Equitable Care in the Emergency Care Setting

Position Statement

EMERGENCY NURSES ASSOCIATION

EMERGENCY NURSES ASSOCIATION

Emergency Nurses Association
930 E. Woodfield Road
Schaumburg, IL 60173
847-460-4000
enau@ena.org
www.ena.org

This position statement, including the information and recommendations set forth herein, reflects ENA's current position with respect to the subject matter discussed herein based on current knowledge at the time of publication. This position statement is only current as of its publication date and is subject to change without notice as new information and advances emerge. The positions, information, and recommendations discussed herein are not codified into law or regulations. In addition, variations in practice that take into account the needs of the individual patient and the resources and limitations unique to the institution may warrant approaches, treatments, and/or procedures that differ from the recommendations outlined in this position statement. Therefore, this position statement should not be construed as dictating an exclusive course of management, treatment, or care, nor does adherence to this position statement guarantee a particular outcome. ENA's position statements are never intended to replace a practitioner's best nursing judgment based on the clinical circumstances of a particular patient or patient population. Position statements are published by ENA for educational and informational purposes only, and ENA does not "approve" or "endorse" any specific sources of information referenced herein. ENA assumes no liability for any injury and/or damage to persons or property arising out of or related to the use of or reliance on any position statement.

How to Reference This Document

Riwitis, C, & Navarroli, J. E. (2023). *Equitable care in the emergency care setting* [Position statement]. Emergency Nurses Association. https://enau.ena.org/URL/EquitableCareintheEmergencyCareSetting

Editorial and Production Credits

Chief Learning Officer: Suzanne Montella, MBA
Director, Emergency Nursing Practice Excellence: Catherine Olson, MSN, RN
Director, Branding and Creative Strategy: Denise Wawrzyniak, MA
Practice Excellence Specialist: Domenique Johnson, MSN, RN
Senior Development Editor: Chris Zahn, PhD

Authors and Reviewers

Authored by

Cheryl Riwitis, DNP, APRN, FNP-BC, CEN, CFRN, TCRN, EMT-B, FAEN
Joanne E. Navarroli, MSN, RN, CEN

Contributing Authors

Anna Valdez, Ph.D., RN, PHN, CEN, CFRN, CNE, AEN, FAADN (Diversity, Equity, and Inclusion Committee)
Hershaw Davis, Jr., MSN, RN (Diversity, Equity, and Inclusion Committee)

Reviewed by

2023 ENA Position Statement Committee

Dawn Peta, BN, RN, ENC(C)
Brenda Braun, MSN, BSN, RN, CEN, CPEN, FAEN
Lisa Leiding, DNP, RN, CCHP-RN
Alison Day, PhD, MSN, BS, RN, FAEN
Elizabeth Stone, PhD, RN, CPEN, CHSE, FAEN
Sharon Vanairsdale, DNP, MS, RN, APRN, NP, CNS, CEN, ACNS-BC, NP-C, FAEN, FAAN
Jean Proehl, MN, RN, CEN, CPEN, TCRN, FAEN, FAAN, Chairperson

2023 ENA Board of Directors Liaison

Jack Rodgers, MHM, BSN, RN, CEN, EMT-P (Ret.), FAEN

2023 ENA Staff Liaison

Domenique Johnson, MSN, RN

This statement replaces Cultural Diversity and Gender Inclusivity in the Emergency Care Setting.

Developed: August 2013

Approved by the ENA Board of Directors: January 2014
Approved by the ENA Board of Directors: December 2018
Approved by the ENA Board of Directors: 2023

Equitable Care in the Emergency Care Setting

Description

The lived experience of being human varies greatly among people. The basic moral and ethical premise of the practice of nursing is respect for human dignity and the provision of unbiased and equitable care (American Association of Colleges of Nursing [AACN], 2021; American Nurses Association [ANA], n.d.; Emergency Nurses Association [ENA], 2023; Gurney et al., 2017). However, there continues to be a disconnect between ethical standards and actual practice, in large part due to biases, lack of cultural knowledge and humility, as well as inequities in healthcare. This present a threat to the well-being of historically marginalized populations, including people of the global majority (Baratipour et al., 2021; Healthy People 2030, n.d.; National Academies of Sciences, Engineering, and Medicine [NASEM], 2021; Orr & Unger, 2020). The work of correcting health inequities must be a priority for nurses. Health equity work requires emergency nurses to gain an understanding of how structural factors like racism and other forms of oppression affect social determinants of health (SDOH), resulting in disparate health outcomes.

