

Escenarios y situaciones de racismo y clasismo durante el cuidado de enfermería: Una revisión de la literatura

Scenarios and situations of racism and classism
in Nursing care: A literature review

Cenários e situações de racismo e classismo durante a
assistência de enfermagem: Uma revisão da literature

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Resumen

Introducción: Una revisión sistemática rápida que explora las interacciones del clasismo y el racismo en la enfermería.

Objetivo: Comprender la discriminación basada en la clase y la raza en el sistema de salud de América del Norte a través de un análisis de contenido de la literatura.

Metodología: Los criterios de elegibilidad para esta revisión fueron predeterminados según el formato PICOT. Se incluyeron artículos publicados entre 2016 y 2020 que describían al personal de enfermería como actor principal o secundario en situaciones de racismo y clasismo dentro del cuidado de enfermería.

Las publicaciones se limitaron a los idiomas español, portugués e inglés. Los riesgos de sesgo se mitigaron mediante un proceso de selección de varios pasos y una herramienta de extracción de datos adaptada de los criterios de revisión

sistemática COCHRANE. Se incluyeron un total de 1395 publicaciones, 46 que cumplían los criterios de análisis. Menos artículos en la búsqueda en inglés en comparación con las búsquedas en español y portugués.

Resultados: Se sugiere una diferencia potencial en la atención prestada a la intersección de clase y raza en diferentes regiones de las Américas. Se extrajeron ocho temas: violencia, áreas de oportunidad, consecuencias, estrategias, eventos desencadenantes, barreras, sentimientos y acciones realizadas.

Discusión y Conclusiones: Es importante que la enfermería cuestione las conceptualizaciones de los blancos norteamericanos sobre el clasismo y el racismo para abordar de manera efectiva la discriminación en los sistemas de salud.

Palabras clave: Racismo, práctica de enfermería, inequidad en salud, desigualdades en salud, marginación

Abstract

Introduction: A rapid systematic review exploring interactions of classism and racism in nursing.

Objective: To understand the class and race-based discrimination in the North American health system through a content analysis of literature.

Methodology: Eligibility criteria for this review were pre-determined as per the PICOT format. Articles published from 2016 to 2020 that described nursing staff as the primary or secondary actors in situations of racism and classism within nursing care were included. Publications were limited to the Spanish, Portuguese, and English languages.

Risks of bias were mitigated through a multi-step screening process and data extraction tool adapted from the COCHRANE systematic review criteria. A total of 1395 publications were included, 46 meeting analysis criteria. Fewer articles in the English language search as compared to the Spanish and Portuguese language searches.

Results: This suggests a potential difference in the attention paid to the intersection of class and race in different regions of the Americas. Eight themes were extracted: violence, areas of opportunity, consequences, strategies, triggering events,

barriers, feelings, and taken actions.

Discussion and Conclusions: Is important for nursing to challenge white North American conceptualizations of classism and racism in order to effectively address discrimination in health systems.

Keywords: Racism, nursing practice, health inequity, inequalities in health, marginalization

Resumo

Introdução: Uma rápida revisão sistemática explorando as interações de classismo e racismo na enfermagem.

Objetivo: Compreender a discriminação baseada em classe e raça no sistema de saúde norte-americano por meio de uma análise de conteúdo da literatura.

Metodologia: Os critérios de elegibilidade para esta revisão foram pré-determinados de acordo com o formato PICOT. Foram incluídos artigos publicados no período de 2016 a 2020 que descreviam a equipe de enfermagem como atores primários ou secundários em situações de racismo e classismo no cuidado de enfermagem.

As publicações foram limitadas aos idiomas espanhol, português e inglês. Os riscos de viés foram mitigados por meio de um processo de triagem em várias etapas e uma ferramenta de extração de dados adaptada dos critérios de revisão sistemática da COCHRANE. Um total de 1.395 publicações foram incluídas, 46 atendendo aos critérios de análise. Menos artigos na busca em inglês em comparação com as buscas em espanhol e português.

Resultados: Sugere uma diferença potencial na atenção dada à interseção de classe e raça em diferentes regiões das Américas. Foram extraídos oito temas: violência, áreas de oportunidade, consequências, estratégias, eventos desencadeantes, barreiras, sentimentos e ações tomadas.

Discussão e Conclusão: É importante para a enfermagem desafiar as conceituações norte-americanas brancas de classismo e racismo, a fim de abordar efetivamente a discriminação nos sistemas de saúde.

Palavras-chave: Racismo, prática de enfermagem, iniquidade em saúde, desigualdades em saúde, marginalização

Introduction

Racial and social inequities have been brought starkly into the light by combined events in 2020 of the disproportionate impact of the Covid-19 pandemic on racialized communities^{1,2} and the deaths of Black and Indigenous peoples in North America, that highlighted the ongoing problems and significant effects of systemic racism. A direct consequence is the reckoning of many North American professional groups with their own relationships with systemic structures of racism and oppressions^{3,4,5,6}.

While issues of racism in relation to nurses and nursing care are not new^{7,8,9}, events in 2020 have created a different climate of urgency for action, with nurses seemingly positioned at a crossroads of how to move forward.

While some point to the crucial role of nurses as advocates and work towards supporting nurse's role in anti-racist efforts³, at the same time, recent events have pointed to the complicity of nursing in perpetuating and enacting systemic racism¹.

Within academic nursing, there is admirable work being conducted to address issues of racism. However, much of the recent interest in engaging with racism in nursing has been largely embedded in normative assumptions that is centers on issues in white North America.

For example, the current outcry for action to address systemic racism in health systems is largely in reaction to the high-profile incidents anti-Black and anti-Indigenous racist treatment by nurses that have captured much of the attention in North America in 2020. While we agree that these are most pressing issues, we nevertheless highlight that even within anti-racist work in nursing, we maintain a view that privileges and centers North American and western nursing issues, with limited questioning of the extent to which our North American issues relating to racism are also salient for the nursing profession elsewhere.

Background

Lived experiences of nursing academic scholars in Mexico have pointed to issues of classism as deeply intertwined with racism. In this paper, we define classism as discrimination and social divisions according to social and economic conditions that are experienced by individuals with particular attention to issues of power and determined by status, expectations, location, and access to resources^{10,11}.

The importance of considering race and ethnicity in relation to other social determinants of health is emphasized by the Pan American Health Organization (PAHO / WHO)¹², highlighting the inextricable link between experiences of classism and racism.

The intersecting nature of class and race is made apparent when looking to the disproportionate impact of the Covid-19 pandemic on racialized communities that are, often, also communities with lower socioeconomic status¹³. The increased recognition of the role of systemic racism has demanded that scientists, healthcare systems, and healthcare professionals use more critical lens in understanding the pandemic's impacts on racialized communities. Researchers have emphasized the importance of developing more nuanced understandings of racialized communities that concurrently consider class and socioeconomic status, among other social locations, to move explanations of the impacts of Covid-19 on racialized communities that may be grounded in racial stereotypes^{14, 15}.

One key barrier to understanding the nature and impact of the combined impacts of class and race on nursing is the scarcity of published scientific literature on this topic. The lack of published scientific articles on the topic perhaps reflects an underappreciation or lack of awareness of the complexity of intersecting social locations and how these shape individual's experiences of racism.

Another potential contributor is the dominance of authors from predominantly white western nations academic nursing in the popular nursing journals, which inadvertently reflect the priorities of this region of the world, beyond others.

Underappreciated recognition of the role of class as it intersects with race represents a substantial challenge in providing nursing care in our understanding of, as has been only recently pointed out.

In contrast, anecdotes can be readily found among nursing educators and clinicians that speak to how nursing care can be jeopardized because of discrimination of patients according to class, race, or both, in health systems.

There is limited understanding of nurse's encounters with and responses to instances where they may be faced with the intersecting effects of classism and

racism on patients, despite nurses being important intermediaries, communicators, and connectors in health systems^{16,17,18,19}. Nurses potentially mediate power dynamics within patient's encounters and experiences within the healthcare system²⁰.

To broaden our understanding of impacts of racism with a lens that extends beyond issues in North America, attention must be paid to the intersection of racism with class discrimination: an issue of importance in Latin America. To address this gap in the literature, we conducted a rapid review to generate evidence and illuminate insights into the nature of the classism and racism intersection in health systems, as they relate to nursing practice in the Americas.

