Report #4 of 6

How Racism Shows Up in Policy

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Introduction

Policies — a set of ideas or plans that guide programs or thinking at the organization or government level — are ever present in our daily lives, guiding or putting boundaries around our actions and decisions 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 the following:

- How do policies impact the ability of someone to enter the nursing profession?

- How do policies either promote or prevent someone from thriving within the nursing profession?

- How are the development and implementation of policies informed by a broad array of stakeholders who are impacted by those policies?

- What are the potential unintended consequences when policies are made absent broad stakeholder input?

Fundamentally, it is necessary to consider how policies — both historical and those under development — may perpetuate racism within nursing. The focus of this document is not on specific policies but on three key themes that contribute to and perpetuate racist policies and two conditions that influence the outcome of the policymaking process. Other documents that are part of this series cover specific policy concerns that may be present in the areas of nursing education, practice and research.

Dr. Ibram X. Kendi (p.274, 2019) 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." Because of biases that are brought to any policymaking endeavor, Kendi further notes that "there is no such thing as a nonracist or race-neutral policy." Unfortunately, the nursing profession is no different from other professions that are steeped in policies that have racist legacies or current thinking that perpetuates decisions and actions that 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 individually 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 patients.

- Establish, maintain and improve the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

- Collaborate 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)

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 a participant — whether knowingly or unknowingly — in creating and implementing policies that have perpetuated racism and created inequities across all aspects of the profession and those we serve.

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 policies.**

Nursing in the U.S. has a legacy of policies that grew out of Eurocentric 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, nor has nursing challenged the larger system or entities that established the policies that resulted in racism. Nursing has also established policies that may have been well intentioned but 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-aged to old 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

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

> *"Why should any Black nurse go back for a Ph.D. or D.N.P. degree [when they] will never get hired or promoted even with a D.N.P. degree or Ph.D.?"*
> Anonymous Quote, 2021 Listening Session

> *"I feel that I have been overlooked for promotions that have been extended to white counterparts who were less experienced and educated. It's discouraging to feel left out and not appreciated because of race."*
> Anonymous Quote, 2021 Racism Survey

Having the right voices and subject matter experts at the policymaking table has long been a challenge for the nursing profession. Not only is it necessary to include a broad variety of voices at the table, but sufficient representation is also needed to avoid tokenism and the expectation that one individual can and should represent the entirety of a profession or race and ethnicity.

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

Overarching Contexts

Policymaking is ultimately about leadership, power and decision-making authority. Who has the power to decide that a policy is needed and subsequently determine who is in the room to contribute to the development of the policy? And who decides what the final policy will be? There are policies that nursing controls and there are policies developed by others that govern what nurses do. As a profession, nurses and nursing must commit to engaging in a fully informed policymaking process that is inclusive and not only considers but also prioritizes equity and justice. Two key conditions that contribute to the success or failure of the development and implementation of antiracist policies are leadership and culture.

Nursing leaders are essential to either creating a culture of inclusion or advocating for different approaches to policymaking that creates an open and trusted environment. The "Future of Nursing 2020-2030" report (NAM, 2021) notes that nurse leaders must play an important role in dismantling structural and cultural racism while addressing discrimination based on identity.

Culture or the environment in which the policy is being developed will also impact the drive for antiracist policies. An environment of openness and trust and a sense of belonging will foster engagement in the policymaking process.

All nurses are called to engage in policymaking and to be advocates. This advocacy extends to addressing existing policies and new policies under development, and to actively engage with the way policies are being made with the voices at the table.

> *"We also have to create avenues for others, recognizing the value and worth of what we bring. Experience is a formidable teacher."*
> Anonymous Quote, 2021 Listening Session

Conclusion

Each of the three themes identified have a positive, antiracist alternative. Achieving the alternatives rests on all of us. Nursing leaders have a significant obligation to create a culture that engages in significant inquiry while policies are being developed to ensure a full exploration of potential consequences that may result from implementing those policies. More importantly, nurse leaders must engage with nurses — particularly nurses of color — to ensure that all points of view are welcomed into the discussion and heard. Ultimately, nurse leaders and nursing must be held accountable for the policies that govern nursing practice and the profession.

Affirmative 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 are equitably administered as measured by equal outcomes across groups.

THEME 3 | Diversity of people and thought, plus the equitable inclusion of all stakeholders, will broaden the policymaking lens and support the development of antiracist policies. Every effort must be made to amplify the voices most impacted by those policies.

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

"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 ... [we] 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, 2021 Racism Survey

References

American Nurses Association. (2015). "Code of Ethics for Nurses With Interpretive Statements." https://www.nursingworld.org/coe-view-only.

Kendi, I. (2019). "How To Be an Antiracist." Bodley Head.

National Academies of Sciences, Engineering, and Medicine. (2021). "The Future of Nursing 2020-2030: Charting a Path To Achieve Health Equity." Washington, D.C.: The National Academies Press. https://doi.org/10.17226/25982.

National Commission to Address Racism in Nursing. (2021). "Summary Report: Listening Sessions on Racism in Nursing." Retrieved January 12, 2022, from final-racism-in-nursing-listening-session-report-june-2021.pdf (nursingworld.org).

National Commission to Address Racism in Nursing. (2022). Racism's Impact on Nursing: National Survey. Retrieved April 19, 2022, from "Survey Shows Substantial Racism in Nursing" (nursingworld.org).

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