The patients and communities that emergency nurses serve deserve to have clinicians who are committed to providing unbiased and equitable care. This requires that nurses practice reflexivity and the perspective that includes critically evaluating their own cultural beliefs to ensure that they provide and facilitate safe, culturally informed, and respectful care (AACN, 2021; Foronda, 2020; Kaihlanen et al., 2019). In all aspects of nursing, but in particular in the emergency care setting, thoughtful consideration of how biases, SDOH, historical and structural inequalities, language, and cultural humility might affect the nurse-patient relationship is critical.

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses act with knowledge, compassion, and respect for human dignity and the uniqueness of every individual.

2. Emergency nurses deliver care in a manner that preserves and protects patient and family autonomy, dignity, rights, values, and beliefs.

3. Emergency nurses develop, integrate, and implement culturally informed nursing care.

4. Emergency nurses apply knowledge about the origins of health inequities to ensure that historically marginalized and minoritized populations receive unbiased and appropriate nursing care.

5. Emergency nurses are educationally prepared and have access to resources to promote and provide unbiased and culturally congruent healthcare.

6. Emergency nurses use appropriate language in communications with patients and their families that promotes health equity, including, but not limited to, context, language proficiency, and spoken and written words.

Background

The delivery of equitable care in the emergency care setting, particularly to populations that have been historically minoritized and marginalized, demands education/re-education on a variety of topics, including, but not limited to, biases, social determinants of health, causes of outcomes related to health inequities, effective communication, language, cultural humility, and dignified care. Understanding basic definitions and how biases affect health outcomes, as well as nurses examining their own biases, both conscious (explicit) and unconscious (implicit), will promote equitable healthcare.

Bias

Biases can be a significant barrier to providing equitable care. There are over 100 biases that directly affect health care (The Joint Commission, 2016). Biases can be negative or positive and are often viewed as unfair when seen in healthcare. Healthcare providers, including emergency nurses, have both implicit (unconscious) or explicit (conscious) biases. Implicit biases by healthcare providers can lead to poor health outcomes and health disparities (Edgoose et al., 2019; Wolf et al., 2023). Implicit bias is developed sub-consciously early in life based on exposure to information from various sources, including family beliefs, the community, schools, and media (Edgoose et al., 2019). This early life exposure causes us to associate particular traits and stereotypes with persons of a particular ethnicity, gender, or social group, creating prejudices that influences how we interact with those groups, even though we may believe we are treating everyone equally. Because of such bias, those affected by it may be reluctant to seek care or feel shame if they do. Edgoose et al. (2019) and Wolf et al. (2023) believe that healthcare workers can understand, unlearn, and correct implicit bias to improve healthcare equitability. Edgoose et al. (2019) encourage healthcare workers to incorporate their eight "Strategies to Combat Our IMPLICIT Biases" as a way to combat biases.

Social Determinants of Health

Social determinants of health have a direct effect on health outcomes and include elements of the lived environment such as education, employment, housing, income, health literacy, access to healthy food, and access to health care (Healthy People 2030, n.d.; NASEM, 2021). SDOH affect the entire global population, either positively or negatively, and include a variety of social, economic, environmental, or other community conditions. SDOH can affect health outcomes and can result in health inequities. According to the National Healthcare Quality and Disparities Report (Valdez, 2022), SDOH contribute more to health outcomes than the care provided. Donkin et al. (2017) compiled data showing that SDOH explain between 45% and 60% of the variance in health status globally. SDOH are similar to building blocks in which an individual's social needs (housing, transportation, insurance, other) are met, which ideally supports better health outcomes, with the goal of healthier communities. A lack of any one or a combination of resources associated with SDOH, such as access to healthy food, might disproportionately affect a person's health and/or health outcomes (Healthy , n.d.; NASEM, 2021; Valdez, 2022).

Health Inequities and Health Disparities

Health inequities and disparities must be addressed by healthcare providers because those affected by them have little control over the conditions that make inequity and disparity pervasive globally. Health inequities and disparities are preventable. Health inequities are considered avoidable, unfair differences, such as an imbalance in distribution of resources and/or differing social conditions across populations that might prevent that one or more groups from having the opportunity to reach optimal health (World Health Organization, 2018).

Health disparities are preventable and measurable differences that affect an individual's health or affect various populations that might be socially disadvantaged based on race, ethnicity, culture, gender, sexual identity or SDOH variables regardless of the patient's age (AHRQ, 2021; Valdez, 2022). Emergency nurses must commit to providing and facilitating equitable care. Strategies for emergency nurses to improve care include knowledge of what causes health inequities, how they can directly improve health outcomes, examination of their own biases that might affect everyday decisions as well as understanding the effects of communication and language.