Methodology

Established consensus and guidance of rapid review methodologies are emergent and as such, there is currently variation on a formal definition of a rapid review. To this study, we used the following working definition developed by Tricco and colleagues²⁵: "a rapid review is a type of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a short period of time."

We conducted a rapid review of the literature informed by leading emergent guidance on rapid review methodologies^{21,22,23,24,25}. Reporting of results were informed by established reporting guidelines to mitigate the significant limitations of inconsistent reporting and transparency that has been found in many rapid reviews²⁶.

Articles included in the rapid review were examined using content analysis, which involved expert consensus to describe the scenarios and situations of racism and classism during nursing care in America.

The protocol registration was completed by the Benemérita Universidad Autónoma de Puebla, faculty of Nursing in Puebla, Mexico. Methods of the analysis and inclusion criteria were specified in advance and documented in a protocol.

Eligibility Criteria: A preliminary search of the literature initially limited to Latin America was conducted using combinations of the keywords and their variants: "racism, classism, nursing, and discrimination."

Results from this preliminary search did not yield enough articles, suggesting that relevant literature addressing the concepts of race and class in relation to nursing practice would produce very few results. We therefore decided to broaden the search to the Americas, include articles written in the English, Spanish, and Portuguese languages (reflecting language proficiencies within our team), and add the keyword “exclusion” in literature search.

The research question to guide the literature search asked: What is the nature of instances of classism and racism encountered by nurses in their clinical practice? This question was developed based on the PICOT format, in line with rapid review methodology²⁶; the question components are outlined in table No.1.

The Information Sources following databases were searched: PubMed, COCHRANE Library, EBSCO, DIALNET, SCIENCE DIRECT, REDALyC, MEDLINE, CINAHL, and Scielo. Articles published between the first semestre of 2019 to the second semester of 2022 were considered.

The search for articles was limited to Spanish, Portuguese, and English. The key words in Spanish were: Racismo, Clasismo, Discriminación, Cuidado de Enfermería. For the Portuguese language: Racismo, Discriminação, Cuidados de Enfermagem. For the English language, key words were Racism, Classism, Discrimination, Nursing Care.

Study Selection taken inclusion criteria: Articles that contain situations of racism, classism in clinical settings or settings where nursing staff is involved as primary or secondary actors.

Exclusion criteria: Articles that contain situations of racism, classism in educational settings or other than the clinical setting. Elimination criteria: All articles that do not contain enough information on the subject in the full text.

The strategy for the selection of articles were conducted in the following order: 1) The identification of articles was carried out through the use of subject headings that corresponded with the key words of interest, using the DeCS subject headings for the Spanish and Portuguese language, and MeSH for the English language; 2) conducting the search using Boolean operators AND, OR and NOT, with the

following structure: racism OR classism AND nursing OR care NOT medicine. 3) Screening of titles. 4) Screening and review of the abstract. 5) Full text analysis.

For the analysis of the articles, the authors designed a data extraction form that was adapted from the COCHRANE systematic review criteria²⁷ to describe the scenarios and situations of racism and classism.

In the content analysis, the results yielded very few original research articles which made conducting quality appraisals and evaluating publications according to empirical research requirements an unsuitable approach. Therefore, to analyze the results, the team conducted qualitative content analysis and considered the published evidence as “academic products”²³. After completing reading the selected articles, the parts where racism, classism and exclusion were involved in nursing care or health service situations were identified. In each scenario, similar or equivalent concepts were identified and defined.

They were divided in eight groups: violence, opportunity areas, consequences, strategies, triggering events, barriers, feelings and taken actions to analyze the dimensions that build up each concept and analyzed together to interrelate it. The content analysis indicated theoretical saturation before finalizing the complete review of the academic products, which encouraged the researchers to close the evaluation to present the concepts, categories, and their dimension.

Results

It is evident that 1395 academic products were initially identified, but were subsequently excluded based on title or abstract, leaving 1225 full-text articles for assessment against the inclusion criteria. Following a meticulous analysis, a total of 46 published products were included in the study. Subsequently, upon scrutinizing the content of these academic products, an open coding approach was employed, yielding eight distinct concepts. This coding process aimed to enhance clarity and precision in elucidating the meaning of these concepts.

