said, "Feathers really need to be ruffled."

3.5.1 Training

One set of proposals that emerged from four of the focus groups was focused on the need for training on microaggressions, diversity, and inclusion. One participant said she did not want to be the one to teach co-workers about why some language is offensive and some behaviors unacceptable. Participants felt such training was necessary for managers as well as co-workers. Managers, said one participant, need training on the consistent treatment of employees.

There was also a sense that such training had to be more than a single session, should not be led by hospital management, and had to be aimed at generating true responses to issues of race and inclusion.

As one participant argued:

"If it were to be done, it would have to be done well. It couldn't just be like a 30-minute presentation, you know, like a slideshow, because that's not going to get the point across. You're going to forget that, you're going to, it's like you know, 'Oh I gotta do this quick homework, just to get it done.' It's not going to work that way, so **it would have to be something that was a really fine-tuned and tested. Because even people of color can miss those microaggressions, you know, because I surely did, and now I know some more you know, but I still I'm sure I still miss some. So, it's not something that can just be done, and it definitely can't be presented by a manager because they're just not going to know. And, this is nothing against Caucasian people, but you can't speak to something until you've lived it, you know, or at least walked in a similar path and it just literally ethically makes no sense if they were going to be the ones presenting it, because it just it wouldn't work… The training itself, it definitely is possible, but I don't think it can just be done like they've been doing this self-defense training, right? Where you take a class for an hour and they expect you to be a Kung Fu master. Like that's not going to work with microaggressions or anything like that. You can't just take an hour class and be woke on racism or work on prejudice… It would have to be a series of educational moments, and not just one sit down, let's check the mark, and forget about it next week."**

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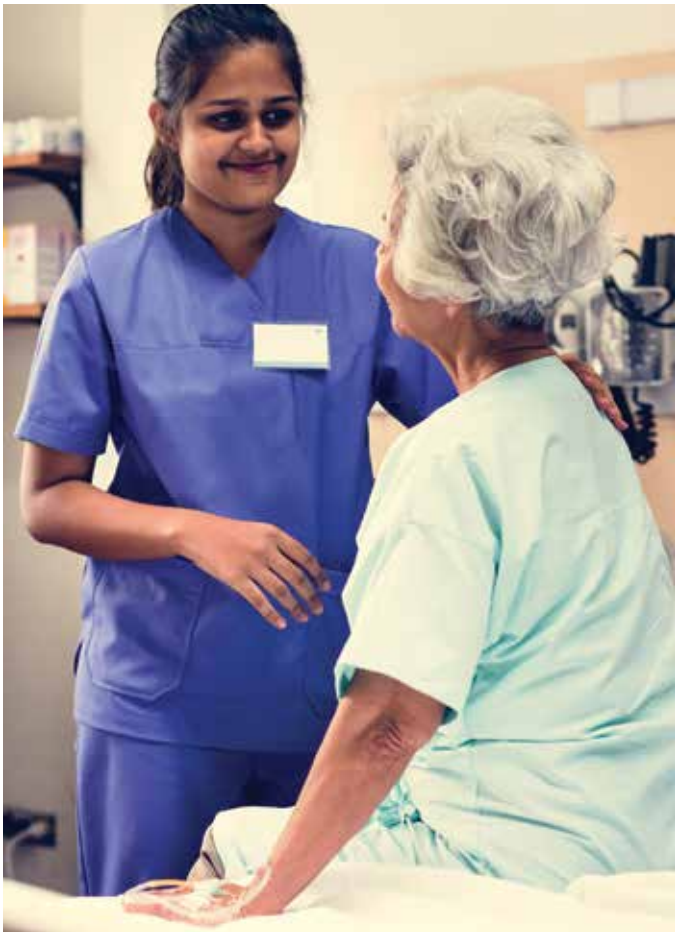
3.5.2 Consequences

A major element of what participants felt needed to happen is for people to be held accountable for their words and actions. In some cases, participants simply said **there must be consequences for these behaviors**, referring back to their belief that management too often sweeps things under the rug. In other cases, people suggested specific follow-up actions such as a written warning, or a mandatory leave when something does happen, and a statement of policy and reminders that disciplinary action will be taken should something happen. Several of the participants called for "zero tolerance" which is significant given the tendency that participants noted for white managers to excuse racist behaviors when the managers thought (or at least maintained) that it was not intentional.

3.5.3 Hiring

Another group of comments focused on the fact that some units are almost exclusively white, and that the management level of hospitals does not match the diversity of lower-paid job categories. Participants called for changes in corporate hiring practices, in part to reflect the clientele of the hospitals involved, and in part to more closely reflect and better represent the racial diversity of hospital workers more generally.



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3.5.4 Communication

At the most fundamental level, participants felt that the workplace would benefit from greater communication around issues of race. This was true in terms of more generalized communication, as in building relationships and trust within units, but also as a means of addressing specific incidents.

One person said that "when we were with HealthEast, every year we had a review. They will come to you, the management, the boss will come to you and asks you, 'How is your job? What do you like about this job? What do you like about your manager?' We used to get reviews like that, but not anymore." This suggestion for a more generalized form of communication was echoed by another participant who noted that there were "five, six, seven, eight different cultures here" in the workplace and that managers should get to know their employees.

Other participants felt the need for communication within the work units tied directly to issues of race. Beyond the trainings described, participants called for someone to talk to, once a month or once a week, just to keep everybody on the same page related to how people should be treated in the workplace. One person suggested that it become a regular part of team meetings.

People also called for greater communication after specific incidents have occurred. There was a sense from several participants that a greater effort to resolve issues when they happen. There was some faith that a "serious conversation" between the two parties with a supervisor present would help in mitigating future incidents. One participant called for a message to the entire team each time there was an incident, "just reminding people of how to treat people."

Finally, there were suggestions about checking in with people after they've been exposed to racism. This would be a personal follow-up to see how the person was doing and how they were getting past the incident. Participants also talked about the need for the time and space necessary to "regroup" whether that be a mental health day or extra time during the workday.

PART 4: CONCLUSION

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Participants in the six focus groups reported extensive and troubling examples of racism in the hospital workplace. These issues sometimes echo more general workplace issues such as workload, insensitive management, workplace politics, and others, but participants saw the examples that they gave as being racially motivated. Other times, the incidents reported by participants were direct and intentional acts of racism. Participants spoke most commonly about the actions of co-workers and managers, suggesting that the problem of racism, though at times initiated by patients, is primarily a question of workplace toxicity in which employees of color are abused and alienated by the actions of other workers, both at their pay grade and above.

Nurses and physicians were often cited as the source of the racist acts described by focus group members, and for the most part, participants were especially upset and disappointed at the behavior of nurses and physicians because of their moral and workplace authority and status.

Comments on the "notorious" status of several of the hospitals suggests the existence of community knowledge (among hospital workers, but also, potentially among community members) of the racial conditions existing in these hospitals. Such a community knowledge, signaled by the comments made in the focus group is worth further investigation in its own right.

The problems described by focus group members indicate a widespread and entrenched issue that is made worse by management inaction when complaints are made.

Participants feel alienated in their workplace but also have little faith in the formal processes of complaint resolution in place. Addressing the problems described by these hospital employees will take a concerted commitment by the hospitals.

Many of the focus group participants expressed gratitude for the opportunity to speak freely about these issues, indicating that they have not had such opportunities elsewhere. They gave their time and emotional energy to speak of the unpleasant reality of their work environment, in the hope, many noted, that some real change might occur.

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Appendix – Questions for the Focus Groups

Problem

1. **What racism have you experienced or witnessed at work? Please describe any specific experience(s) you have had—including big problems or more subtle things you experience regularly.**
   - 1a: Who has been or is responsible for the racism you have experienced (e.g., patients, family member or visitor, co-worker, manager, company policies/procedures, the culture…)?
   - 1b: How often has it happened/does it happen?
   - 1c: Where does it happen most often—are there certain situations or settings that stand out (patient rooms, break rooms, hallways, offices, when doing certain procedures, when w/ certain people…)?

2. **How have your experiences of racism at work changed in recent years given the changes and public discourse in our country and city?**
   Prompts: 2016 Presidential election, pandemic, Floyd murder and aftermath, Chauvin trial
   Probes: Have you noticed an increase in racist actions over past year, two years?

Impacts/Consequences of the Problem

3. **How has racism impacted your ability to do your job?**
   - 3a: Have you found it more difficult to do your job and if so, how?
   - 3b: How has it affected your job performance?
   - 3c: How has racism impacted your physical or mental health?

4. **Have you seen racism impact patients at the hospital? If so, how?**

Solutions

5. **Have you reported to anyone about racism you experienced or witnessed at work?**
   - 5a: If no, why haven't you reported it? What would make you more likely to report in the future?
   - 5b: If yes, to whom did you report it? Has anything been done about it? Were you satisfied with the resolution?

6. **Think of one of the experiences of racism that you have witnessed/experienced at work. What should have happened at that moment or after to address the situation?**
   - 6a: What would the manager or supervisor do, what would co-workers do?
   - 6b: What should be said (to the patient, or visitor, or…)?
   - 6c: What support would have helped you afterwards?

7. **What would need to happen to hold people accountable or to create a zero tolerance for racist behaviors at the hospital?**

8. **If you were the CEO of the hospital system, what would you do to prevent racism from happening at your hospital?**

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