Issue Analysis: Discrimination Towards Minorities in the Nursing Profession

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Abstract

This paper will identify minorities in the nursing profession, challenges they face, and potential solutions to overcoming these barriers. This paper seeks to inform nurses about the reality and presence of discrimination in the nursing profession. The goal is to identify solutions for correction and elimination of discriminatory behaviors, including reviewing the American Nurses Association Standards of Care as a model for nursing care. Data from studies related to minorities in the nursing profession will also be reviewed to gain a greater understanding of the frequency of discrimination in the nursing profession.
Issue Analysis: Discrimination Towards Minorities in the Nursing Profession

Discrimination can be afflicted upon anyone at anytime, never with legitimate cause, driven by none other than one’s own personal biases and stereotypes. Those most likely to be victims of discrimination are minorities. Minorities are considered a segment of the population different than others based on any number of characteristics, and therefore subject to being treated differently (Merriam-Webster, 2013). The purpose of this paper is to discuss a relevant and important issue among the nursing profession, which is not exempt from the constraints of discrimination. Minority nurses face discrimination in the profession directly related to race, gender, lifestyle, and physical disability (Cordon, 2013). It is important to discuss the consequences of discrimination and prejudices in nursing, which can potentially effect work environment, career advancement opportunities, and salary of minority nurses.

Who faces discrimination?

Gender

Nursing began as a female vocation conceptualized by Florence Nightingale in the early 19th century, only becoming further identified as a female dominated profession today. According to Andrews, Stewart, Morgan, & D’Arcy (2012), male nurses are more likely to experience workplace violence than their female counterparts. Specifically male nurses reported experiencing alarmingly high instances of verbal or sexual harassment, threat of assault, and emotional abuse in the workplace. One theory as to why male nurses are more likely to experience workplace aggression is the perception of male nurses by others, including patients, their size being a provoking factor. In Andrews et al., (2012) study, male participants reported opinions that some people would not consider hitting a woman, but would a man, putting them at higher risk for workplace violence. Studies suggest male nurses are also more likely to move
into management positions due to challenges and stigmas related to caring for female patients; male nurses have a tendency to be viewed as “physical” strength versus recognized for their nursing ability. In efforts to improve their work environment and opportunity to work with other men in the nursing field they may transition into areas of nursing other than the bedside. Study findings also show male students are also less likely to complete a nursing program due to lack of male mentors in education, and lack of social connection; they experience feelings of isolation, lack of support, and maintaining images of masculinity due to society’s view of nursing as a female profession.

**Physical Disability**

In a study by Morris & Turnbull (2007) nurses suffering from dyslexia, a disability affecting the performance of the brain’s processing of information, reported feelings of discrimination in the workplace. 37.9% of nurse participants in this study reported not disclosing their diagnosis of dyslexia with management due to fear of negative repercussion. As a result, many dyslexic nurses reported utilizing informal support mechanisms versus formal management support. They also reported fear of victimization, job loss, ridicule, and general lack of understanding among their peers. Study results demonstrated career progression of nurses with this disability was much slower and challenging in comparison with peers without disability. Nurses with dyslexia face ongoing stigma in the workplace due to the lack of understanding by management and colleagues. Many employers minimize dyslexia as simply difficulty with spelling and reading, and perceive only negative aspects of the disability. Theses negative perceptions lead to discrimination, ultimately causing nurses with dyslexia or any other disability to conceal their diagnosis.

**Race**
According to Trueland (2012), black and minority ethnic (BME) nurses are less likely than non-minorities to work in management positions; BME nurses are more often in direct patient care roles. In efforts to promote equality in England, legislation passed the Equality Act 2010 as an attempt to eliminate discrimination in public sectors including healthcare (Trueland, 2012). It is suggested that minorities face more difficulty with career advancement due to interviewers existing biases, favoring candidates who are like themselves. Discrimination extends beyond interrelationships among coworkers, effecting nurse-patient interaction as well. Unfortunately, many BME nurses report not feeling supported; responses to discrimination at the management and organizational level are minimal and do not demonstrate intolerance. In addition to challenging work relationships, BME nurses are reported to experience more challenges than non-minorities with career advancement, specifically attaining senior nursing roles (Waters, 2011). It is critical with the diverse patient population most healthcare institutions serve, nurses of all races feel they are given equal opportunity, respected, supported, and valued in their relationships with peers, management, and patients. Equality is imperative if healthcare is going to advance to meet the needs of a very diverse society today. Employers must rise to the occasion, and set an example for their entire institution with a zero tolerance policy for discrimination, just like violence.

Theory Base

One theory that applies to the improvement and elimination of discrimination in the nursing profession is Campinha- Bacote’s Culturally Competent Model of Care. Cultural competence is defined as “the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of a client”, which includes patient, family, and community (Campinha-Bacote, 2002). The theory relates to
cultural awareness and self-examination in order to identify one’s personal biases towards other cultures, as well as awareness of the existence of racism. Campinha-Bacote identifies five components necessary to reach cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. Competency in these five areas directly relates to decreasing the incidence of discrimination in the workplace, and more specifically the nursing profession.