The content analysis resulted in the identification of 39 categories, from which 137 dimensions emerged. These dimensions are delineated as follows: [proceed with the presentation of the 137 dimensions].

Violence pertains to any nurse behavior that causes harm to the person receiving care, including both directly harmful actions and omission of action.

Areas of opportunity are defined as any situations or circumstances wherein improvements to services and health care are necessary to mitigate the effects of discrimination and exclusion. Six categories and 13 dimensions show the most common areas of opportunity in which nurses could be focusing to prevent racism and classic.

Consequences include any unfavorable effects on the person receiving care because of perceived classist or racist discrimination or exclusion. Four categories and 12 dimensions were analyzed as the most common experienced by patient.

Strategies comprise of sets of actions that seek to improve health care conditions against classism, racism, and exclusion in vulnerable groups. Five categories and 35 dimensions were identified during the nursing care to improve health care conditions.

Triggering Events are contextual situations or events that create an environment that favors classism, racism, discrimination, or exclusion within health care. Five categories and 10 dimensions were obtained as the events favoring classism, racism, or discrimination during care.

Barriers comprise of physical, cognitive, or perceived obstacles that disallow the development of professional skills that mitigate situations of classism, racism, discrimination, or exclusion in vulnerable groups in health care. Five categories and 10 dimensions were extracted as the obstacles to deliver health care without discrimination.

Feelings refer specifically to any positive or negative affective states expressed by nurses facing events or circumstances of classism, racism, or exclusion in vulnerable groups in health care. Three categories and 10 dimensions were obtained as the most common feelings nurses presented. Taken Actions are specific actions carried out by health professionals, aimed at avoiding classism, racism, or exclusion at the point of care of vulnerable people. Six categories and 10 dimensions were obtained as the specific actions done by nurses to avoiding classism, racism, or exclusion in care.

Discussion

The objective of this study was to synthesize the available evidence to describe the scenarios and situations of racism and classism in the context of nursing care in the Americas with a rapid review of the literature. In accordance with the PICOT question that guided this rapid review, situations of racism and classism in the context of nursing were examined broadly and included examination across levels of care (i.e., primary, secondary, and tertiary care), across racial groups, across ethnic groups, and across service sectors (i.e., public or private health services).

While the involvement of nursing was a requirement for article inclusion, not all the studies had a specific focus on nursing. Indeed, the majority of articles included in the review were selected because they included nursing as one of the key actors among other health professionals in health systems. Scrutiny of the evidence showed that there most of the selected publications comprised academic products that were other than original or research articles; few qualitative research articles and even fewer quantitative research articles were found. Most publications in this rapid review were editorials, case reports, news reports, life stories, magazine articles that were mostly from the social sciences, rather than health sciences.

The lack of scientific articles denotes the importance of a research line to gather evidence on racism and its implications in health services in most of Latin America. Brazil is in Latin America, the country with the biggest contribution on classism and racism nursing research, possibly due to the considerable number of Indigenous and Afro-American groups in this society and where situations of racism are perhaps more apparent.

In other countries, results of the review suggest that instances of classism over racism is more evident. The greater focus on classism in comparison to racism seems to be the most common in Mexico. It might be that Mexicans have a constitutional right to health regardless of socioeconomic class, skin color, or ethnic group. However, private health services restrict access to certain population groups and undermines rights to equal health services.

Regarding the scenarios where violence occurs, it is a concept permeating across all scenarios of classism, racism, and exclusion where health service is

involved. In most of the articles, situations of violence stood out from migrants and indigenous groups, who did not receive equal treatment. Even if which, the professional did not deny the service, the attention was postponed. According to the literature, if the patient comes from an indigenous group, the risk of dying is higher than other patients²⁸. This is a clear violation committed against human rights. Given the panorama, it can be concluded that violence could be considered a surrogate term for racism.

