

Nurses Need Not Be Guilty Bystanders

Caring for Immigrant & Vulnerable Latino/Hispanic Populations in Challenging Times

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Presenter Disclosures

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- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - **None of the people listed above have relationships to disclose**

None of the three of us have any personal financial relationships or commercial interests to disclose regarding this presentation

Introduction

- Challenge: facing verbal workplace harassment
 - Especially bad: prejudice which limits healthcare access
- How to deal?
 - Silence?
- Methods & tools to address issues

Unfortunately, we've all experienced workplace violence

- Verbal harassment or intimidation
- Bullying or incivility

But what happens when this incivility spills over onto our patients? What happens when care providers bully or are uncivil to the ones for whom they?

- This unethical behavior can sometimes even limit access to healthcare to patients, which is especially critical to vulnerable, under-resourced populations?

How do we deal with this behavior

- Silence?
- Do we take a stand but risk our stance politically and personally and risk being bullied ourselves?

During this presentation we will discuss

- Problems bullying causes to vulnerable populations
- How this incivility only compounds problems vulnerable populations face
- Methods & tools to help us respond and not be a part of unethical behavior by maintaining a safe silence

Immigrants & Vulnerability

- Immigrants: part of the US population fabric
 - Nurses have to deal with prejudice toward this population
 - From within themselves
 - From colleagues
 - Puts immigrants in a vulnerable position

Vulnerable Populations Defined



- In regard to healthcare, higher risk of:
 - Poor Health
 - Lack of Access
- Focus: Latino / Latina immigrants
- Demographics

Vulnerable populations are defined as

- “those at greater risk for poor health status and health care access,” ([Shi & Stevens, 2005](#))
- have a greater than average risk of developing health problems ([Aday, 2001](#))

Have marginalized sociocultural status, limiting them from resources

- May not be welcomed at healthcare facilities/clinics
- May have a perception they are not permitted access to clinics (whether correct or not. . .)

Our Focus: Hispanic population

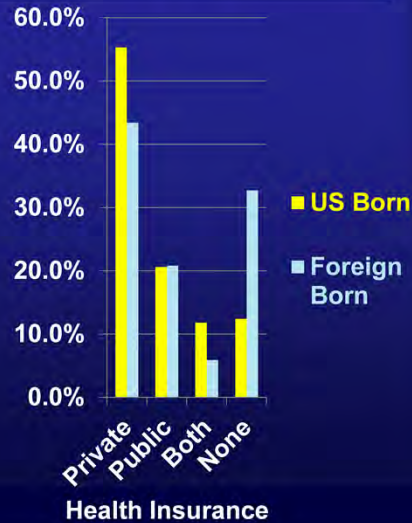
- One of our authors worked in student clinicals with Latinos & Latinas
- Encountered many problems while working with this population which became the genesis for this talk (and an article or two we hope!)
- This information can be applied to any vulnerable population
 - Works with our case studies
 - Allows us to focus our background on one group

Demographics

- Latino persons account for the majority (four out of five) of the estimated 11.1 million undocumented US immigrants (National Immigration Law Center 2006)
- much of the Hispanic population growth over the past decade has occurred in small and mid-sized cities and suburbs that had few or no Hispanic residents in the past (J. Passel, 2005)

Vulnerable Populations Healthcare Resource Access

- Insurance coverage
- Medicaid
- Children's Health Insurance Program (CHIP)
- Patient Protection and Affordable Care Act (PPACA)



Insurance:

Native Born US Citizens:

- 55.3% had private insurance, 20.6% had public insurance, 11.8 percent had both, and 12.4% had no insurance

Foreign born

- 43.4% had private insurance, 20.8% had public insurance, 5.9% had both and 32.7% had no insurance

Medicaid

- Covers costs of expenses for documented & undocumented adults for certain emergency conditions
- frequently does not cover the costs for follow-up or long term, chronic disease management of undocumented persons (Young, Flores, & Berman, 2004)
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, requires documented immigrants to wait five years for Medicaid eligibility (American Nurses Association, 2010; Derose, Escarce, & Lurie, 2007)

