


Diversity •

Fostering a More Inclusive and Open Understanding of Difference

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Promoting respect for human dignity and valuing difference are principles inherent to the nursing profession. The American Nurses Association (ANA) Code of Ethics obligates the nurse, in all professional relationships, to practice with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems (ANA, 1995). The National League for Nursing's (NLN) commitment to diversity is reflected in its mission statement, which calls for the promotion of excellence in nursing education to build a strong and diverse nursing workforce.

Diversity is most commonly defined in the context of ethnicity and gender. The NLN expands the definition of diversity and holds as imperative the development of a culture where individuals and institutions move beyond simple tolerance to embrace and celebrate the richness of debate and dialogue based on difference. Diversity, in this sense, is a core value of the NLN.

All of us are who we are today because of our own diverse experiences and background. We bring to the nursing profession unique perspectives that shape our decisions and our interactions with others. We uphold the ANA Code of Ethics (ANA, 1995) and affirm the importance of a culturally competent nursing workforce. We fully recognize that individuals and families come to us in the context of the healing environment and bring with them unique perspectives and values. And in that context we seek to move beyond our own prejudices, examine our biases, and embrace openness to others to confirm our respect for human dignity and differences in people, ideas, and cultures.

Reality tells us, however, that our own biases often interfere with our ability to be fully open to varied perspectives, especially when those beliefs conflict with our own attitudes and biases. Consider the following nurse-patient and student-faculty encounters:

Olin Peterson, 82 years old, came in monthly to an outpatient clinic for chemotherapy. Each time, he told the nurse that he needed to be home by 4:00 PM. He rarely made it home on time.

Luella Cooper, a nursing student, came to talk to her mentor because a faculty member had spoken to her

about her uncaring and inappropriate behavior on a psychiatric unit. A patient had yelled at her to stop laughing at him. "I wasn't laughing," said Luella, "but in my culture we are taught to always smile and act cheerful when we are with our elders."

Frank Okui, a nursing student, approached Candace Yazzie, another nursing student, for assistance with a pathophysiology writing assignment. Later, Candace said to a friend, "I don't know why guys always want us to stop what we are doing and help. Men are all in nursing for the wrong reason anyway."

What do these stories have in common? As nurses it is important for us to accept that all of our encounters are cultural encounters and with them come known and unknown biases, prejudices, and stereotypes. We are shaped and changed by different life experiences. We bring our biases and personal beliefs to each encounter.

To the high-tech nurse on the chemotherapy unit, there was nothing more important than Mr. Peterson's treatment. But to Mr. Peterson, being home before his daughter left for work meant comfort and security since she helped him settle in for the night, with his supper within reach.

Luella needed to be asked by the faculty member to explain her behavior in light of her culture, her understanding of events, and before a judgment was made about how she behaved with the patient. To Luella, she was being a caring nurse but the faculty member's personal beliefs limited the possibility for dialogue.

Candace's previous learning, gender bias, and life experiences influenced her response to the student seeking assistance with a learning assignment. She brought subtle, unintentional bias to her interactions with others and may not have been aware of the impact of those beliefs.



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Discrimination, bias, and unsupportive behavior based on lack of understanding and awareness are real in our workplaces and in our nursing programs. "Micro-inequities" exist throughout our learning environments. These negative messages are most often unconscious and, in the context of the nursing experience, can devalue learners and discourage performance by patients, resulting in the erosion of trust and caring. These messages can include gestures, looks, tones, inflection, and negative comments and are often driven by race and gender (Insight Education Systems, 2007). For example, men in nursing school have experienced a cooler climate for learning, often caused by nurse educator characteristics and unsupportive behaviors (Bell-Scriber, 2008). Students from minority

backgrounds often rate institutions lower in supporting the work of diverse faculty, teaching about diversity, and being sensitive to people of their ethnic backgrounds (Wong, Seago, Deane & Grumbach, 2008).

Despite growing evidence that a diverse healthcare workforce will positively influence increased sensitivity to cultural and ethnic practices and beliefs, there continues to be slow growth in the number of ethnically diverse nurses in the United States today. Currently only 10.7 percent of all registered nurses come from one or more of the identified racial and ethnic minority groups (The National Sample Survey of Registered Nurses, 2004).

On the positive front, data from the NLN's *Nursing Data Review: Academic Year 2005-2006* (2008),

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which documents application, admission, enrollment, and graduation rates, show a marked increase in the percentage of graduating pre-licensure students who are members of racial or ethnic minority groups, with the increase distributed across all racial and ethnic categories: Asians, African Americans, Hispanics, and Native Americans. This is important because these data show reversal of a trend that has existed for over 20 years. Recent studies in medicine and nursing link health disparities for minority populations, a major national health care problem, to a lack of cultural awareness by healthcare workers who do not resemble the patients they serve (National League for Nursing, 2008).

How will we reach a preferred future in nursing where patients, like Mr. Peterson, and students, like Luella and Frank, are accepted and respected for unique cultural, ethnic, and age-related perspectives? How will we surface the micro-inequities that exist in our nursing programs and in our workplaces and move toward a more inclusive and open understanding of difference (G.R. Alexander, personal communication, June 15, 2008)? Each one of us can begin right now.

- Reflect on your interactions with patients, peers, and faculty and ask yourself if your own beliefs and attitudes interfere with creating supportive and respectful dialogue.
- Become attentive to the micro-inequities that may unintentionally

exist around you and in your encounters with others; make a commitment to expose subtle gestures, looks, or comments that may create bias or misunderstanding.

- Ask faculty members at your nursing program to provide opportunities for you and your nursing student peers to discuss ways to understand differences in people and their experiences in order to provide culturally safe care to all people.
- Seek out developmental programs to help you become more culturally competent.
- Maintain and refine your cultural humility, appreciating that none of us can be fully culturally competent with every culture.
- Focus on the cultures that you are primarily involved with to learn about their histories, communication styles, territorial and space needs, timing issues, community concerns, and food patterns and biological variations (Giger & Davidhizar, 2008).

It will take all nurses, working together as colleagues, to light the way toward the creation of safe, diverse environments of healing. It will take tremendous intentional efforts on all our parts. But if we are to prepare nurses who will be able to meet the demands of the diverse populations we serve, who expect us to provide culturally safe environments of care, we have no choice but to continue our efforts to embrace and celebrate difference. ☺

references

- Alexander, G.R. Personal Interview. 15 June 2008.
- American Nurses Association (ANA). 1995. *The American Nurses Association Code of Ethics*. ANA author.
- Bell-Scriber, M.J. (2008). Warming the nursing education climate for traditional-age learners who are male. *Nursing Education Perspectives*, 29(3), 143-150.
- Giger, J. and Davidhizar, R. C. (2008). *Transcultural Nursing*. (5th Ed) St.Louis, Mosby.
- Insight Education Systems. (2007). MicroInequities. MicroInequities: At a glance. Retrieved from www.insighteducationsystems.com?AtAGlance.htm
- National League for Nursing (2008). Nursing data review academic year 2005-2006: Baccalaureate, associate degree, and diploma programs. New York: Author. Retrieved from www.nln.org/research/Reports/NursingDataReview2005/index.htm
- US Department of Health and Human Services, Health Resources and Services Administration. (2006). The registered nurse population: Findings from the March 2004 National Sample Survey of Registered Nurses. Retrieved from Available: <ftp://ftp.hrsa.gov/bhpr/workforce/0306rnss.pdf>.
- Wong, S.T., Seago, J.A., Keane, D., & Grumbach, K. (2008). College students' perceptions of their experiences: What do minority students think? *Journal of Nursing Education*, 47(4), 190-195.



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