Conclusions

Efforts aimed at addressing racism within the field of nursing have garnered significant attention and momentum, particularly in response to the heightened injustices and disproportionate impact of the Covid-19 pandemic on racialized groups. Progress towards fostering an anti-racist nursing environment necessitates a deliberate examination and rectification of our own professional blind spots. Notably, prevailing normative assumptions regarding discourses on racism often derive from issues predominantly centered in the white North American nursing context, leading to the oversight of classism as an intricately interconnected challenge.

This oversight is particularly conspicuous in the Latin American context, where classism is recognized as a significant issue. This rapid review seeks to furnish evidence underscoring the critical intersections of classism and racism in nursing practice in Latin America, a perspective hitherto predominantly informed by the lived experiences of Latin American nursing scholars. These insights into classism and racism within the nursing profession are pertinent not only to scholars but also to practitioners across the Americas. Future research endeavors should aim to further elucidate these intersections.

Acts of racism, classism, and exclusion within health services, including nursing, are responses to multifactorial situations encompassing systemic, educational, professional training, ethical, and unprojected values. Despite the existence of testimonials documenting instances of racism and studies examining sociocultural situations in vulnerable groups, efforts to mitigate these acts are apparent. This is evident in the manifestation of values, legal initiatives aimed at policy modification, and increased awareness.

Health professionals, particularly those in the field of nursing, express concern, and endeavor to eradicate acts of racism, classism, and exclusion through meticulous documentation and the provision of humane treatment to patients and their families.

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Conflicts of Interest

The authors declare no conflicts of interest.

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Annexes

Table No.1

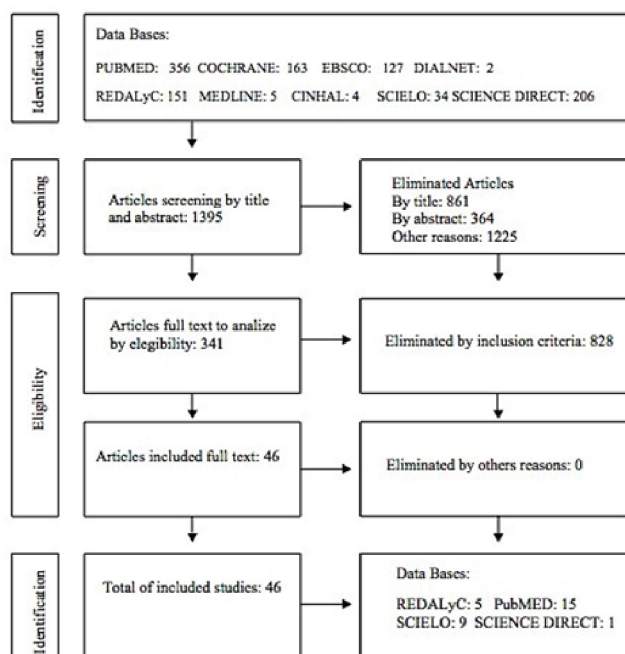
PICOT Question

Population	Intervention	Comparison	Outcome	Time
Nursing staff.	Situations of racism and classism in nursing care.	Between levels of care Between ethnic groups Skin color Public and private service.	Describe the situations of racism and classism.	All articles published in the period from 2016 to 2020.

Source: Own, 2022

Figure 1

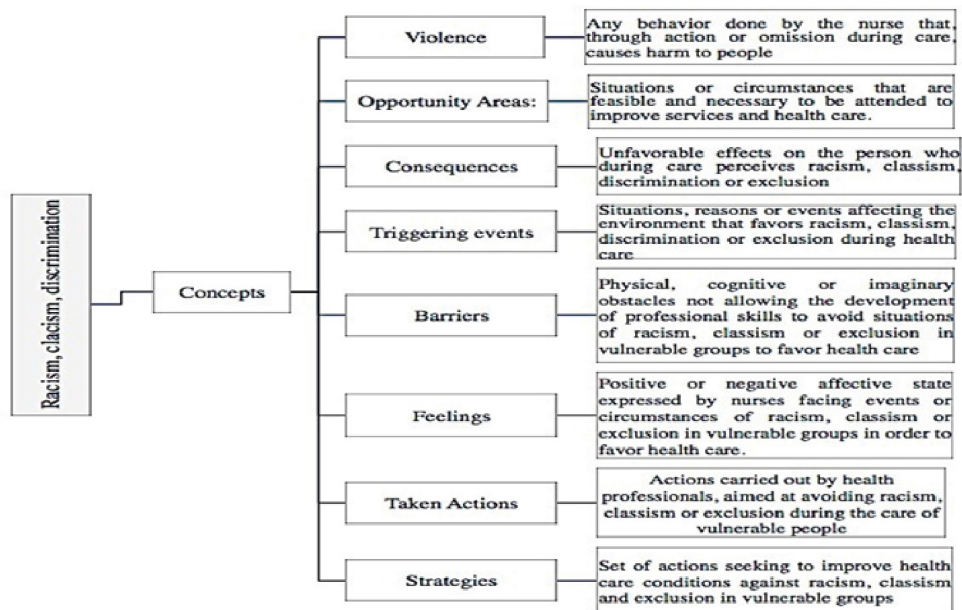
Flowchart of the article selection process