Children's Health Insurance Program (CHIP)

- Federal funds may not be used to cover undocumented children (except for emergency or pregnancy-related services).
- Some states use state funding to cover children regardless of immigration status.
- <http://ccf.georgetown.edu/chip/about-chip/>

Patient Protection and Affordable Care Act (PPACA, 2010)

- Exempts unauthorized, undocumented non-citizens from the mandate to have health coverage.
- Undocumented immigrants are not eligible for the federal premium credits, cost-sharing subsidies, or the temporary high-risk pools

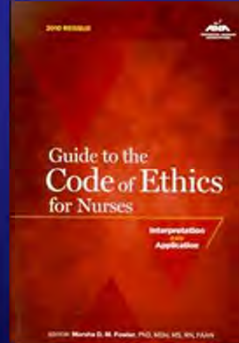
undocumented Hispanic/Latino populations face substantial barriers that limit their access to appropriate health care services (Mohanty, 2006)

With resources stretched at private clinics, this access is even more out-of-reach for the undocumented

ANA Code of Ethics

With Interpretive Statements

- Code of Ethics
 - Professional practice
 - Nurse's primary commitment
- ANA House of Delegates (2010)
 - Healthcare for all regardless of residency status (1958)



Currently being revised

- promotes professional practice with compassion and respect for the inherent dignity, worth and uniqueness of every individual
- nurse's primary commitment is to their patients, whether an individual, family, group or community
- ANA House of Delegates in 2010 held its position (originally taken in 1958) that
 - Health care is a basic human right
 - All persons who reside in the U.S should have access to health care
 - Unrestricted by consideration of the immigrant's residency status
 - Includes both documented and undocumented immigrants

Image Credit

<https://s3.amazonaws.com/media.matthewsbooks.com/images/largethumb/GROUP050/1558102582.jpg>

Case Study #1

Ximena



- Guatemalan national
- Bilingual, English is 2nd language
- Admitted to L&D for delivery
- Student nurse assigned to care
 - Overhears prejudiced remarks
 - How to respond?

During shift report

- Nurse complains that she is sick and tired of ‘illegal aliens’ coming to the United States and ‘dropping their babies’ so their children can become U.S. citizens.
- To her co-workers she states, “If these people are living in the United States they need to learn to speak English.”
- Another co-worker nods in agreement and attributes rising unemployment to “. . . illegals taking jobs that Americans need.”

Ximena

- US citizen
- Has a graduate degree
- Employed by a large corporation.

What problems does this cause?

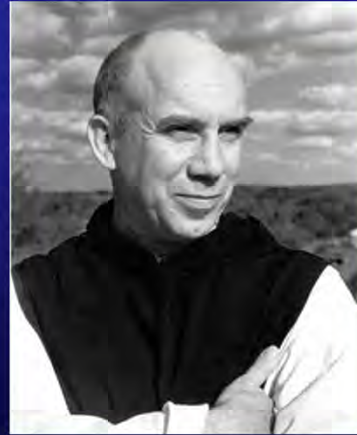
- Unethical patient treatment (even though patient is out of earshot)
- Poor modeling for student nurse
- Uncivil and bullying behavior
- Puts nursing instructor in awkward situation
 - Do you address so as to fix this unethical situation but risk losing a valuable student clinical position
 - Do you not respond and thus maintain political connection with this facility

Image Credit

<http://nbclatino.files.wordpress.com/2012/02/preterm.jpg?w=290&h=400&crop=1>

Guilty Bystanding

- Thomas Merton
 - 1915 to 1968
 - Monk, Philosopher
- Dangers of language & silence
- Silence in the face of injustice: perpetuates injustice



Merton

- Roman Catholic priest
- Peace activist, Poet, Philosopher
- Trappist Monk - Monastery of Our Lady of Gethsemani near Bardstown, KY ([Padgett, 2009](#))

Remaining silent in the face of an injustice (e.g. when a nurse witnesses prejudicial acts against a patient) only perpetuates the injustice.

