Report of the
Professional Policy Committee
2022

Dialogue Forum Recommendations
And
ANA's Racial Reckoning Statement

Membership Assembly
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Report of the 2022 Professional Policy Committee

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Chair, ANA Professional Policy Committee

President Grant and ANA Membership Assembly Representatives:

Dialogue Forum #1: Impact of Climate Change on Health. This Dialogue Forum topic was submitted by Joan C Widmer, MS, MSBA, RN, CEN, (ANA-BOD/NHNA), Judith A. Joy, PhD, RN, (New Hampshire Nurses Association), MaryLee Pakieser, MSN, RN, FNP-BC, (ANA-Michigan), Meredith Roberts, PhD, RN (ANA-Vermont), Kathi Koehn, MA, RN, FAAN (Minnesota Organization of Registered Nurses), and Katie Huffling, DNP, RN, CNM, FAAN (Alliance of Nurses for Healthy Environments). With assistance from Lisa Del Buono, MD, (Michigan Clinicians for Climate Action)

Issue Overview:

In August of last year, the World Health Organization (WHO) stated that climate change is now "the single biggest health threat facing humanity." (WHO, 2021, para. 2). A recent editorial published in 200 leading medical journals, including The Lancet, The New England Journal of Medicine and the British Medical Journal, argued that the world cannot "wait for the COVID-19 pandemic to pass before addressing climate change." (Sommer, 2021; Gaines, 2021). In a 2018 policy statement, the American Academy of Nursing noted that nurses play essential roles in public health and emergency services and through this work they can respond to and reduce health consequences of climate change (Leffers & Butterfield, 2018). The International Council of Nurses (ICN) Position Statement on Nurses, Climate Change and Health, as recently revised, calls on national nurses' associations, to "raise awareness of the health implications of climate change and how to assess and address climate change risks to health by developing policy documents on the subject," (ICN, 2018). As the leading nursing organization, ANA should take a strong leadership position in addressing the impacts of climate change on human and population health and help prepare nurses to engage patients in conversations about climate change and its health impacts; impacts which disproportionately affect the most vulnerable populations.

Summary of Dialogue Forum Discussion:

- One commenter stated that climate change can sometimes be the underdog of dialogue forums. In NJ, the board recognized four things they wanted to engage nurse leaders on, and climate change was one of them. The other topics included nursing shortage, faculty shortage and diversity. Attendees were encouraged to "ditch the disposable and reuse the reusables".
- This is one of the most impactful recommendations made in past-Membership Assemblies for many years now. We must do something stronger than "urge." The Membership Assembly's job is to instruct ANA on many important decisions. Request that the assembly strike the word "urge" and replace with "instruct." There was general support for this recommendation.
- Consider real life examples, for example HIV care during Hurricane Katrina had to leave meds behind. Make climate change personal so that it resonates.
- Consider including practice recommendations for decreasing waste in healthcare settings. Question the process of changing gloves between administration of vaccinations during COVID resulting in significant medical waste. This practice needs to be questioned. It is a waste of medical supplies, and it results in medical waste. Please consider how we can control the use of medical supplies

Recommendations:

Based on the feedback from the Membership Assembly, the Professional Policy Committee recommends that:

1. ANA, C/SNAs and IMD include climate crisis and its consequential impact on human and population health as an essential component of their policy platform .
2. ANA revise and establish as an official position the 2008 House of Delegates Statement on Global Climate Change and Human Health.
3. ANA, C/SNAs and IMD promote nursing knowledge on the relationship between climate change and human and population health. Consider ideas such as:
    a. Share information/educational resources/toolkits to educate nurses on this topic, including methods for decreasing medical waste.
    b. Healthy Nurse, Healthy Nation™ challenges which focus on climate friendly healthy actions.
    c. Integrate information on the impact of climate change on health in nursing school curricula.

4. ANA, C/SNAs, and IMD should establish partnerships at the national and state level with other organizations already active in climate change and health.