Source: Reporting Items for Systematic Review

Figure 2

Concepts identified in the actions of Racism, classism, and discrimination in health care.



Source: Reporting Items for Systematic Review

Table No.2

Concept: Violence

Physical, Moraland Psychological	Human Rights	Gender	Race	Economic	Traditions
Abuse	Disinformation	Obstetric	Migrants	Classism	Do not consider
Derogatory comments shared with co-workers	Discriminatory or preferential Communication in Patient Care	By sexual Identity	Ethnicities Indigenous Groups	Socioeconomic level	beliefs
Threats			Unequal treatment based on color		
Screams	Delay in care		Colourism		
Denostation					
Derision					
Murmurs					
Denying care without the permission of the husband					
Use of nicknames					

Source: Content Analysis

Table No.3

Concept: Areas of Opportunity

Training	Health services	Safety	Research-Action	Leadership	Healthcare workforce
In ethnicity	Access without discrimination.	Do not expose.	Focus the EBE to reduce tensions in cultural care.	Increasing and supporting diverse individuals in leadership positions	Nurse practitioners as optimally positioned to address inequities
Intercultural approach		Culturally sensitive care.			
Healthbeliefs	Horizontality forethnic groups.			Need for nurse advocacy and leadership within teams when addressing discrimination and behavior.	
Human rights					
Gender and equity cultural practices	Emphasis on Person-Centered Care				

Source: Content Analysis. Note: EBE, Nursing Based on Evidence

Table No.4

Concept: Consequences

Injustice	Quality of life	For life	Sociocultural
Violation of fundamental rights. Inequities to the population.	Deterioration of quality of life	Impaired health It causes disease Suicidal ideation Consummate suicide	Economic, political and cultural differences Denial of ethnic relevance Imposition of beliefs, values, and behavior patterns. Feeling undervalued in accessing healthcare services Nurses perpetuating discriminatory practices towards care receive

Source: Content Analysis

Table No.5

Concept: Strategies

Values	Communication	Understanding	Legal	Actions
Respect	Dialogue	Of ethnicrelevance	Guarantee of the intercultural approach.	Social participation
Empathy Justice	Bias in Documentation	Of the worldview of the peoples	Political action	Reduce inequalities
Recognition	Open and consistent communication between provider and patient	From Ancestral knowledge	Ethnicity as a transversal axis	Recognition of intercultural processes

Table No.5 (Continuation)

Make an institutional priority and commitment	Actively addressing Discriminatory behavior in the healthcare space	Of healthcare Needs (with respect to gender identify and sexual orientation)	Institutional strengthening on inequalities	Improve access to health services
			Institutional strengthening on intercultural processes	Defense of patient rights
		Cultural competence, cultural humility, and cultural sensitivity		Triggering
		Structural competency	Regulation and registration of the migrant population	Vigilant attention to dimensions of identify (race, ethnicity, socioeconomic status, gender, identification, sexual preferences
		Of professional responsibility to advance the goal of health equity		Education of student's nurses
		Debriefing instances of discrimination with students and the healthcare team		Self-reflections
		Conscious use and awareness of anti-discriminatory leadership frameworks		Increase diversity of providers
				Following Codes of Ethics from institutions and unions

Source: Content Analysis