Promoting health equity and valuing tradition

- Political professor
- Foundation news
- Sexual harassment
With the stirring music and sacred smoke of a traditional Native American blessing, the first indigenous nursing research center in the world was dedicated in May 2017 at the Florida State University (FSU) College of Nursing in Tallahassee, Florida. Led by Executive Director John Lowe, PhD, RN, FAAN, the Center for Indigenous Nursing Research for Health Equity (INRHE) aims to attain health equity through research, education, and service by partnering with indigenous peoples, communities, organizations, and supporters globally.

Lowe, who is the McKenzie Endowed Professor for Health Disparities Research at FSU, envisions the center developing “a strong unity among global nurses” who are working to increase health equity in native communities. Lowe has spent his career exploring health disparities and inequities in indigenous communities and studying cultural practices and traditions that have proven helpful in alleviating the effects of those disparities.

Health equity goes further than eliminating health disparity. “Just because we reduce disparities [in indigenous populations] doesn’t mean we are optimizing health,” said Lowe, a Florida Nurses Association member. “As indigenous or Native American people, we believe health equity is an inherent right,” he explained. “Our ancestors sacrificed land, lives, and culture so that their descendants could have what was promised through treaties and other means. But we were left with inequities and disparities. This context is important to why we strive for health equity.”

The estimated worldwide population of indigenous people is 370 million; they belong to 5,000 different groups and speak about 4,000 languages. The INRHE center currently has projects in collaboration with multiple tribes in the United States and is developing projects with indigenous communities in Canada, Australia, Panama, and New Zealand.

Lowe would like to see the center build relationships with other health disciplines. And, he said, “We want to be a hub, not just for indigenous nurses, but for other nurses who know the issues.” Connecting with indigenous populations globally also is critical, as they share common experiences with colonization and dispossession, he noted.

The center hosted the first International Indigenous Nursing Research Summit in May 2017. To ensure a broad array of viewpoints, the center’s advisory board council is made up of indigenous and non-indigenous scholars from around the world.

Advisory Council Member Odette Best, PhD, RN, associate professor of nursing and midwifery at the University of Southern Queensland, called the summit the most empowering indigenous health conference she’s ever attended. “This was due to Professor Lowe’s ability to pull together global, indigenous nurses to present our research to fellow indigenous nurse researchers,” said Best, who is an Aboriginal Australian.

Indigenous nursing researchers and leaders from Australia, Canada, Panama, and Peru, as well as Native Americans, Alaska Natives, and Native Hawaiians gathered at the summit.
Traditions and clinical practice can coexist

A Cherokee Native American, Lowe is one of just a few Native American male RNs and was honored in 2016 with the American Nurses Association’s Luther Christman Award, which recognizes the achievements of men in nursing. While earning his BSN, MSN, and PhD, Lowe worked in clinics and provided nursing instruction around the United States and in Tanzania, China, Jamaica, and Costa Rica. He has received funding from the National Institutes of Health for his work on Native American substance abuse prevention, including an after-school substance abuse prevention intervention called the Intertribal Talking Circle, which has been acknowledged by the U.S. Department of Justice’s Office of Justice Programs as a Promising Evidence-Based Program for the well-being of youth.

Culturally congruent practice

Culturally congruent practice is the application of evidence-based nursing that’s in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders. Cultural competence represents the process by which nurses demonstrate culturally congruent practice. Nurses design and direct culturally congruent practice and services for diverse consumers to improve access, promote positive outcomes, and reduce disparities, according to the American Nurses Association’s Nursing: Scope and Standards of Practice, Third Edition.

The Talking Circle is an example of the culturally congruent interventions that INRHE center researchers will focus on. “Healthcare professionals should learn more about [indigenous or native] practices and learn to work with them,” Lowe said. “If a native or indigenous person were to present themselves in a healthcare setting and report that they were using a traditional medicine, how would the healthcare provider assess that respectfully?” Increased education about indigenous practices furthers understanding and can prevent potentially unsafe interactions. For instance, “If a native person is using some kind of traditional plant, [the healthcare provider] needs to be knowledgable about that” to avoid potentially unsafe interactions, Lowe explained.

In 2015, a new standard of professional performance, Standard 8: Culturally Congruent Practice, was added to the third edition of the American Nurses Association’s Nursing: Scope and Standards of Practice, which is in accord with how Lowe hopes the INRHE center’s work will translate into practice.

