

2021 WSNA Resolution

SUPPORTING DIVERSITY, EQUITY AND INCLUSION

The WSNA Board of Directors and Cabinet on Economic and General Welfare (Cabinet) recognize that discrimination in any form is harmful to society as a whole and in opposition to the values and ethical code of the nursing profession. The WSNA Board of Directors and Cabinet are committed to address issues of social and health disparities and racial justice.

The purpose of this Resolution is to reiterate the significance of a nondiscriminatory stance and provide guidance in creating inclusive strategies for the provision of nursing care for individuals of all ages and from all populations.

WHEREAS, discrimination is an unresolved public health crisis that impacts both mental and physical health and adds to the stress in individuals of color and marginalized groups; and

WHEREAS, the communities who experience the greatest health disparities are those who have been historically marginalized and under-represented in our workforce; and

WHEREAS, the population of Washington State is reported to be:

- 79.5% White, 81.4% of Registered Nurses practicing in the state identified as being white, suggesting that this population is overrepresented in nursing by 2.1%.
- 13% Hispanic/Latino, just 4.4% of RNs identified as such, suggesting that this population is underrepresented in nursing by 66%;
- 5.1% two or more races, just 3.1% of RNs identified as such, suggesting that this population is underrepresented in nursing by 40%;
- 4.1% Black/African American, just 2.3% of RNs identified as such, suggesting that this population is underrepresented in nursing by 44%;
- 1.8% Native American/Alaska Native, just 0.5% of RNs identified as such, suggesting that this population is underrepresented in nursing by 73%;
- 0.8% Native Hawaiian or Other Pacific Islander, just 0.4% of RNs identified as such, suggesting that this population is underrepresented in nursing by 50%; and

- 8.5% Asian, there were 10.2% of RNs who identified as such, suggesting that this population is overrepresented in nursing by 20%

Notes

1. According to the WCN report, it is estimated that 62,393 RNs are practicing in the state; the 2.1% discrepancy in race representation would be approximately 1310 RNs.
2. King and Pierce Counties both have lower rates of white nurses than across the state (74.0% and 75.6%, respectively).
3. The over representation of Asians is only the case in King County (16.4%), Pierce County (13.1%), and the North Sound Accountable Community of Health (Snohomish, Skagit, Island, San Juan, and Whatcom counties, 8.9%); Asians are underrepresented in all other regions of Washington State.

WHEREAS, achieving a workplace that is representative of members from the communities to increase access to resources and programs, improve health outcomes, and promote health equity; and

WHEREAS, WSNA recognizes that diversity, inclusion, and *cultural humility** in our workforce are essential to achieving our vision and mission and to supporting our efforts to increase equity and inclusion within the association; and

WHEREAS, we acknowledge and recognize the lack of diversity and inclusiveness in WSNA's governing documents and our association has the responsibility and opportunity to promote equity through changes to internal policies, procedures, systems, and practices; and

Definitions

White fragility is defined as a defensive response by a white person when their whiteness is highlighted or mentioned, or their racial worldview is challenged, whether or not this response is conscious; discomfort and defensiveness on the part of a white person when confronted by information about racial inequality and injustice.

Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.

Cultural humility was established due to the limitations of cultural competence. Some professionals, like social workers, medical professionals, or educators, believed themselves to be *culturally competent** after learning some generalizations of a particular culture. Cultural humility encourages an active participation in order to learn about a patient's or client's personal, cultural experiences.

The National Institutes of Health (NIH) defines cultural humility as "a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities." Cultural humility is the "ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the [person]."

Microaggression is a subtle, often unintentional, form of prejudice. Rather than an overt declaration of racism or sexism, a microaggression often takes the shape of an offhanded comment, an inadvertently painful joke, or a pointed insult.

Culturally competent health care is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic need of patients.

A culturally competent health care system can help improve health outcomes and quality of care; and can contribute to the elimination of racial and ethnic health disparities.

WHEREAS, WSNA recognizes that as we develop our profession to one that represents and reflects the communities we serve, there are many factors we need to address and overcome to ensure that nurses are prepared to consistently provide *culturally competent care**; and

WHEREAS, WSNA through the union, collective action and collective bargaining, has used our collective voice to help improve the lives of nurses and our communities by increasing pay, improving working conditions and promoting policies that confront inequality; and

WHEREAS, bias can affect workplace culture, lead to *microaggressions**, and negatively impact the health, well-being, and productivity of employees, and the employees most negatively affected are often those who are part of historically marginalized groups,

BE IT THEREFORE

RESOLVED that WSNA will develop annual goals and measurable objectives to carry out the resolutions and document the progress made;

RESOLVED that the WSNA Board of Directors and Cabinet will review and revise WSNA's foundational documents for incorporation of diversity, equity and inclusion language; and

RESOLVED that WSNA will make education available regarding *cultural competency** and implicit bias for our local leaders and members striving to ensure fair and equitable treatment of people of color, as well as members of other marginalized communities; and

RESOLVED that WSNA local units, regions, and elected leaders will continue to partner with national, state and local organizations around diversity to provide outreach to communities of color and work towards increasing the diversity of the RN workforce through recruitment targeted particularly at underrepresented groups; and

RESOLVED that WSNA will begin to collect diversity demographic data on its membership, wherever possible including new member applications, striving to engage members and elect leaders that are representative and reflective of the diversity of Washington State; and

RESOLVED our Board of Directors and Cabinet will direct our entire association commitment to electing Black, Latinx, American Indian, Asian, Pacific Islander, LGBTQ and non-white indigenous nurses to serve on the WSNA Board of Directors and Cabinet; and

RESOLVED that WSNA's Professional Nursing and Health Care Council will develop a white paper on the issues of health inequities and related recommendations for the nursing profession in Washington State; and

RESOLVED that WSNA's Legislative and Health Policy Council will review proposed legislation with a diversity, equity and inclusion lens, and be proactive in addressing anti-discrimination bills; and

RESOLVED that WSNA's Cabinet will develop model contract language to address diversity, racial justice and *cultural competency**; and

RESOLVED that WSNA will reaffirm our commitment to foster an environment that supports diversity, inclusion, and *cultural humility**, and to proactively address and dismantle oppressive systems and practices in the workplace; and

RESOLVED our Board of Directors and Cabinet will direct that our entire association commit to becoming a culturally humble association by:

1. Interrupting *microaggressions** as they occur in our association and workplaces, whether they are intentional or unintentional, and use these as opportunities to educate, learn, grow, listen, and respond with respect;
2. Embracing respectful dialogue and courageous conversations about racism, privilege, *white fragility**, and oppression;
3. Increasing our institutional and personal understanding of tribal sovereignty, colonialism, and historical trauma;
4. Encouraging opportunities for ongoing training and learning in the areas of diversity, inclusion, *cultural humility**, oppression, and equity;
5. Recognizing *cultural humility** as a continuous journey of self-awareness and reflection; and
6. Ensuring the association's hiring practices reflect our commitment to fostering cultural diversity

RESOLVED, that WSNA will encourage white allies to listen and to support and protect Black, Latinx, American Indian, Asian/Pacific Islander Americans, LGBTQ, and non-white indigenous families, neighbors and communities from racial inequities, so as to advance and attain equal educational, health and economic opportunities afforded to all in the pursuit of life, liberty and happiness.

Submitted by the Board of Directors and the Cabinet on Economic and General Welfare.

References

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Additional resource

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