Silence does not preserve innocence.

Instead, silence indirectly contributes to the injustice, leading one to be a “guilty bystander” (Merton, 1966).

Image Credit

http://1.bp.blogspot.com/-NQ7_nuXyMxk/TRj25cxThZI/AAAAAAAAAFU/z9jtpMBn5Lo/s1600/Thomas+Merton.jpg

Guilty Bystanding

- *Letter to an Innocent Bystander* (1966)
 - Silence in the Face of Injustice Doesn't
 - Maintain Innocence
 - Relieve one of the Responsibility of Acting
- Professional Nurse – Ethical Responsibility to Respond & Shatter the Silence!

Merton's work: *Letter to an Innocent Bystander*

- Silence may help maintain one's position in certain political environments
- But it doesn't maintain one's innocence
- Doesn't relieve the person of the responsibility of acting to right an injustice

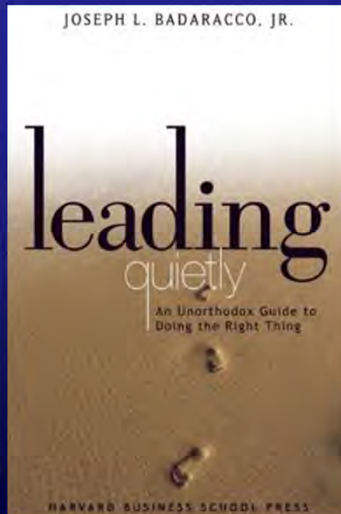
In fact, silence in the face of injustice

- Creates an environment that creates more injustice
- Encourages a continued exploitation of power at the expense of others

Nurse doesn't have right to be the sole provider in righting this injustice

- Does have a professional obligation to respond to these prejudiced and unjust remarks
- Does have a responsibility to hold other nurses accountable to the professional ethical framework laid out by the ANA

Avoiding Guilty Bystander Status



- Joseph Badaracco
- Quiet Leaders
 - Take Problem Seriously & Personally
 - Affect Sphere of Influence
- Drilling Down
- Tenacity

Badaracco (2002) – Harvard Professor

- **Leading Quietly: An Unorthodox Guide to Doing the Right Thing**
- **Shares guiding principles that can assist nurses to navigate the turbulent waters of providing care to vulnerable Hispanic/Latino patients**

Critical issue for Quiet Leaders

- **Not what is right and wrong (too simple, too black & white)**
- **Take the problem seriously and personally enough to act to stop an injustice, be persistent and tenacious to find a solution, and push forward until solutions are implemented**
- **Successful leaders act not because they should but because they personally understand the injustice so that by not acting they would not be true to themselves**

Concentrate their efforts on the small yet important sphere of influence in which they can act in accordance with professional and personal values

Quiet leaders are tenacious and drill down to find solution

- **Next few slides will spell this out**

Image Credit: http://img1.imagesbn.com/p/9781578514878_p0_v2_s260x420.JPG

Badaracco: Leading Quietly

- Drilling Down
 - Avoid Black & White
 - Struggle through Multiple Layers of Complex Issues
- Tenacity
 - Stick with Problem
 - Moral & Personal Drive



Drilling Down

- Problems have multiple layers and are complex
- Thinking in terms of black and white oversimplifies the problem – solutions do not make themselves apparent
- Struggle with complexity helps to reframe the problem, so problems are seen in new light
- In a new light, solutions then emerge, and can be graded to determine how effective they may be if implemented

Tenacity

- Aren't stymied by and find ways around roadblocks and barriers inherent in complex, multi-layered problems
- Develop a sense of moral, emotional and personal urgency that drives them to pick their battles and see the problem through to a successful solution

Image Credit http://media.news.harvard.edu/gazette/wp-content/uploads/2013/07/071213_Badaracco_007_605.jpg

Case Study #2

Maria



- Age 30, Housekeeper
- Children: 2, 4, & 10
- Undocumented
- Diabetic & eye complications
- Can't receive gov't healthcare
- Fears losing her job
- Nursing students help