Competencies for RNs at all levels include:

- participates in lifelong learning to understand cultural preferences, worldview, choices, and decision-making processes of diverse consumers
- applies knowledge of variations in health beliefs, practices, and communication patterns in all nursing practice activities
- promotes equal access to services, tests, interventions, health promotion programs, enrollment in research, education, and other opportunities.
Additional competencies are delineated for graduate-level prepared RNs and include “develops recruitment and retention strategies to achieve a multicultural workforce.” Similarly, additional competencies are specified for advanced practice RNs, including “promotes shared decision-making solutions in planning, prescribing, and evaluating processes when the healthcare consumer’s cultural preferences and norms may create incompatibility with evidence-based practice.”

“Nurses in indigenous communities around the world are delivering most of the health care. It only makes sense that nurses act as the catalyst for research,” Lowe said. He sees nurses researching particular health problems in specific communities and how traditional living and healing practices are working—and how they might complement evidence-based interventions.

Increasing opportunities
Melessa Kelley, PhD, RN, is one of the center’s post-doctoral fellows. Her current research focuses on obesity prevention among Native American youth.

“The center has provided me with many amazing opportunities to network with nurse scientists around the world,” said Kelley, who has presented her research at several conferences. Last summer, she was the only Native American selected to attend the National Institute on Minority Health and Health Disparities (NIMHD) Health Disparities Research Institute (HDRI) as a Research Scholar, where she learned about innovative approaches to research and grant opportunities that address health disparities. Kelley believes collaboration via the center will continue to elevate health equity research.

Although part of the center’s purpose is to educate nurses and healthcare providers about the needs and characteristics of indigenous populations, it also serves to help increase the number of Native Americans who are PhD-prepared nurses. Lowe said he wants the center to provide “great research experiences” as well as opportunities for connection and networking. He hopes that fellows of the Minority Fellowship Program of the ANA see the center as a place where they can gain experience working with indigenous people and launch post-doctoral careers.

— Elizabeth Moore is a writer at ANA.
From the Ethics Inbox

My professor is too political

To: Ethics inbox
From: Perplexed nursing student
Subject: Political activism in nursing

I’m a nursing student who’s interested in the role of the nurse as a political activist. I understand that my actions are guided by the *Code of Ethics for Nurses with Interpretative Statements*, but in many of my classes I find that my professors are urging us to support a political view that conflicts with my personal beliefs. While I appreciate that my professors are encouraging me to be politically active and vote, should I be made to feel that I must vote for a certain candidate to be a “good” nurse?

From: ANA Center for Ethics and Human Rights

I’m pleased that you’re interested in the role of the professional nurse as a political activist and policy-maker. Both our profession and ANA need you!

The *Code of Ethics for Nurses with Interpretative Statements* doesn’t distinguish partisan politics. Rather, the *Code* outlines the need for nurses to be involved in the political process, which is defined as “the formulation and administration of public policy usually by interaction between social groups and political institutions.”

In the *Code*, Provision 8 outlines the role of the nurse, stating that “health is a universal right” and that “this right has economic, political, social, and cultural dimensions.” Further, Provision 8 requires that nurses work with others to change unjust practices that affect the health of individuals, populations, and communities. Often this collaboration is done in the political arena through policy creation, but it isn’t exclusive to that setting.

Provision 9 affirms the profession’s responsibilities in that “the profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.” Registered nurses number about 3.6 million in the United States—we’re the largest group of healthcare professionals—and we have the power to influence health policy and the type of care that’s delivered to our individual patients and the communities where they live and work.

Interpretive Statement 7.2 of the *Code* ethically obligates nurse educators to “ensure that all their graduates possess the knowledge, skills, and moral dispositions that are essential to nursing.” Nurse educators have a duty to respect students as unique beings with individual beliefs and must create safe, caring places where each student is encouraged to ask questions, engage in thoughtful discussion with their peers, and dissent with the majority if they choose. Consider speaking up to stimulate dialogue about the value of diverse opinions. Perhaps there are other students who feel pressured to support a political view that is not aligned with their personal values. Nurse educators should model respectful, kind, and compassionate behaviors in all interactions with students, faculty, and others in all settings and hold their students accountable for professional behavior.