Communication/Language

Communication is an integral part of the healthcare delivery system but is wrought with challenges and barriers. Some of these challenges/barriers include interpretation of nonverbal (eye contact, facial expressions, or hand gestures) and verbal communication (e.g., limited English proficiency [LEP]), low health literacy, and mistrust of the healthcare system. Language is the spoken, signed, and/or written element of communication between two or more people to convey information or otherwise express themselves. Language is an important part of any culture, constantly evolving with words and context always mattering. Stigmatizing language that may have seemed appropriate in the past is no longer appropriate, especially patient labels commonly used in the emergency department (American Medical Association & American Association of Medical Colleges, 2021; Stubbe, 2020; Valdez, 2021). In addition to avoiding obviously derogatory labels, healthcare workers should strive to use "person first" language, which places the emphasis on the patient and not the disease or disability. For example, "asthmatic" and "diabetic" should be replaced with "patient with asthma" and "patient with diabetes." Adequate communication skills go beyond words or language. It requires all healthcare workers to improve understanding of different cultures represented in the emergency care setting (Kaihlanen et al., 2019), to increase communication skills by improving cultural intelligence (Baratipour et al., 2022), and, more importantly, to stop using biased patient labels that contribute to health inequalities and disparities. This is particularly the case for marginalized and minoritized populations (AMA & AAMC, 2021; Valdez, 2021). Increased awareness will enable better communication between emergency nurses and their patients.

Cultural Competency, Humility, and Intelligence

Despite the various names the importance of cultural competency has long been at the foundation of nursing education and a practice that is ever evolving (Orr & Unger, 2020). *Culture* includes the beliefs, behavior practices, societal norms, attitudes, rituals, languages, and customs that are incorporated into the way of life of an individual (Horvat et al., 2014; Merriam-Webster, 2023). Cultures can be related to racialized identity and ethnicity, but this is not always the case. Historically marginalized populations such as people who identify as LGBTQIA+, disabled people, and the deaf community also have unique cultures, which can be intersectional. Cultural competency involves knowing and understanding biases while cultural intelligence is the ability to adapt to various cultures seamlessly when communicating and caring for patients (Baratipour et al., 2022; Orr & Unger, 2020). Cultural humility implies openness and respect for all cultures (Foronda, 2020). Cultural humility might appear to be new terminology but was initially defined by Tervalon and Murray-Garcia in 1998 to address cultural training of physicians to incorporate self-evaluation of biases in order to be empathetic with their physician-patient relationships (Foronda, 2020). Being a culturally humble nurse is an ongoing, lifelong process in which the nurse participates in self-reflection and self-improvement to effect positive change.

Marginalized Populations

Marginalized and minoritized populations consist of any persons who experience bias based on traits, characteristics, and/or identity such as race, ethnicity, sexual or gender identity, persons with disabilities (ableism), as well as those with limited English proficiency (LEP) or low health literacy (AMA & AAMC,

2021; Schillinger, 2021). Importantly, many people actually belong to more than one group, creating an overlap leading to intersecting inequities. Additionally, within various populations there is diversity, meaning not all within an identified group share the same cultural experiences and beliefs. Research shows that marginalized and minoritized populations experience health inequities, including decreased access to healthcare services, worse health outcomes, and lower quality of care (Brach & Fraser, 2022; Schillinger, 2021).

Health inequities exist in many marginalized populations. One example of a marginalized population that experiences health inequities include members of the LGBTQIA+ community. Gender identity is related to a person's internal sense of being male, female, both, or neither and often begins at a young age (Milici et al., 2019; Milici, 2022). Sex is determined by anatomic and physiologic features. How an individual identifies may or may not be the sex assigned to them at birth. Transgender people are those whose gender identity is not the same as the sex they were assigned at birth (Milici et al., 2019; Milici, 2022). Sexual orientation is different from gender identity: it refers to the way that individuals relate to or express sexual attraction to other people, which is independent of gender identity (Milici et al., 2019, Milici, 2022). Understanding basic definitions such as these and taking measures to promote respectful and effective communication, including using the patient's stated pronouns, are small but significant first steps that emergency nurses can take to begin creating a gender-affirming practice environment (Milici et al., 2019).

Other marginalized populations may include, but are not limited to, members of racial, ethnic, or religious groups, as well as persons with disabilities, LEP, or low health literacy. Each specific population has unique characteristics and healthcare needs and can be affected by SDOH and clinician biases.