Dialogue Forum #1 Background Document

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Dialogue Forum #2: Advancing Solutions to Address Verbal Abuse and Workplace Violence Across the Continuum of Care.

Karen Kinsley, BSN, RN, OCN, New Jersey State Nurses Association; Wendy Pritchett, MSN, RN, OCN; Linda Mendonca, DNP, RN, PHNA-BC, NCSN, FNASN, President, National Association of School Nurses; and Donna Mazyck, MS, RN, NCSN, CAE, FNASN, Executive Director, National Association of School Nurses.

Issue Overview:

Often, healthcare stakeholders' approach to workplace violence (WPV) in health care focus on responses to, and prevention of, physical assaults in hospitals. Discussions often overlook verbal abuse, which can be a risk factor for physical violence. In addition, practice and policy recommendations developed for inpatient settings may not be appropriate or helpful in community settings, such as schools, community health centers, public health facilities, and similar places where WPV can occur. In order to safeguard all nurses from risks of harm and abuse, the nursing community must assume a culture of safety and zero-tolerance stance that provides action steps in all settings that recognize diverse forms of abuse and threat.

Summary of Dialogue Forum Discussion:

- Prevention policies must be data informed. Reporting and data collection must be developed with implementation in mind. "Once data is obtained, review demographic elements for potential racial disparities."
- The term "verbal abuse" needs to be defined to facilitate data collection.
- Nurses engaged in WPV prevention should always be aware of situations that patients and families bring to health care encounters. Responses to WPV and prevention steps should be developed with an awareness of social determinants, including criminalization.
- Prevention implementation must recognize behavior that is symptomatic of mental illness or cognitive impairment and apply an equity lens when assessing patient threats.

- Educators, nurse leaders and regulators should ensure that nurses are trained in de-escalation techniques and are prepared to protect themselves and contribute to a culture of safety.
- Non-acute care settings are overlooked in discussions about WPV. Community-based health care employers also have an obligation to address threats and incidents, including lateral abuse as well as physical violence, from patients and family members.

Recommendation:

Based on the feedback from the Membership Assembly, the Professional Policy Committee recommends that ANA, along with the Constituent, State and IMD associations:

- Promote a comprehensive culture of safety and zero-tolerance approach to verbal abuse and violence in all care settings, advance workplace violence prevention priorities in nursing practice and public policy and advocate for better data collection to inform policy development.

Dialogue Forum #2 Background Document

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Dialogue Forum #3: Nurse Staffing. This Dialogue Forum developed by the Professional Policy Committee.

Issue Overview:

The discussion focused on ANA's current policy and approach to nurse staffing along with several other state- and specialty-level strategies. With the stress of the COVID pandemic which has highlighted and exacerbated long standing nurse staffing issues, now is a good time to take a pulse check on where ANA, the C/SNAs and IMD stand on this pain point for nurses. The goal was to provide any direction for change that may be needed, particularly about ANA's positioning related to nurse-to-patient ratios. The plan would be that for any revisioning of ANA's policy to be developed between July and December of 2022.

Summary of Dialogue Forum Discussion:

- Multiple commenters spoke to the need for enforceable staffing standards. The current resourcing of nurse staffing is contributing to burnout and moral distress.
- It was noted that the emphasis should be on patient safety. There was discussion that improved nurse staffing contributed to better patient outcomes.

- Commenters noted that in states where there are nurse staffing committees there are challenges with enforcing the implementation of the committee's staffing recommendations.
- Members stated that ANA must be a loud voice and take concrete action to address staffing challenges and be more vocally supportive of staffing ratios. ANA must be at the forefront of this issue – to have members and nonmembers look to the association for support, guidance, and action to address this pressing issue.
- Presenters noted that there is a need for multiple approaches that can be implemented at the state level to meet the needs and political climate of that state.
- Some spoke to the need for support staff to be taken into consideration as well, such as ensuring ancillary staff are available so the nurse can focus on the patients.
- Written and verbal comments spoke to opposing staffing ratios arguing that they are not politically feasible in certain regions and there is not a sufficient supply of nurses to meet a potential ratio.
- Written feedback raised the perception that the presenters only presented one side of the issue—lacking the voice of nurses not in favor of staffing ratios.