**Non-nursing Theory**

The Culhane-Pera model used in medicine establishes theoretical framework to assess cultural competency. The model is adapted from Bennett’s model of cultural competency and identifies five levels of cultural competency for health care professionals:

- **Level 1**: No insight on influence of culture on medical care
- **Level 2**: Minimal emphasis on culture in medical setting
- **Level 3**: Acceptance of the roles of cultural beliefs, values, and behaviors on health, disease, and treatment
- **Level 4**: Incorporation of cultural awareness into daily medical practice
- **Level 5**: Integration of attention to culture into all areas of professional life

This model used in medicine identifies the importance and need for physicians to practice medicine in a manner that is fair and just, and most importantly accepts and appreciates cultural differences among people (Thiedke, Chessman, Kern, & Keller, 2005). This model can be applied to the nursing profession as well as other disciplines to assist in the elimination of discrimination and unfair treatment based on race, gender, physical disability, and lifestyle.

**Assessment of the Healthcare Environment**

Nurse’s reported job satisfaction and retention directly relate to the work environment.
The quality of work environment is a predictor of nurse outcomes, nurse perceptions of quality of care, and patient outcomes. 87% of U.S.-educated nurses reported being significantly more satisfied with their jobs in comparison to 82% of foreign-educated nurses (Felber & Harman, 2013). We also know the potential for workplace aggression is higher towards male nurses versus female due to patient perception and acceptance of violent behavior towards a man. Both foreign nurses and male nurses are identified as minorities in the nursing profession, necessitating nurse management to assure there is awareness in the workplace, establishing discriminatory behavior towards others will not be tolerated. It is imperative there is a no tolerance policy in place by management and the healthcare organization as a whole in order obtain nurse job satisfaction.

**Inference/Implications/Consequences**

We can infer and conclude from various studies reviewed there are numerous problems that result from discrimination and prejudice in the nursing profession. These problems include reports of decreased job satisfaction, negative work environment, and discouragement towards career advancement by minority nurses. In order to stop the discrimination and resulting problems in the workplace, nurses need to be educated regarding various minority groups in their community and profession as a whole, achieve cultural competency based on Campinha-Bacote’s Culturally Competent Model of Care, and recognize personal biases and prejudices.

**Consequences**

There are numerous positive aspects related to the education of nurses regarding minorities in their profession, specifically related to race, gender, lifestyle, and physical disability. When discrimination towards minorities is decreased, or ultimately eliminated in the workplace, nurses report feelings of increased job satisfaction, increased job retention, increased positive nurse
perceptions of work environment, increased opportunity for career advancement, increased positive patient outcomes, and improved quality of patient care. The positive benefits of taking action against discrimination in the nursing profession are overwhelming and beneficial for nurses, patients, and employers alike.

**Quality and Safety Improvements**

According to a study performed by Neff & Harman (2013), there is *no evidence* to support poor patient/nurse outcomes, or quality of care provided to patients by foreign-educated nurses (FENs). Adverse patient outcomes, specifically falls with injury, medication errors, pressure ulcers, and hospital-acquired infections are not proven to have any relationship to the employment of FENs, but instead related to nurses work environment.

**American Nurses Association Standards**

The American Nurses Association (ANA) has established standards for nursing practice that describe competency in the profession role. The standards are used as a baseline to assure patients are receiving optimal care, nurses are informed and educated on specifically what requirements are necessary to provide high-quality care, and measures are in place as determinants for whether nursing care meets the standards established (Nursing Standards, 2010). Five nursing standards have been identified that relate to the improvement and prevention of discrimination towards minorities in the nursing profession.

**Teamwork and Collaboration**

Competency in teamwork and collaboration best reflects the importance of equality among the nursing profession. According to the ANA, competency in this area requires the nurse to function in a positive and effective manner with other nurses and members of the healthcare
team, demonstrate mutual respect and shared-decision making with other caregivers in order to achieve the highest quality of patient care (Nursing Standards, 2010).

Evidence-Based Practice

Evidence-based practice supports the need for nurses to utilize current evidence along with clinical expertise, as well as acknowledge patient and family preferences when providing nursing care (Nursing Standards, 2010). Evidence demonstrates improved patient outcomes and quality of care when nurses are satisfied with their work environment, further supporting equality in the nursing profession.

Collegiality

The nurse who demonstrates collegiality contributes in a positive manner to the growth and professional development of their peers (Nursing Standards, 2010). The collegiate nurse will be an advocate for equality in the nursing profession, for not only their peers, but patients as well.

Collaboration

According to the ANA, collaboration is demonstrated by the nurse working together with members of the healthcare team to invoke positive change and to achieve positive outcomes in the nursing profession (Nursing Standards, 2010). Collaboration is essential for successful efforts to minimize or eliminate discrimination from the nursing profession. Nurses need to hear voices and opinions of their colleagues in order to make changes that represent the thoughts and feelings of the entire healthcare team.

Leadership

A nursing leader sets a positive example for others in the workplace and profession; accepts constructive criticism and admits mistakes in order to improve personally within the
nursing profession (Nursing Standards, 2010). Nurses who exemplify the characteristics of a leader will be at the forefront of making changes for the better in the nursing profession. Nurse leaders will set an example for their peers and community to reject discrimination and embrace change.

**Conclusion**

In conclusion from data reviewed from various studies, discrimination is prevalent and alive in the nursing profession. It is the responsibility of every nurse to conduct themselves in a profession manner not just towards those they are caring for, but their peers as well. Every nurse should seek out and attain cultural competency to better understand and appreciate differences among others in their profession and society in general. Nurses need to stand as leaders in their profession to assist in the reduction and elimination of discrimination towards minorities in their profession. The benefits of nursing equality include increased job satisfaction, increased job retention, positive work environment, positive work relationships, and improved patient outcomes. Equality in nursing stands to benefit everyone involved including nurses, employers, and patients.
References