Emergency nurses are on the forefront of patient care in emergency departments and must advocate for the dignity and humanity of all people and communities. A recent study published in the *Journal of Emergency Nursing* examined the experience of United States emergency department nurses related to witnessed and experienced bias (Wolf et al., 2023). The mixed methods study included 1140 nurses in the survey arm and 23 participants in the focus group (Wolf et al., 2023). Results revealed significant differences in "reported experiences of institutional, structural and personal microaggressions for non-white versus white participants" (Wolf et al., 2023, p. 175). The authors concluded that safe patient care is threatened by racism and other forms of bias and challenged institutions and emergency nurses to engage in learning opportunities to reflect on biases, both implicit and explicit, they may hold to affect positive change (Wolf et al. 2023).

In summary, improved educational efforts are essential for all staff to promote a culture of inclusivity, sensitivity, and respect for all humans regardless of their identity. Quality improvement efforts focusing on staff competency and communication training for diversity, equity, inclusivity, cultural humility, electronic health record modification, and assurance of privacy for discussing identity and culture are some ways emergency departments can create an inclusive, equitable care environment. Other measures include assuring resources are available for interpretive services in various languages with due consideration for the patient's literacy. It is important that emergency nurses not only advocate for the inclusion of the patient's cultural beliefs, personal identity, and practices in all dimensions of healthcare but also practice humility with all patient populations.

Resources

Agency for Healthcare Research and Quality. (2020). Consider culture, customs, and beliefs: Tool #10. In *Health Literacy Universal Precautions Toolkit* (2nd ed.). https://www.ahrq.gov/health-literacy/improve/precautions/tool10.html

American Medical Association, & Association of American Medical Colleges. (2021). *Advancing health equity: A guide to language, narrative, and concepts*. https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

American Nurses Association. (n.d.). *National Commission to Address Racism in Nursing*. https://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing/

Brim, C., & Riwitis, C. (2023). *Access to quality care* [Position statement]. Emergency Nurses Association. https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=8Q9CX0RhQ4Ci1MNggYaUaQ%3d%3d

Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management*, *26*(4), 29–33. https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html

Emergency Nurses Association. (n.d.). *Diversity, equity, and inclusion in action….* https://www.ena.org/about/dei#gen

The Fenway Institute. (n.d.). *Do ask, do tell: A toolkit for collecting data on sexual orientation and gender identity in clinical settings*. http://doaskdotell.org/

Gurney, D., Gillespie, G. L., & McMahon, M. (2017). Nursing code of ethics: Provisions and interpretive statements for emergency nurses. *Journal of Emergency Nursing*, *43*(6), 497–503. https://doi.org/10.1016/j.jen.2017.09.011

The Joint Commission. (2022). *Advancing health care equity, together*. https://www.jointcommission.org/our-priorities/health-care-equity

Milici, J. Bergeson, M., Brennan, E., McLaughlin, K., Neira, P. M., Wall, M., & Wohlt, C. (2019). *Care of LGBTQ patients in the emergency care setting toolkit*. https://enau.ena.org/Users/LearningActivityAssetSingleViewer.aspx?LearningActivityAssetID=eikj5PQf0Exc3v4xsxqRXg%3d%3d

Milici, J. (2023). *Care of the gender-expansive and transgender patient in the emergency care setting* [Topic brief]. https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=FX9fl5mcAncVZ0BtJWICfQ%3D%3D&tab=4

National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. The National Academies Press. https://doi.org/10.17226/25982

National Institute on Minority Health and Health Disparities. (2022). *Publications*. https://nimhd.nih.gov/about/publications/

National LGBT Health Education Center, & The Fenway Institute. (2017). *Glossary of LGBT terms for health care teams*. https://www.lgbthealtheducation.org/wp-content/uploads/2018/03/Glossary-2018-English-update-1.pdf

The Royal College of Nursing. (2016). *Caring for lesbian, gay, bisexual or trans clients or patients: Guide for nurses and health care support workers on next of kin issues*. https://www.rcn.org.uk/professional-development/publications/pub-005592

References

Agency for Healthcare Research and Quality, (2021). Disparities in healthcare. In 2021 *National Healthcare Quality and Disparities Report*. https://www.ncbi.nlm.nih.gov/books/NBK578532/

American Association of Colleges of Nursing. (2021). *The Essentials: Core competencies for professional nursing education.* https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf

American Medical Association, & Association of American Medical Colleges. (2021). *Advancing health equity: Guide on language, narrative and concepts*. https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

American Nurses Association. (n.d.). *National Commission to Address Racism in Nursing*. https://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing/

Baratipour, M., Hanifi, N., & Amini, K. (2021). Relationship between cultural intelligence with communication skills and social interactions of emergency department staff: A cross-sectional study. *Medical-Surgical Nursing Journal*, *10*(4), 1–8. https://doi.org/10.5812/msnj.121175