Recommendations:

The Professional Policy Committee recognizes that this issue continues to be very complex and controversial within ANA. There seemed to be consensus that ANA's existing position does not meet the needs in the current environment. Considering both the verbal and written comments, the Professional Policy Committee moves for consideration that ANA:

1. Engage with C/SNA leaders to revise its current position on nurse-to-patient ratios/standards.
2. The outcome of the engagement with C/SNA leaders should be considered at the Leadership Council in December 2022.

Dialogue Forum #3 Background Document

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Hearing: ANA's Racial Reckoning Statement. This statement was submitted by the ANA Board of Directors.

Overview:

In 2021, the American Nurses Association (ANA) began an intense effort to understand its own history in relation to racism in nursing. The outcome of this examination is an initial reckoning statement that serves as an apology to nurses of color who have been harmed by decisions and omissions made by ANA that contributed to racism in the profession. With this statement, ANA is launching a sustained effort dedicated to ongoing reckoning and reconciliation.

Summary of Hearing:

- There was overwhelming gratitude and praise for this reckoning statement.
    - "The statement raises consciousness levels which positions you to look at things differently".
    - Appreciation and thanks, support, inspired, encouraged, thankful to ANA for being the lead, proud.
    - Expressed gratitude to the board and to every nurse in the room for taking a bold stance to address racism
    - Words were written with genuine acknowledgement for ways ANA has harmed nurses of color and communities of color
    - Bold stance, Foundational, powerful, impactful, thought provoking
    - "Applaud ANA for acknowledging and taking steps to do better, accountability for us all to do better".
- There was general acknowledgement that this work is long overdue and that "it's about time. Nurses of color matter and their voices need to be heard".
    - "Our next is now."
    - "This is where healing begins."
- There was discussion about whether to retain the anonymous quotes. There seemed to be consensus that the quotes should remain in the document. One suggestion was to add the source to the bottom of the document to indicate the origin of the quotes. There was another comment that the quotes do not need an explanation of origin. "They [the quotes] can stand alone, they need no context. Their stories and voices matter and they should not be silenced".
- There needs to be accountability for ANA, states & nurses overall. This step should not be performative only, but that ANA must "walk the talk". Action is a necessary next step.
    - "As nurses, we want to see [ANA and/or nurses] walking the walk-in practice, communication, structures. As nurses this is what we must do."
    - It was recommended that a plan for communicating with key stakeholders to amplify and implement this work. Include the OA's who represent tens of thousands of nurses who are not ANA members and can be an influential

group for implementation of ANA's recommendations. " ANA is a beacon for other organizations and is setting a powerful example for the profession."

- Current policies need to be evaluated for bias and changed both within ANA and in all our settings.
    - "We do not need to wait. What can we do to start dismantling all of these policies that have inherent racism within them?" We need to consider more than just overt, but the invisible racism within our policies.
- Once ANA begins this work on racial reckoning, next steps should include addressing the harms perpetrated by ANA against other areas where discrimination occurs, such as religion.
- ANA needs to look at this work from a global, spiritual, and ethical perspective.
    - "What does success look like in 3, 6, or 9 months?"
- Joint commitment from candidates for ANA President that they will continue this work. "This is just the beginning, and the Board is committed to continuing this work."

Recommendation:

Based on the feedback from the Membership Assembly, the Professional Policy Committee recommends adoption of ANA's Racial Reckoning Statement as written in Appendix 1.

APPENDIX 1

American Nurses Association

Racial Reckoning Statement

Racism: Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical harm of individuals and perpetuate systemic injustices and inequities.

(National Commission to Address Racism in Nursing, 2021)

"If I were to replace my face with a white person's face, where would my career be?"

(Anonymous Quote, National Commission to Address Racism in Nursing, 2021)

Opening

This is a journey.

Throughout our history, the American Nurses Association (ANA) has sought to lead nursing into the future. Through acts of omission, when we failed to act, and commission, when ANA's actions negatively impacted nurses of color, we have caused harm and perpetuated systemic racism. This statement serves as a starting point for a journey during which we seek to acknowledge past actions that continue to impact the profession today and as a starting point of a new journey toward the future.

ANA begins this journey in conjunction with the efforts undertaken by the National Commission to Address Racism in Nursing (the Commission). This statement focuses on ANA's own actions, while the Commission seeks to address racism in nursing within the broader profession. We recognize that as a leader, ANA holds accountabilities at both the organizational and the broader professional level. Through both efforts, we are striving for a more inclusive, diverse and equitable professional organization and a nursing profession that meets the needs of all people.

Our intention with this statement is to publicly identify and acknowledge our past actions while addressing the harms that continue today. The section on ANA Reckoning is not meant to be a complete listing of all ANA actions that have caused harm. Historical exclusions of and transgressions against Black nurses will be discussed in this document. This harm has undoubtedly extended to all nurses of color. In addition, there is much debate about labels and terms to identify racialized minorities. We have chosen to use the term "nurses of color" to reflect all nurses representing race and ethnic groups. It is our intention to be fully inclusive in the use of this language.

In the end, it is our actions that will truly reflect the sincerity of this apology and serve as the underpinning for forgiveness. For it is forgiveness that we seek — forgiveness from nurses of color, the nursing profession and the communities that have been harmed by our actions. We fervently hope that this statement, its subsequent work and the efforts of the Commission will contribute to healing — individual healing for nurses, reconciliation with the ethnic-minority nurse associations and healing of the profession. ANA wants this statement to reflect genuine reconciliation and acknowledgment and hopes that it is a step toward forgiveness. Ultimately, we seek to contribute to the healing of nursing.

ANA Reckoning

There is much that can be said about ANA's history and failure to include and represent the views and needs of nurses of color. The examples below are not to be considered as a complete reckoning of ANA's past, but they are representative of times and actions when ANA failed.

To begin, we must acknowledge that from 1916 until 1964, ANA purposefully, systemically and systematically excluded Black nurses. ANA's predecessor organization, the Nurses' Associated Alumnae of the United States and Canada, was open to alumnae associations of schools of nursing, including Black hospitals and nurse training schools (Hine, 1989). The Nurses' Associated Alumnae became the American Nurses Association, and in 1916, the membership rules shifted away from an alumnae-based membership to that of a state- and district-based membership. This resulted in Black nurses being denied membership in some state nurses associations. Despite significant advocacy and pressure from the National Association of Colored Graduate Nurses (NACGN), this discrimination persisted. In 1946, the ANA House of Delegates voted to adopt a statement that urged the "removal, as rapidly as possible, of barriers that prevent the full employment and professional development of nurses belonging to minority racial groups" (Carnegie, 1991, p. 76). And in 1948, the ANA House of Delegates established an "Individual Membership Category" that was open to all nurses who were not accepted through a state or district association. However, it was not until 1964 that a final district in Louisiana dropped its discriminatory rule for membership (Carnegie, 1991). This timeline reflects the failure of ANA leaders to aggressively pursue changes in its discriminatory membership rules and allow for full membership regardless of race. While membership within ANA was hard fought by NACGN, the full inclusion of Black nurses within ANA leadership and decision-making remains unrealized and elusive for all nurses of color.

One representative incident from 1939 involved Estelle Massey Riddle Osborne, president of NACGN from 1934-1939. In 1939, President Osborne was invited by ANA President Julia C. Stimson to meet with ANA's Advisory Council to discuss the status of Black nurses in the profession. The site of the meeting was the St. Charles Hotel in New Orleans, where Black guests were required to use the service entrance and freight elevator. President Osborne called on ANA and President Stimson to adamantly protest this discrimination. Instead of protesting the discriminatory policy, President Stimson offered to enter the hotel with President Osborne through the service entrance. In the end, President Osborne decided against attending and ANA failed to step into a space of advocacy and support (Hine, 1989).

President Osborne was the first Black nurse to earn a master's degree in the U.S. and became the first Black nurse elected to the ANA board in 1948. However, after her four-year term, there were no Black nurses elected to the board again until 1970 (Carnegie, 1991). This lack of representation on the policy level for 22 years concerned many Black nurses, and when it was brought up at ANA's 1972 convention, it was communicated that the only obligation of ANA from the dissolution of NACGN was the awarding of the Mary Mahoney Award.

In 1965, ANA approved a position paper on nursing education that recommended the minimum preparation for "beginning professional nursing practice should be a baccalaureate degree" (ANA, 1976). The stated rationale for this change was the increasing complexity of nursing activities and patient care. One result of ANA taking this position was the disenfranchisement of institutions and schools of nursing that were available to students of color and the exclusion of nurses who graduated from those programs. ANA sought to advance the educational level of nurses without ensuring that all nurses would have the same access to the education necessary to achieve the desired educational level for entry into the profession. There continues to be a need to examine how this policy advances nursing today and to examine strategies for ensuring that educational opportunities are equally available to all students, especially students of color.

In 1970, Dr. Lauranne Sams organized a meeting with 200 Black nurses for the primary purpose of organizing a Black nurse association. The group reported the following concerns (Carnegie, 1991):

1) Concern over the absence of Black nurses in leadership positions at ANA.
2) Limited opportunities for Black nurses to support and shape ANA policies.
3) Persistent tokenism.
4) Limited recognition of Black nurses' contributions to the profession.
5) Lack of significant increases in the number of Black registered nurses.
6) No recognition of achievement with awards (other than the Mary Mahoney Award).
7) Limited appointments of Black nurses to committees and commissions.

In 1973, in her first address to the newly created National Black Nurses Association (NBNA), Dr. Sams considered the question of why a Black Nurses Association was needed:

> "No, I am speaking about all the past deficits and discriminatory practice which have continuously disgraced and limited the full potential, the development, the selfhood, and the self determination of Black folk. I am speaking about today, Here and Now."

In telling the history of the formation of the NBNA, the article *From Invisibility to Blackness: The Story of the National Black Nurses' Association* by Gloria R. Smith notes that there was a desire on the part of the Nurses' Associated Alumnae of the United States and Canada and ANA for Black nurses to be members, but these professional associations granted them few privileges "other than paying dues" (1975, p. 225).

Although by 1964 there were no tangible rules preventing membership for nurses of color, it was evident that exclusionary practices and a failure to represent all nurses remained. Similar to the concerns raised by Black nurses, in 1974, led by Dr. Ildaura Murillo-Rhode, a group of 12 Hispanic nurses who were also members of ANA came together to consider establishing a Hispanic Nurses Caucus within ANA because "ANA was not being responsive to the needs of Hispanic nurses" (National Association of Hispanic Nurses, 2022). Ultimately, this core group and their organizing efforts led to the establishment of the National Association of Hispanic Nurses (NAHN). Today, "NAHN members advocate, educate, volunteer, seek partnerships, and conduct programming in the Latino community to improve outcomes, elevate literacy, heighten education, and influence policy. We also work collaboratively with others to improve health equity and to create a future in which everyone regardless of race or ethnicity has opportunities to be healthy."

ANA recognizes that issues of racism persist today and continue to harm nurses of color. Findings from the Commission's 2022 national survey on racism in nursing (n = 5,600) noted that racist acts are principally perpetrated by colleagues and those in positions of power. Over half of nurses surveyed (63%) said they had personally experienced an act of racism in the workplace with the transgressors being either a peer (66%) or a manager or supervisor (60%). Fifty-six percent of respondents also noted that racism in the workplace has negatively impacted their professional well-being. During listening sessions with nurses of color convened by ANA and the Commission, persistent themes of stereotyping, prejudice, discrimination, exclusion, oppression, tokenism, inequity, and insistence on conformity and assimilation were found (National Commission, 2021). The impact of these experiences is demoralization, exhaustion, spirit murder (murder of the soul), invisible workload, silence, invisibility and self-doubt.

> *"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, National Commission to Address Racism in Nursing, 2022)

Seeking Forgiveness

As leaders of ANA, we apologize for the named and the unaccounted-for harms. Our past actions have caused irreparable physiological, psychological and socioeconomic harm, not only to nurses of color but to all patients, families and communities that depend on ANA as the national leader of the nursing profession. We failed to live up to the professional values established through the Code of Ethics for Nurses (ANA, 2015) and our social contract that guides the relationship between the nursing profession and society and their reciprocal expectations (ANA, 2010). In addition, as ANA sought to "professionalize" nursing, we failed to support a robust education approach that included the appropriate preparation to care for ALL our patients, especially patients of color.

More specifically, we apologize to all nurses of color. Not only is the profession richer for your having persisted, but the people you cared for and continue to care for today have been better served. ANA

failed to uphold your work and support you as you advanced in nursing and worked to improve the profession. Having failed you, ANA also failed in supporting and caring for communities of color and other marginalized people.

We apologize to the ethnic-minority nurse associations that have ably represented the needs of their nurses and communities. Early in the profession's history, there was a stated desire for one association to meet the needs of all nurses. ANA only represented the needs of *some* nurses and *some* patients. Nurse leaders of color stepped into the breach. ANA's failure to lead resulted in a fragmentation of the profession that contributed to a fragmentation in nursing care for minoritized communities.

Moving Forward

As important as it is to reconcile ANA's history, our path points toward the future and actions that should be taken as a means of holding ANA accountable, continuing reconciliation to repair the breach and becoming a restored association. Each of the actions below will lead to additional actions and efforts as ANA continues the journey.

Therefore, the ANA Board of Directors will:

- Continue to reckon with and apologize for past harms that are made known to ANA.
- Engage in direct reconciliation with each of the ethnic-minority nurse associations.
- Develop and implement a diversity, equity and inclusion impact analysis that is considered in all policies and positions of the association.
- Initiate an oral history project dedicated to amplifying the contributions by nurses of color to ANA and the nursing profession.

Therefore, the American Nurses Association will:

- Continue to serve as a partner in and support the National Commission to Address Racism in Nursing as it strives to create antiracist practices and environments.
- Advocate for and follow established guidance on the reporting of race and ethnicity in professional journals and publications.
- Advocate for appropriate representation and inclusion in textbooks and other educational material.
- Actively engage in a program of diversity, equity and inclusion within the association.
- Provide transparency into the race and ethnic makeup of the ANA Board of Directors, leadership and staff.
- Deliberately work to build diversity within ANA's volunteer and governance structure.

Conclusion

We, as ANA, are on a journey — a journey of reckoning and reconciliation, forgiveness, and healing. This journey will take some time, but it is one that ANA is fully committed to. We invite others to join us as ANA seeks to strengthen who we are as a professional association and the broader nursing profession through inclusion, diversity and equity as we strive for antiracist nursing practices and environments.

"As nurses we need to unlearn much of what we thought we knew about racism — and get comfortable being uncomfortable about our profession and our own way of being — need to see nursing through a new lens and be open to what we might see versus stating that racism does not exist."

(Anonymous Quote, National Commission to Address Racism in Nursing, 2022)

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