Maria

- Spanish speaking, undocumented single mother with 3 children
- Works as a house keeper and makes a good living
- Comes to church clinic where student nurses are working
- She is receiving complaints about her work being sloppy; she notes her vision is less than what it was even a few months ago
 - Fears losing her job
- Has no healthcare (undocumented); diabetes is not in control (no money)
- Student Nurses get involved under supervision of their Clinical Instructor
 - Connects Maria with clinic that will see her regardless of documented status
 - Clinic Nurse seeks out pharmaceutical resource to provide medication (insulin)
 - Connect Maria with Church (parish) nurse who finds supplies for Maria to check her blood sugar
 - Nursing instructor and students contact the medical school at a local university and find a vision specialist
 - Specialist agrees to work with Maria's declining vision
- Multiple problems exist for Maria, but students demonstrate tenacity and drill down through multiple layers to find solutions for her

Image Credit: <http://www.gannett-cdn.com/-mm-/8d2d080f4b9793d0aa9a7047db611d53034e1baa/c=0-262-1957-1735&r=x404&c=534x401/local/-/media/USATODAY/USATODAY/2014/03/27//1395966920000-AP-Mexico-Births-in-the-Streets.jpg>

Leading Quietly

- Being Tenacious & Drilling Down Examples
 - Community health resources
 - Partnerships & collaborations
 - Cultural competence
 - Policy / partnering with governmental agencies

Community Health Resources

- churches, mosques, temples, and other community-based lay and spiritual organizations that provide and/or sponsor low cost or no cost care
- National Association of Hispanic Nurses and local chambers of commerce to identify Hispanic business leaders in the community who might lend financial support and assist with fund-raising efforts

Partnerships & Collaborations

- international agreements from patients' countries of origin to subsidize their care
- Care might begin in the U.S. and then doctors and nurses could coordinate long-term care/follow up care if the immigrant returns to his/her home country

Cultural Competence

- defined as the knowledge, skills, and abilities to provide safe, effective patient care to individuals of a particular ethnic or racial group (Underserved Quality Improvement Organization Support Center, 2007).
- identify challenges immigrants and members of vulnerable populations face and encourage nurses to take these challenges personally enough to help them find resources to overcome these problems

Policy / Partnering with Government Agencies

- *Nursing Beyond Borders: Access to Health Care for Documented and Undocumented Immigrants Living in the US*
 - Policy brief
 - Outlines specific steps that quiet nurse leaders and nursing organizations can take to improve immigrants' access to health care (American Nurses Association, 2010)
- Educating policy makers about the costs and benefits of including immigrants and members of vulnerable populations in health care reform is another action quiet nurse leaders can take (Immigration Policy Center, 2009a, 2009b).
 - failure to provide care to vulnerable Hispanic/Latino immigrants could result in unintended public health and social consequences.

Leading Quietly

- The Challenge:
Meeting Roadblocks
 - Running out of solutions
 - Meeting resisters or bullies
- Leading Quietly
 - Personally face challenge
 - Reframe problem



The challenge comes when the roadblocks are hit

- When one comes up empty time after time and is not able to find the resources, initially, to help the person
- When one meets resistance from those who have political power and are resistant (at the least) or abusive, uncivil, or bullying at worst
- THE QUESTION is, can you take this challenge personally enough to take a stand, think differently, reframe the problem, and keep searching for that solution that is there

Conclusion

- President John F. Kennedy Jr
 - “There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”



The healthcare system can't afford to remain silent and support unjust cultures and systems

Thomas Merton's challenge to nurses and healthcare providers & workers to avoid guilty bystanding by opening our mouths in the face of unjust cultures and systems must be taken seriously

We must take the problem personally enough to respond to injustice from the core of our beings

We must stand up, open our mouths, fire up our minds, and extend our hands in action to find solutions to those who need healthcare access

As John F. Kennedy Jr. notes above, we must not remain in comfortable inaction. The risks are too great.

Image Credit

http://static01.nyt.com/images/2007/06/30/timestopics/topics_jfk_395.jpg

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