Brach, C. & Fraser, I. (2022). Reducing disparities through culturally competent health care: An analysis of the business case. *Quality Management in Health Care*, *10*(4), 15–28. https://doi.org/10.1097/00019514-200210040-00005

Donkin, A., Goldblatt, P., Allen, J., Nathanson, V., & Marmot, M. (2017). Global action on the social determinants of health. *BMJ Global Health*, *3*(Suppl 1), Article e000603. https://doi.org/10.1136/bmjgh-2017-000603

Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management*, *26*(4), 29–33. https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html

Emergency Nurses Association. (2023). *Emergency nursing scope and standards of practice* (3rd ed.) Jones & Bartlett Learning. https://www.ena.org/shop/catalog/education/books/emergency-nursing-scope-and-standards-of-practice%2C-3rd-edition%2C-ebook/c-23/c-98/p-549

Foronda C. (2020). A theory of cultural humility. *Journal of Transcultural*, *31*(1), 7–12. https://doi.org/10.1177/1043659619875184

Gurney, D., Gillespie, G. L., & McMahon, M. (2017). Nursing code of ethics: Provisions and interpretive statements for emergency nurses. *Journal of Emergency Nursing*, *43*(6), 497–503. https://doi.org/10.1016/j.jen.2017.09.011

Healthy People 2030. (n.d.). *Social determinants of health*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Horvat, L., Horey, D., Romios, P., & Kis-Rigo, J. (2014). Cultural competence education for health professionals. *The Cochrane Database of Systematic Reviews*, (5), Article CD009405. https://doi.org/10.1002/14651858.CD009405.pub2

The Joint Commission. (2016). Cognitive biases in health care. *Quick Safety*. (28). https://www.jointcommission.org/-/media/tjc/documents/newsletters/quick_safety_issue_28_oct_2016pdf.pdf

Kaihlanen, A. M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: Qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, *18*, Article 38. https://doi.org/10.1186/s12912-019-0363-x

Merriam-Webster. (n.d.). Culture. In *Merriam-Webster.com dictionary*. Retrieved September 12, 2023, from https://www.merriam-webster.com/dictionary/culture

Milici, J. (2022). *Care of the gender-expansive and transgender patient in the emergency care setting* [Topic brief]. https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=FX9fl5mcAncVZ0BtJWICfQ%3d%3d

Milici, J. Bergeson, M., Brennan, E., McLaughlin, K., Neira, P. M., Wall, M., & Wohlt, C. (2019). *Care of LGBTQ patients in the emergency care setting toolkit*. https://enau.ena.org/Users/LearningActivityAssetSingleViewer.aspx?LearningActivityAssetID=eikj5PQf0Exc3v4xsxqRXg%3d%3d

National Academies of Sciences, Engineering, and Medicine. (2021). Social determinants of health and health equity. *The Future of nursing 2020–2030: Charting a path to achieve health equity* (pp. 31–58). The National Academies Press. https://doi.org/10.17226/25982.

Orr, Z., & Unger, S. (2020). The TOLERance model for promoting structural competency in nursing. *The Journal of Nursing Education*, *59*(8), 425–432. https://doi.org/10.3928/01484834-20200723-02

Schillinger, D. (2021) Social determinants, health literacy, and disparities: Intersections and controversies. *Health Literacy Research and Practice*, *5*(3). e234-e243. https://doi.org/10.3928/24748307-20210712-01

Stubbe, D. E. (2020). Practicing cultural competence and cultural humility in the care of diverse

patients. *Focus*, *18*(1), 49–51. https://doi.org/10.1176/appi.focus.20190041

Valdez A. (2021). Words matter: Labelling, bias and stigma in nursing. *Journal of Advanced Nursing*, *77*(11), e33–e35. https://doi.org/10.1111/jan.14967

Valdez, R. O. (2022). *The 2022 National Healthcare Quality and Disparities Report: We still have much work to do*. Agency for Healthcare Research and Quality. https://www.ahrq.gov/news/blog/ahrqviews/2022-national-healthcare-disparities-report.html

Wolf, L., Delao, A., Perhats, C., Valdez, A., Strout, T., Clark, P., Moon, M., Frisch, S., & Callihan, M. (2023). The experiences of united states emergency nurses related to witnessed and experienced bias: A mixed-methods study. *Journal of Emergency Nursing*, *49*(2), 175–197. https://doi.org/10.1016/j.jen.2022.11.008

World Health Organization. (2018). *Health inequities and their causes*. https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes