

Racism in Nursing: Policy

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Merriam-Webster defines policy as a “definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions.” Policies are ever present in our daily lives, guiding or putting boundaries around our actions and decision both at home and most certainly in the workplace. The question under consideration is how racism within the nursing profession “shows up” in the sphere of policy development and implementation. Consider . . .

- How do policies impact the ability for someone to enter the nursing profession?
- How do policies either promote or prevent someone from thriving within the nursing profession?
- How is the development and implementation of a policy informed by a broad array of stakeholders who are impacted by the policy?
- Even more critical, absent broad stakeholder input with true decision-making authority, what are the potential unintended consequences that may result from that policy?

Fundamentally, it is necessary to consider how policies – both historical and those under development – perpetuate racism within nursing. The focus of this document is not on specific policies, but three key themes that contribute to and perpetuate racist policies and two conditions that influence the outcome of the policy making process.

Dr. Ibram X. Kendi (2019, p.274) defines a racist policy as “any measure that produces or sustains racial inequity between racial groups. By policy, I mean written and unwritten laws, rules, procedures, processes, regulations, and guidelines that govern people”. Kendi further notes that “there is no such thing as a nonracist or race neutral policy.” Unfortunately, the nursing profession is no different than many other professions which are steeped in policies that have racist legacies or current thinking that perpetuate decisions and actions which harm nurses of color. Nursing’s professional code of ethics, *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015), calls on each of us and as a collective to:

- Practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- Promote, advocate for and protect the rights, health, and safety of the patient.
- Establish, maintain, and improve the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy

(Provisions 1, 3, 6, 8, and 9)

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KEY THEMES - POLICY

While not all encompassing, the three overarching themes discussed below exemplify key challenges related to racism and policy. The nursing profession has been participants – whether knowingly or unknowingly – in creating and implementing policies that have perpetuated racism and created inequities across all aspects of the profession and those whom we serve.

KEY THEMES - POLICY

THEME 1: Racism is perpetuated through the systemic and structural nature of policy.

THEME 2: The application and implementation whether through explicit or unwritten rules can aggravate the racist impact of any policy.

THEME 3: Policies typically reflect the voices in the room. Lack of diversity or only token representation of individuals of color or representatives from impacted communities preserves a singular point of view – that of the dominant culture making the policy.

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Nursing in the U.S. through its following of Florence Nightingale has a legacy of policy that grew out of Euro-centric thinking plus our country’s own racial history. As part of broader society and systems, nursing has contributed to the hardwiring of biases and other norms into policies that have harmed nurses of color and patients, families, and communities. Nursing has not necessarily challenged the larger system or entities that established policies that result in racism. Nursing has also established policy that may have been well-intentioned that likely resulted in marginalizing nurses of color. For example, the policy position of baccalaureate as the required degree for entry into nursing practice had an underpinning in evidence but did not take into account the impact that this policy had on nurses of color who were interested in entering the profession. One likely consequence of this policy position was the marginalization of community colleges and other educational avenues while at the same time university-based education was not fully accepting of students of color.

“It is not that [racism] is always overt, it’s more of institutional, structural, and cultural racism that exists in nursing.”

Anonymous Quote, 2021 Racism Survey

“The power in nursing is primarily held by middle-age to old-age White women who have just recently begun to consider racism in nursing care. There are racist principles that have been carried down through history and never challenged.”

Anonymous Quote, 2021 Racism Survey

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3302 One of the challenges and barriers identified during listening sessions convened in 2021 by the
3303 National Commission to Address Racism in Nursing described how racist thoughts “transcend
3304 into acts of discrimination and oppression that results in disparities in advancement, lack of
3305 inclusion in decision-making processes, and inequities in compensation.” Policies intended to
3306 be applied regardless of race are placed into the hands of leaders, managers, employers, and
3307 others whose own biases can impact the application of the policy. Other barriers include
3308 criteria and processes that are thought to be necessary yet tend to exclude or are a deterrence
3309 to a nurse of color successfully navigating the policy.

