Equity-oriented approaches:

Possibilities for Supporting Integration of Internationally Educated Nurses
Goals

– Offer a snapshot of the discrimination faced by nurses in the workplace
– Consider the particular challenges faced by Internationally Educated Nurses
– Offer “equity-oriented” strategies for preventing and responding
Argument

– Discrimination is known to be harmful on health both directly (e.g. hypertension) and indirectly (e.g. access to resources);
– Interpersonal and structural forms of discrimination are continuous with one another; we all have relationships to these forms of discrimination;
– Nurses face multiple forms of discrimination, varying with their social positioning;
– IEN nurses in particular face considerable discrimination;
– Equity-oriented approaches can help prevent discrimination at the organizational and individual level, and mitigate the impact.
Structural Violence

...the often mundane systemic exclusion and disadvantage that is built into everyday social patterns and institutions, social forces “that drive up the risk of ill health for some while sparing others, [becoming] embodied as health and disease among individuals” (Farmer, Kim, Kleinman, & Basilico, 2013, p. 9).

...suffering is ‘structured’ by historically given (and often economically driven) processes and forces that conspire- whether through routine, ritual, or, as is more commonly the case, the hard surfaces of life- to constrain agency. For many, including most of my patients and informants, choices both large and small are limited by racism, sexism, political violence, and grinding poverty” (Farmer, 2003).
Trauma

Experiences involving disruption in trusted relationships as the result of violence, abuse, war or other forms of political oppression, or forced uprooting and dislocation from one’s family, community, heritage, and/or culture”

Mason et al, 2012
Race and Ethnicity

“race” and “ethnicity” are both socially constructed categories, capturing how not only skin color but also culture, accent, or religion can be defined as a marker of “otherness” (Nagel, 2003).
Racializing

...the social process by which people are labelled according to particular physical characteristics or arbitrary ethnic or racial categories, and then dealt with in accordance with beliefs related to those labels (Agnew, 1998).
Discrimination
Discrimination in health care

- widespread, well-documented
- based on race, ethnicity, age, income, stigma related to particular health issues (e.g. mental health, obesity, certain forms of cancer, HIV status, substance use)
- continuous with, reflective of, and contributes to wider social discrimination
- literature is predominantly concerned with recipients of care
Discrimination against nurses

In the context of nursing, a “feminized”, “white” profession with Christian and military roots:

– Nurses experience discrimination based on gender, professional status,
– Racialized nurses experience racism intertwined with these other forms of discrimination
– Significant literature on racial discrimination against nurses (e.g. from Ethel Johns to Das Gupta and beyond)
– Includes continuity between structural (e.g. pay, advancement, assignments) and interpersonal forms
– Violence is intertwined with discrimination
Discrimination faced by IEN
Discrimination for IEN in Canada

Physicians rarely reported instances of discrimination in communication with patients or nurses. Instead, they were concerned with instances of discrimination within their own professional group. Nurses, on the other hand, reported discrimination at the hands of patients and their families as well as racialization by physicians, management, and other nurses.”

Neiterman & Burgeault, 2015

...racialized nurses, when, too afraid of backlash, refuse to report experiences of abuse.

The fear is there... Depending on the... level of abuse... “Do I report it or do I silently bear it because I am who I am...”

Choiniere et al, 2015
<table>
<thead>
<tr>
<th>Type A: Isolate</th>
<th>Type B: Small group</th>
<th>Type C: Direct institutional</th>
<th>Type D: Indirect institutional</th>
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</thead>
<tbody>
<tr>
<td>• Intentionally harmful action by a dominant group individual against subordinate members</td>
<td>• Intentional harmful actions taken by small subgroup of the dominant group against subordinate members</td>
<td>• Intentionally harmful actions and/or negative effects toward subordinate group</td>
<td>• Neither prejudice nor intent to harm but impose negative effects on subordinate group</td>
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<tr>
<td>• Not embedded in a large-scale organizational setting</td>
<td>• Discriminatory actions by the small group are not supported by the majority in the organization, or may be supported to a low degree in a less extreme form</td>
<td>• Embedded in large-scale organizations</td>
<td>• Embedded in large-scale organization or community, which prescribes practices</td>
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<td>• Actions are organizationally prescribed</td>
<td>• Past-in-present discrimination: e.g., applied age restrictions or use of remote employee history for hiring and job promotions</td>
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<td>• Manifested through formal or informal rules, policies, or procedures carried out routinely by large numbers of employees</td>
<td>• Side effect discrimination: e.g., using school credentials for hiring or promotion when some minorities never had the opportunity to earn those credentials</td>
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<td>• Both the policies and the actions to carry them out are considered forms of discrimination</td>
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Racial discrimination – what keeps it alive?

We are all embedded in a world of inequities, including race-based thinking, that we are encouraged to ignore – to protect privilege.
Racial discrimination – what keeps it alive?

Whiteness
- “Whiteness” is an ‘ideology’, not just a property of individuals
- “White” people generally do not think of themselves as a group or acknowledge themselves as racial actors
- Implicit, subconscious bias

Colour blindness
- “I treat every one the same”; “I don’t see colour”
- Supports overlooking discrimination; blame inequities on those who experience them
- “White respondents avoided acknowledging how they are implicated in racial inequality in health care” (Malat et al 2010).
What can be done?

Equity-oriented approaches
What is an ‘equity-oriented’ approach?

Inequities are
- Unfair
- The result of social arrangements
- Potentially remediable

Thus requires action at level of
- Individual
- Organization
- Society
At the level of our own thinking:

Choose how to develop our own relationship to race/racism/whiteness:

- Blindness to privilege OR silent awareness OR active alliances
- no need for guilt or defensiveness

Don’t conflate “culture” (which is highly complex) with race or ethnicity

Avoid simplistic “cultural” explanations for behaviours

Think of culture, including the culture of health care, as dynamic and changeable

Believe complaints of discrimination (don’t downplay, explain away, defend)
In our own interpersonal interactions:

**Learn how to and challenge stereotypes:**

“It sounds like you think nurses from the Philippines have inadequate education...”

**Correct misperceptions:**

“They actually have more required clinical hours and a stronger emphasis on IPR...”

**Learn how to and respond to bias:**

“Hold on a minute...”
10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Explicit commitment to equity
- Supportive structures, policies, and processes
- Revision use of time
- Attend to power differentials
- Tailor care, programs and services to context
- Actively counter oppression
- Promote community + patient participatory engagement
- Tailor care, programs and services to histories
- Enhance access to social determinants of health
- Optimize use of place and space
– Healthcare institutions need to ensure that they have policies in place addressing discrimination against nurses.
– All healthcare personnel need training to work with colleagues of different ethnicity and nationalities and to manage discriminatory interactions.
– Supervisors may need more training to support nurses and manage discriminatory interactions, including those interactions originating from patients and their families.

Wheeler 2014
At the level of society:

- Immigration policy
- Licensing exams
- Pay equity
“I was quite impressed . . . they seemed to be walking the talk . . . had not only policies, but . . . approaches . . . of sensitizing individuals in management . . . to follow through . . . where people are not afraid to come out and say, ‘these are the abuses I’m experiencing’”

Choiniere et al, 2015
References


