

Building Nurse Upstanders for Health Equity

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ABSTRACT

Background: Health inequities are prevalent in the United States and globally; however, racism as a root cause for health inequities is not explicitly addressed in most nursing or health science curricula. **Method:** Nursing students enrolled in an undergraduate Bachelor of Science in Nursing research course were immersed in a trip to a Holocaust and Human Rights Museum as a nontraditional experiential approach to building upstanders for health equity. **Results:** Students used their experiences to inspire research to advocate for health equity for vulnerable populations and disseminated their research at local, national, and international conferences. **Conclusion:** Nurse educators are responsible for ensuring nursing curricula are current and inclusive to address the health needs of patients and communities and to improve patient and population health outcomes. Embedding an immersive experience and related assignments is one strategy toward dismantling structural racism in health care. [*J Nurs Educ.* 2022;61(7):417-420.]

Health inequities are prevalent in the United States and globally; however, racism as a root cause for health inequities is not explicitly addressed in most nursing or health science curricula (Bailey et al., 2017). Structural racism is defined as a “system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity” (The Aspen Institute, n.d., para 2). Nurse educators are responsible for ensuring nursing curricula are current and inclusive to address the health needs of patients and communities and improve patient and population health outcomes (Billings & Halstead, 2016). Therefore, it is the responsibility as nurse educators to address the following questions: How can nurses better recognize, address, and prevent discriminatory practices

and beliefs to ensure an equitable distribution of health resources to all people? What teaching and learning methods can be used to illuminate this issue? This article offers a nontraditional experiential approach to building upstanders for health equity among nursing students enrolled in an undergraduate nursing research course as one step toward dismantling structural racism in health care.

A Powerful Example of an Upstander

An upstander is described as someone who stands up for the rights of others; combats inequities, injustice, and unfairness; and sees something wrong and takes action to make it right (The Dallas Holocaust and Human Rights Museum [DHHRM], 2021). Contemporary author Jori Epstein (2021) offered insight into the life of Max Glauken in a powerful biography entitled, *The Upstander: How Surviving the Holocaust Sparked Max Glauken's Mission to Dismantle Hate*. At the age of 12 years, Max and his family, Jews in Warsaw, Poland, were made prisoners of the Warsaw Ghetto under Nazi rule where they were surrounded by daily tragedy and suffering. Immersed in horrific circumstances that left much of his community dead because of murder, starvation, or disease caused by overcrowding and unsanitary conditions, Max survived using what he described as a “defense and defiance” strategy of smuggling food and other necessary items to sustain life (p. 33).

In May 1943, after the ghetto was burned in the Warsaw Ghetto Uprising, Max (age 15) and his family were packed into boxcars and transported to Majdanek concentration camp, where he was immediately separated from his mother and brother who were sent “to the left” in the direction of the gas chambers and crematoria (p. 44). Shortly after, he and his father were transported to Lager Budzy work camp where his father was killed, leaving Max an orphan. Enduring the brutality of multiple concentration camps including Flossenbürg, he used what is described as “crafty survival tactics” amidst “moments of despair” to survive (p. 58). In April 1945, during an end-of-war raid, Max narrowly escaped death when he was shot and injured while fleeing from captivity during what was known as the “death march” (p. 128). However, days later he made his way to a nearby town where he was finally liberated on April 23, 1945. As an orphan, he was eventually sent to the U.S. where, despite his trauma, he served as a sergeant in the American military, became a U.S. citizen, started a family, and had a successful career as a businessman and toymaker in Dallas, Texas.

When Max’s son was a teenager, he asked his father to speak to his Jewish Youth Group about what Judaism and Shabbat were like in the Warsaw Ghetto. He had never heard his dad speak about his experience as a Holocaust survivor and had rarely even seen his Holocaust tattoo, as Max generally kept the burden of his suffering to himself. This event that Epstein (2021) described as “telling the kids” sparked a need in Max to edu-

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cate others about the Holocaust in an effort to dismantle hate (p. 121). Max has worked with the Anti-Defamation League and helped establish the Dallas Memorial Center for Holocaust Studies. He eventually became president of the Dallas Holocaust Survivors Advisory Board. Max began traveling back to Poland with teens through the Yavneh Academy, a Jewish high school in Dallas, during their March of the Living Program. This program, which brings light to racism and other injustices, provides an opportunity for students and Holocaust survivors to take part in a march on Holocaust Remembrance Day when people around the globe walk 1.3 kilometers from Auschwitz concentration camp to Bikenau death camp.

Max has touched the lives of many on these trips where he “never reads from a script” but “speaks from the heart” (Epstein, 2021, p. 138). Max teaches his listeners not to hate but instead to understand, accept, and love others in unity and tolerance. His teachings can be applied to other groups that have been historically victimized or those who will be persecuted in the future. For example, according to the U.S. Holocaust Memorial Museum (2021), prejudice against gay men under the Nazi regime took the form of extreme harassment including criminal prosecution that resulted in approximately 100,000 arrests, 53,400 convictions, and 15,000 imprisonments in concentration camps.

Although progress toward understanding, acceptance, and tolerance has been made in some parts of the world, the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community continues to experience marginalization globally, resulting in social and health disparities. In a literature review, Lerner and Robles (2017) found transgender people encountered multiple barriers when using health services in the U.S. Barriers included poor knowledge among health providers regarding transgender health and identity issues; negative experiences with the health system, including encounters with health providers who refused to provide health care to transgender individuals; and the inability to pay for health services (Lerner & Robles, 2017). This critical review underscores the need for upstanders among health providers to ensure equitable health care for all.

Holocaust survivor Max Glaubien and others like him have advocated for human rights for decades, modeling the attributes of upstanders. Now past the age of 90, Max continues to be active with the Dallas Holocaust and Human Rights Museum where he tells his story to thousands of children and community members, hoping to inspire a new generation of upstanders. It was Max’s personal testimony at a community event in 2015 that inspired an experiential approach to teaching nursing students to be upstanders for health equity and human rights.

Method

An Experiential Approach to Building Nurse Upstanders

A transformational learning excursion to the Dallas Holocaust and Human Rights Museum for undergraduate students enrolled in the Baylor University Louise Herrington School of Nursing was designed. This museum visit was a course requirement for meeting the research ethics objective in a professional development consumer of nursing research course. Prior to visiting the museum, students completed a research ethics module

that included videos, reading, and class discussion related to the history of research ethics. Objectives, content, and learning activities for this module prepared students to learn about Nazi experimental studies during World War II and unethical historical events in the U.S. that led to the formation of international research ethics guidelines. Examples of other unethical historical events included the Tuskegee Syphilis Study, the Willowbrook Hepatitis Study, and the Jewish Chronic Disease Hospital Study (Grove & Gray, 2019).

During their visit to the Holocaust and Human Rights Museum, students heard compelling firsthand testimony from a Holocaust survivor, and several groups heard from Max Glaubien himself. The museum’s Director of Education then conducted an exercise and critical discussion with the nursing students. A series of historical pictures of health promotion advertisements and nurses working in various environments in Germany in the 1940s was displayed. At first, the photographs appeared to be benign and even nostalgic—a woman in the sunshine holding a healthy infant, a nurse shaking hands with a government official, and nurses assisting patients into an ambulance. Students were engaged in discourse to hypothesize the circumstances and meaning of the photographs outside of the context of the Holocaust.

Initially, students often idealized the photographs as depicting health campaigns to encourage breast feeding or to promote the profession of nursing as a satisfying and meaningful career path. After each photograph, the museum’s director displayed its true intent or circumstance: an advertisement of health care benefits for an Aryan population only; nurses being recruited to work in birth houses to propagate what was perceived as a pure race; and nurses loading mentally ill patients into an ambulance to be transported to a facility where they would be executed by lethal injection.

The photographs became increasingly graphic and explicit until finally no explanation was needed as the grim realities of the health provider actions were on full display. The final historical photograph depicted a vulnerable man in a concentration camp lying exposed on a medical examination table in apparent painful distress with physicians and nurses standing around him, some with smiles on their faces. Students then were asked a series of reflective questions to stimulate discussion on how tasks of nursing practice that may be routine in other contexts contributed to the atrocities of the Holocaust. Questions included, “Have you ever questioned the rationale behind an order or nursing procedure?” and “Do patients regularly place their trust in nurses to provide care that will ultimately result in their well-being?” Finally, students were asked to reflect on more recent events in society where racism and biased actions of people in trusted professions resulted in inequities, social disparities, injury, and even death.

Students then visited museum exhibits that included a timeline of the Holocaust using historical photographs; documentary and survivor testimony videos; and historical items such as possessions of Holocaust victims, as well as art, maps, and other visuals (DHHRM, 2021). The exhibits then shifted to a “Pivot to America” wing to tell the local stories of other historical events that violated human rights, such as the segregation and oppression of minorities in local communities. The exhibit

ended with a highlight on upstanders, everyday citizens who actively and sacrificially sought to protect the civil rights of others. Students also were given the opportunity to participate in a bias identification and values clarification exhibit, an immersive exercise using video-simulated scenarios with questions and answers to help individuals identify their own biases (DHHRM, 2021).

Results

Cultivation of Voices of Nurse Upstanders for Health Equity

Since the inception of this teaching and learning innovation in 2015, a total of 625 nursing students have participated. After the museum visit, debriefing sessions were held in class, and students discussed the experience, the effects it had on them personally, and its application to their current and future nursing practice. Students commented most frequently on the photographs of nurses during the Holocaust and how they were unaware of the role nurses played in the Holocaust as most publications and media focus on unethical practices of physicians rather than nurses (Lower, 2013). Students reflected on their experiences and described them as “eye opening” and “humbling,” often stating they had a new appreciation for upholding and advocating for patient rights such as self-determination, privacy, anonymity, confidentiality, fair treatment, and freedom from harm. Students were given an opportunity to write a short reflection on the influence of this experience in an essay question on their midterm examination. One student said:

Learning more about the horrendous medical experiments was sobering. Discovering the role nurses indirectly and directly played in the torture and murder of others made my heart grieve. I'm sure those nurses did not enter the profession with those intentions, yet the evil acts were undoubtedly committed. Could something like this ever happen again? We have become a polarized society. I once heard a nurse make a racially biased remark about a patient during shift report in clinical. I am ashamed to say I did not intervene. I stood quietly and became a bystander to an injustice. The program at the Holocaust Museum taught me to be relentless in advocating for my patients in the future. It is my goal to always be an upstander for the patients I serve.

After the reflective class discussion, recent research on the topic of social disparities in health and structural racism as a root cause for health inequities were introduced by the professor (Bailey et al., 2017). Students then were separated into groups and charged with the goal of choosing a topic related to health disparities for a vulnerable population for their final course group research synthesis paper. The purpose of this paper was for students to synthesize results from five recent research studies (published in the past 5 years), determine their strengths and limitations, and recommend evidence-based nursing strategies for eliminating health disparities among their chosen populations. Given the time limitations in a semester, students were instructed to narrow their search to five highly ranked qualitative, quantitative, mixed-methods, peer-reviewed journal articles using nursing or health science databases available through the university's library. The professor gained permission from Johns Hopkins Hospital/Johns Hopkins Uni-

versity (2017) for students to use the *Johns Hopkins Nursing Evidence-Based Practice: Evidence Level and Quality Guide*® to rank their evidence.

This culminating assignment, which was due at the end of the semester, gave students the opportunity to practice multiple research concepts learned throughout the course, such as conducting a literature review, synthesizing research, and making evidence-based recommendations for nursing practice. It also was an opportunity for students to find their own voices to be upstanders to advocate for vulnerable populations as they synthesized published evidence and identified implications for nursing and needs for future research. **Table A** (available in the online version of the article) provides a rubric for the assignment.

Dissemination of Student Research

After receiving feedback from the professor, students converted their papers into a digital poster and made a formal presentation of their findings to the professor and their peers on the last day of class. Each semester, students with outstanding presentations are nominated by the professor to submit their poster or presentation to a professional conference. Most recently, a group of students disseminated their work on maternal mortality and morbidity among Black women in the U.S. at the National Conference on Undergraduate Research (NCUR) (Marshall et al., 2021). Since this teaching and learning innovation began, 60 students have presented their posters or made oral presentations locally, nationally, and internationally at the university's wide research day, NCUR, Sigma Theta Tau Rising Stars, and the British Conference for Undergraduate Research.

Conclusion

Health disparities related to race, racism, and other demographics continue to exist in the U.S. and globally (Bailey et al., 2017; Lerner & Robles, 2017; Thomas et al., 2020). It is the responsibility of nursing professors to ensure nursing curricula address these issues as we cultivate new nurses to take action to stand up for the rights of others and combat racial inequality and unfairness in society and health care systems. Introducing related research and inspiring books or testimonies about upstanders can enlighten students about the prevalence and effects of structural racism and health disparities. Facilitating a transformational learning experience such as a visit to a Holocaust and Human Rights Museum and tailoring assignments to provide students with an opportunity to learn to advocate for equity can spark a commitment for action and change.

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TABLE A

Grading Rubric: Health Disparity Research Synthesis Paper

Content	Points Available	Points Earned
Title page	5	
Includes title of paper, name of all team members, course number, and professor name		
Abstract	5	
Includes a structured abstract between 250 and 400 words summarizing the main elements of the paper		
Introduction	5	
One paragraph introduces the health disparity and explains its importance to nursing, including citations; paragraph ends with a statement explaining the purpose of the research synthesis paper		
Methodology	5	
<i>Search strategy:</i> explains the search technique used to obtain five recent original research articles on the chosen health disparity and vulnerable population; includes keywords, databases used, and any filters or exclusions used (studies only, peer-reviewed journals and published within 5 years); excludes any type of “review” (i.e., systematic review, literature or scoping review, meta synthesis, integrative review, or meta summary); the search strategy should make it clear to readers where and how studies were found (one paragraph or approximately half a page)		
Results	50	
<i>Synthesis of findings:</i> synthesizes the findings (results found in the five articles) as a whole; does not describe each individual article but instead describes any similar and consistent themes or findings among the studies; provides an overview of any differences or refuting evidence between the studies, and compares and contrasts; describes what the body of literature (these five studies) mean; supports the synthesis findings with the use of multiple in-text citations (four paragraphs or approximately two pages); creates a one-page table to synopsise the purpose, sample size, design, and main results of each research study; table(s) are referenced in this section and included at the end of the paper	25	
<i>Strengths of the evidence:</i> discusses the strengths of the five articles; synthesizes as much as possible rather than discussing each article separately; uses qualitative and quantitative critique methods to determine strengths such as validity, reliability, design, theoretical framework, sample size, data collection processes, methods of analysis (two paragraphs or approximately	15	

one page)		
<i>Limitations of the evidence:</i> discusses the limitations or weaknesses of the five articles; synthesizes as much as possible rather than discussing each article separately; uses qualitative and quantitative critique methods to discuss limitations and weaknesses, such as validity, reliability, design, theoretical framework, sample size, data collection processes, and methods of analysis (two paragraphs or approximately one page)	15	
Discussion		
<i>Implications for nursing:</i> explains how the synthesis of findings can contribute to evidence-based nursing practice; suggests changes or improvements nurses can make to promote better patient outcomes; suggestions are specific and describe how these recommendations can be achieved (three paragraphs or approximately one to two pages)	20	
<i>Implications for future research:</i> based on the analysis, recommendations for related future research; provides a rationale to support recommendation (one paragraph or approximately half a page)	5	
References and formatting		
<i>Publication Manual of the American Psychological Association [APA] (7th edition, 2020)</i> formatting is used; includes correct spelling, grammar, quality writing, appropriate APA formatted title page, leveled headings, reference page, and table; includes full and correct citation of sources; no more than three direct quotes and one block quote are used	-1 point for each error	
Total	100	