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3311 *“Why should any Black nurse go back for a PhD or DNP - - [when they] will never get hired or*
3312 *promoted even with a DNP or PhD.”*

3313 Anonymous Quote, 2021 Listening Session

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3315 *“I feel that I have been overlooked for promotions that have been extended to white*
3316 *counterparts, who were less experienced and educated. It's discouraging to feel left out and not*
3317 *appreciated because of race.”*

3318 Anonymous Quote, 2021 Racism Survey

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3320 Having the right voices and subject matter experts at the policy making table has long been a
3321 concern for nursing. Whether this issue is approached from the perspective of role with
3322 physicians and nurses, or gender and of course, race. Not only is it necessary to include a broad
3323 variety of voices at the policy making table, but sufficient representation is also needed to avoid
3324 tokenism and the expectation that one individual can and should represent the entirety of a
3325 profession or race and ethnicity.

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3327 These are just a few of the challenges associated with equitable policy making process. The goal
3328 must be the systematic evaluation and revision of existing policy, development of new policy,
3329 and implementation of all policies that adhere to principles of antiracism, inclusion, equity, and
3330 social justice.

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3333 **OVERARCHING CONDITIONS**

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3335 Policy making is ultimately about power and decision-making authority. Who has the power to
3336 decide that a policy is needed and subsequently determine who is in the room to contribute to
3337 the development of the policy? And, who decides what the final policy will be? There are
3338 policies that nursing controls and there are policies developed by others that govern what
3339 nurse do. As a profession, nurses and nursing must commit to engaging in a fully informed
3340 policy making process that is inclusive and not only considers – but prioritizes - equity and

3341 justice. Two key conditions that contribute to the success or failure of the development and
3342 implementation of antiracist policies are culture and leadership.

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3344 Culture or the environment in which the policy is being developed will also impact the drive for
3345 antiracist policies. An environment of openness, trust, and a sense of belonging will foster
3346 engagement in the policy making process. As stated before, it is necessary to be intentional
3347 about inviting voices and alternative points of view to table and then engage in active listening.
3348 Nursing leaders are essential to either creating a culture of inclusion or advocating for different
3349 approaches to policy making that creates an open and inclusive environment. The Future of
3350 Nursing 2020-2030 report (NAM, 2021) notes that nurse leaders must play an important role in
3351 dismantling structural and cultural racism while addressing discrimination based on identify.

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3353 All nurses are called to engage in policy making and to be advocates. This advocacy extends to
3354 addressing existing policies, new policy under development, and to the way in which the policy
3355 is being made and the voices at the table.

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3357 *“We also have to create avenues for others - - recognizing the value and worth of what we*
3358 *bring. Experience is a formidable teacher.”*

3359 *Anonymous Quote, 2021 Listening Session*

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3361 **CONCLUSION**

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3363 Each of the three themes identified have a positive, antiracist alternative. Achieving the
3364 alternative rests on all of us. Nursing leaders have a significant obligation to create a culture
3365 that engages in significant inquiry while policy is being developed to ensure a full exploration of
3366 potential consequences that may result from implementing the policy. More importantly,
3367 engage with nurses – particularly nurses of color – to ensure that all points of view are
3368 welcomed into the discussion and heard.

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ALTERNATIVE KEY THEMES - POLICY
THEME 1: Equity and justice can be perpetuated through the systemic and structural nature of policy.
THEME 2: The application and implementation of any policy is equitably administered.
THEME 3: Diversity of people and thought, plus the equitable inclusion of all stakeholders, will broaden the policy making lens and support the development of antiracist policies. Every effort must be made to amplify the voices most impacted by the policy.

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3371 Finally, nursing leaders, nurses, and the collective nursing profession must commit to rooting
3372 out racism within existing policies and advance new policies that affirmatively address past
3373 harms while also advancing the needs of the profession and patients, families, and
3374 communities. Tools, grounded in a framework of equity and justice, are also needed to guide
3375 the development and implementation of antiracist policies within the nursing profession.

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3377 *“As nurses we need to unlearn much of what we thought we knew about racism - - and get*
3378 *comfortable being uncomfortable about our profession and our own way of being - - need to see*
3379 *nursing through a new lens and be open to what we might see versus stating that racism does*
3380 *not exist.”*

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Anonymous Quote, 2021 Racism Survey

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3402 added)