The role of the professional nurse is evolving. Nursing students should be encouraged to integrate their practice of nursing into their worldview; nurse educators must help students understand the importance of the role nurses have in the greater society without injecting their personal bias.

So, the answer to your question is no, you don’t have to sacrifice your personal political beliefs to be a “good” nurse. Interpretive Statement 6.1 of the *Code* outlines the attributes of moral character expected of a “good” nurse. “These include knowledge, skill, wisdom, patience, compassion, honesty, altruism, and courage.” For these virtues to be operative, nurse educators must provide a moral milieu that enables them to flourish.

**Selected reference**


Response by Elizabeth O’Connor Swanson, DNP, MPH, APRN-BC, member of the ANA Ethics and Human Rights Advisory Board.
Elevating the image of the nurse drives the work of the American Nurses Foundation. The Foundation’s aspiration to show the public what excellence in nursing looks like led to its partnership with Carolyn Jones Productions to promote *The American Nurse* (americannurseproject.com/film-trailer), a documentary released in 2013. And now the Foundation wants to help disseminate her latest documentary, *Defining Hope*.

*Defining Hope* tells the story of people weighing what matters most at the most fragile junctures in life and the nurses who guide them. “This film was made possible by the thousands of nurses who donated to the Foundation,” said Tim Porter-O’Grady, DM, EdD, APRN, FAAN, chair of the Foundation’s Board of Directors. “Like me, they know that everyone—from patients to insurers—needs a better understanding of nursing. *Defining Hope* captures and demonstrates the essential knowledge that nurses employ every day.”

**Now available on DVD**

The film was released in theaters across the United States on November 1, 2017, and is now available on DVD (hope.film). A portion of the proceeds supports programs that advance expertise in palliative nursing practice at the Foundation and the Jonas Center for Nursing and Veterans Healthcare.

*The American Nurse* also can be purchased through Diginext (diginextfilms.com/projects/the-american-nurse) with a portion of its proceeds benefiting scholarships through the Foundation.

**Real nursing to help teaching**

Through the generosity of the Rita and Alex Hillman Foundation, the Foundation has created a free set of vignettes from *Defining Hope* that nursing faculty, students, and clinicians can use to explore real nursing in real settings. The vignettes are part of the *Defining Hope* study guide, created by Diane Mager, DNP, RN-BC, which covers topics ranging from differing family views of medical interventions to nurses’ perceptions of hospice and palliative care.

“A clinician and educator, I appreciate the importance of having innovative methods to encourage conversations about difficult and sensitive topics,” said Mager, a Connecticut Nurses Association member. “We’ve created something that is easy to use, and is relevant for both current and future healthcare professionals.”

The free vignettes, along with teaching prompts and resources, can be found at hope.film/study-guide-videos (password: hope).

**Coming soon**

*Defining Hope* will be shown on PBS during the month of April 2018 for National Patient Decision Month and again in May for National Nurses Week. To find it in your area, visit hope.film. If you’d like the film to be shown in your PBS viewing area, contact your local station to request it.

To help ensure that nursing is more visible, please consider supporting the American Nurses Foundation with an individual gift—especially one in honor of a nurse who has inspired you. Visit givetonursing.org to donate.
The ANA Enterprise announced on January 25, 2018, that Sodexo joined the Healthy Nurse, Healthy Nation™ (HNHN) Grand Challenge as a major partner in support of this transformative initiative.

The ANA Enterprise is the organizing platform of the American Nurses Association (ANA), American Nurses Credentialing Center (ANCC), and American Nurses Foundation. Sodexo Healthcare in North America provides Quality of Life Services in facilities management, environmental services, clinical technology management, and food and nutrition at 1,200 hospitals in the United States and Canada. Sodexo’s multimillion-dollar contribution to the American Nurses Foundation is in direct support of the ANA Enterprise’s HNHN Grand Challenge.

“The ANA Enterprise is grateful for Sodexo’s support of Healthy Nurse, Healthy Nation,” said ANA Enterprise Interim Chief Executive Officer Debbie Hatmaker, PhD, RN, FAAN. “We are proud to partner with a company that shares our goal of improving nurses’ quality of life and nutrition as part of a comprehensive approach to wellness. Sodexo’s leaders recognize the power and influence of the nation’s most ‘honest and ethical’ profession, and share our belief that an investment in nurses’ health is an investment in the health of the nation.”

