The Nurses Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy (DRAFT for Public Comment)

Purpose:

Discrimination in any form is harmful to society as a whole and against the values and ethical code of the nursing profession. The purpose of this position statement is to reiterate the significance of a nondiscriminatory stance and provide guidance in creating inclusive strategies for nursing care of individuals and populations from all backgrounds.

Statement of ANA Position:

The American Nurses Association (ANA) recognizes progress in national efforts to decrease discrimination associated with race and socioeconomic status through improving access to health care and quality of health care for all. However, concerted efforts must continue in order to eliminate discrimination in all of its forms. The ANA recognizes that inclusion begins at the level of the individual nurse. All nurses must recognize attitudes and practices which contribute to discrimination and actively seek opportunities to promote inclusion of all people in the provision of quality health care while eradicating disparities. The ANA supports policy initiatives which are directed toward abolishing all forms of discrimination.

History/previous position statements:

Previous ANA position statements support the elimination of discrimination in all of its forms. The position statement on Discrimination and Racism in Health Care (ANA, 1998) calls for equality and justice at individual and population levels. The consequences for ignoring discriminatory behaviors and acts include an ever increasing gap in health
care disparities and negation of our professional values. The ANA position statement on

*The Nurse’s Role in Ethics and Human Rights* (ANA, 2016) provides additional
documentation in support of eliminating discrimination based upon the ethical obligations
of nurses as outlined in the Code of Ethics for Nurses with Interpretive Statements.
Numerous recommendations are outlined in the position statement with implications for
individual nurses, the nursing profession, nursing education, nursing research, and health
care organizations. This current position statement continues to uphold previous and
current position statements by promoting nondiscrimination.

**Supportive material:**

Discrimination exists when a person is treated unfavorably or unjustly according
to a particular characteristic such as race, age, gender or religion. There are many other
characteristics for which discrimination can occur. For example, discrimination can occur
on the basis pregnancy, political affiliation, military status, etc.; the list goes on and may
change over time as we now recognize that genetic testing can be used as a basis for
discrimination. Attitudes and beliefs about personal characteristics in the forms of bias,
prejudice, and stereotyping may influence behavior, but the actual act of discrimination
also known as *intentional* or *blatant discrimination*, occurs when an individual or group
acts upon those attitudes and beliefs (Black, Johnson & VanHoose, 2015; Gee & Ro,
2009). This form of discrimination may be manifested as microaggressions in the form of
a *microassault*. *Implicit* or *unintentional discrimination* can be as detrimental as
intentional discrimination although it resides outside of the perpetrator’s awareness
(Bertrand, Chugh & Mullainathan, 2005). Manifestations of this type of macroaggression
are unconscious behaviors considered to be rude or demeaning to the individual or group
which are classified as microinsults, while microinvalidations disavow the experiences or beliefs of a group (Holley, Tavassoli & Stromwall, 2016; Sue, 2010).

**Perceived discrimination.** When an individual believes that they have experienced discrimination based on personal characteristics such as race, they may exhibit poorer physical and psychological health (Sutin, Stephan & Terracciano, 2015). The link between perceived discrimination, racism, and health including mental health, chronic health conditions, and personality development has been a focus for greater understanding of health disparities among ethnic groups. The effects of perceived discrimination can affect the outcomes of health care as those reporting this type of discrimination believe that are not receiving optimal care, may delay treatment, have difficulty adhering to treatment plans, and may experience internalized racism creating ongoing stressors which further affects health status (Blendon et al., 2007; Carlisle, 2015; Williams, 2012). While some researchers have suggested that health disparities are due to socioeconomic status (SES), other researchers have found that disparities continue even when socioeconomic factors are taken into account. That is, regardless of (SES), African-Americans continue to be at greater risk for hypertension as well as other metabolic disease (Monk, 2015).

**Health disparities.** The delivery of healthcare has long been associated with discrimination, either perceived on the part of the patient or actual or inadvertent on the part of the provider or institution (Reynolds, 2004). Hastert (2016) reported that the discrimination and resulting inequalities in health outcomes were not related to income, but to demographics, specifically race and ethnicity. However, Brooks, et al. (2017) and Link, et al. (2017) did demonstrate both a race/ethnic and socioeconomic impact on
health and health outcomes. The grouping of these health outcomes is commonly
called for additional data collection and research regarding mental health and gender
minorities, the LGBT population while McGuire and Miranda (2008) called for the
elimination of disparities in all aspects of mental health care.