“Sodexo is proud to partner with the ANA Enterprise on the Healthy Nurse, Healthy Nation initiative,” said Sodexo Healthcare Global Head of Marketing Simon Scrivens. “Through our comprehensive suite of Quality of Life Services, Sodexo is uniquely positioned to help ANA make a positive and lasting impact on the health and well-being of America’s nurses.”

Nurses are less healthy than the average American. Research shows that nurses experience 2.8 times more stress, have a 30% less nutritious diet, a 5% higher body mass index, and get 10% less sleep. The HNHN Grand Challenge aims to transform the health of the nation by improving the health of America’s 3.6 million RNs. Launched in May 2017, the Grand Challenge provides the framework to connect and engage individual nurses, employers of nurses, state nurses associations, and specialty nurses associations to take action to improve their health in five key areas: physical activity, rest, nutrition, quality of life, and safety.

Sodexo, the world leader in Quality of Life Services, will bring its market-leading programs and expertise to the HNHN core program areas of quality of life and nutrition, and will collaborate with ANA to develop new program activities to enhance the initiative.

The HNHN Grand Challenge has grown since its launch and currently has 270 partner organizations and almost 12,000 members. Partner organizations and individual members have access to a web platform to inspire action; cultivate friendly competition; provide content and resources to users; gather user data; and connect nurses with each other, employers, and organizations. Additionally, participants may join a variety of health challenges related to the five key areas.

Both individuals and organizational partners can learn about and sign up for the HNHN Grand Challenge at healthynursehealthynation.org.

Celebrated certified nurses on March 19

Certified Nurses Day™ recognizes nurses worldwide who contribute to better patient outcomes through board certification in their specialty. It is the perfect opportunity to invite all nurses to advance their career by choosing certification. Celebration resources are available from the American Nurses Credentialing Center at certifiednursesday.org.
buse against nurses is a serious problem in hospitals, clinics, and other healthcare settings across the country. According to anecdotal reports from nurses, sexual harassment is a major challenge as well.

To address the problem, the American Nurses Association (ANA) emphasized in February 2018 that its #EndNurseAbuse initiative, which launched in 2017 to address workplace abuse against nurses, includes eliminating sexual harassment. Furthermore, as part of the initiative, ANA underscored its strong support for the #TimesUpNow movement that promotes accountability and consequences for abuse, harassment, sexual assault, and inequality in the workplace.

“Nurse safety is a critical component to ensure quality and safe care. ‘Time’s up’ for employers who don’t take swift and meaningful action to make the workplace safe for nurses,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Together, nurses, employers, and the public must take steps to change our culture. Abuse is not part of anyone’s job and has no place in healthcare settings.”

#EndNurseAbuse puts the spotlight on these alarming and frequent incidents: In the past several months, a nurse in Massachusetts was stabbed by a patient. Two nurses in Illinois were taken hostage, and one was beaten and raped. A nurse in Utah was shoved and wrongly arrested by a police officer, and a nurse in Arkansas was pushed down a flight of stairs. Recently, cases of abuse were reported in New York, Pennsylvania, and North Dakota, yet many more go unreported by the media.

In 2015, ANA adopted a policy of zero tolerance for workplace violence and called on nurses and their employers to work together to prevent and reduce violent and abusive incidents. (See goo.gl/3CDtvc.) According to ANA’s Health Risk Appraisal (HRA), one in four nurses has been assaulted at work by a patient or patient’s family member. (Read the HRA at nursingworld.org/HRA-Executive-Summary.)

ANA has developed a pledge for nurses, other healthcare professionals, and the public to stand with nurses and is asking nurses to share their stories on workplace abuse. To date, more than 12,000 individuals have pledged to:

✓ support zero tolerance policies for abuse against nurses
✓ report abuse against nurses whenever safely possible
✓ share the pledge and ask friends and family to sign.

Additionally, ANA will convene a panel of experts to address barriers to reporting abuse against nurses. With more than 3.6 million RNs in the United States, #EndNurseAbuse (p2a.co/t84cVfR) strives to foster safe work environments for the largest group of all healthcare professionals. Read more on ANA’s Capitol Beat blog at anacapitolbeat.org/2017/10/31/will-you-endnurseabuse.