Discrimination has several definitions in the Merriam-Webster Dictionary, among them
is “the practice of unfairly treating a person or group of people differently from other
people or groups of people”. Stuber, Meyer and Link (2008) suggested that stigma be
included with prejudice as perceived causes of discrimination and therefore poor health
outcomes. Pascoe and Richman’s (2009) meta-analysis described the negative impact
of a patient’s perceptions of discrimination regarding healthcare delivery on their actual
health outcomes. Lee, Ayers and Kronenfeld (2009) described how perceptions of
discrimination led to a delay in seeking healthcare, resulting in poor health outcomes.
Burgess, et al. (2008) described an immense web of factors, including actual variations of
illness among demographic groups, access to healthcare and healthcare funding policies
as reasons for health disparities.

ANA takes the position that it does not matter if an individual’s demographic is expected
to have a higher incident of illness. All patients should be screened equally for all health
risk factors, including but not limited to elevated blood pressure, elevated blood glucose,
HIV, decreases in visual and hearing capacity, proper body mass index, all applicable
cancer screenings, mental health screenings and all preventive health services such as
vaccinations.
Finally, ANA takes the position that discrimination has no place in healthcare. All patients are equal and should be treated impartially and with civility. Civility is an active behavior that embodies mutual respect, promotes communication, and fosters collaboration among nurses and patients and the healthcare team (Lower, 2012). ANA takes the position that treating the illness or injury is important and the demographic or socioeconomic status should not influence the level of care provided. ANA takes the position that organization policy that inadvertently supports discrimination is in error. It does not matter if it is an organization policy that discriminates or a policy in support of individual employees who discriminate, it is wrong and needs to be stopped.

Recommendations:

The ANA recommends implementation of the following activities:

- Nurses must engage in a period of self-reflection regarding their personal and professional values regarding civility, mutual respect and inclusiveness and resolve any potential conflicts in ways that ensure patient safety and promote the best interests of the patient (ANA, 2015).
- Nurses should seek out and support nursing practice environments that embrace inclusiveness strategies and promote civility and mutual respect regarding patients, coworkers and members of the community.
- Nurses advocate for policies that are inclusive and promote civility and human rights for all health care workers, patients and others within the organization and community.
- Nurses encourage all health care agencies to adopt and aggressively maintain policies, procedures and practices that embrace inclusiveness, promote civility, mutual respect, contain methods for reporting violations and require interventions to avoid recurrence.
- Nurses work both within the profession and with other health care professionals to create diverse, inclusive communities that promote, protect, and sustain high quality, effective, efficient, safe healthcare practices (ANA, 2010).
- Nurses in all environments and at all levels embrace the concepts of justice and caring, diversity and inclusiveness as well as civility and mutual respect as guiding principles within the provision of health care.
- Nurse researchers support and conduct research that is inclusive in nature, including diverse populations and their health care needs.
• Nurse managers, supervisors and administrators assess policies to insure support of inclusiveness, civility and mutual respect, acknowledging that the lack of such policies may result in environments that fail to sustain high quality, effective, efficient and safe healthcare practices (ANA, 2010).

• Nurse educators promote a diverse workforce by developing education practices to attract and retain students from all backgrounds. Increasing the number of diverse nurses in the workforce will begin to reflect the diversity of the overall US population (Graham, Phillips, Newman & Atz, 2016).

• Nurses embrace a patient-centered approach responsive to the individual cultural needs and concerns of their patients and families (Cuevas, O’Brien & Saha, 2017).

Summary:

Discrimination continues to affect the health of populations. Discriminatory practices that are either intentional or unintentional must be addressed by individual nurses and the profession as a whole. Given the impact of unintentional discrimination based upon attitudes and stereotyping, all nurses must examine their biases and prejudices for indications of discriminatory actions. Health disparities continue to exist and are influenced by health policies, individual discriminatory actions, institutional racism, marginalization, and perceived discrimination by the affected population. The nursing profession is responsible for promoting an environment of inclusiveness where all receive safe, quality care, intolerant of any discriminatory practice.

References:


