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[Ancestry and Ethnicity: From the Editor]

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From the Editor

Canales, Mary K. PhD, RN

▼ Author Information

Assistant Professor, College of Nursing and Health Sciences, University of Vermont, Burlington, Vermont

Warning: The following articles may challenge your assumptions, beliefs, and attitudes about race, ethnicity, and health care for marginalized populations. Proceed with caution but definitely proceed. It requires critical reflection and examination, personal and professional, to acknowledge nursing's role in the creation and maintenance of conditions that support racial and ethnic health disparities, to recognize the overt and covert ways that our practices contribute to differential treatment, and, most importantly, to identify and enact mechanisms for changing structures that perpetuate the status quo and support existing inequities. For example, the issue topic itself, Ancestry and Ethnicity, raises questions of language and choices of terms for identifying diverse groups. How do we decide whether to use the term "race," "ethnicity," "race/ethnicity," or some other descriptor, one that may be more accurate yet perceived as too narrow in scope? What are the implications when we choose to focus on ethnicity rather than race in a society where race continues to negatively construct the lives of those perceived as racially diverse? When we choose to focus on ethnicity are we then choosing not to focus on racism? What are the consequences when we do not acknowledge the connections between racism and health disparities?

A discussion of the differences between race and ethnicity and the controversy surrounding these designations is needed within the nursing profession. It is essential that an explanation and/or historical context be provided for racial and ethnic language decisions, and that such decisions are followed consistently, especially in written formats. This applies to the use of "White" or "Euro-American" labels. I suggest that when the term "White" is used, it be capitalized. This serves as a reminder that this, too, is a racial category with inherent privileges and power for members of this race, including the majority of nurses. When members of the predominately White nursing profession begin to recognize their White privilege and the transformative potential of individual and collective antiracist work in terms of changing race relations and current distributions of power, we will have taken the first steps toward eliminating racial and ethnic health disparities.

Although the recent Institute of Medicine [1](#) (IOM) report addressed race and ethnicity, the term "racism" is not included in the document. The IOM described how health care provider "stereotyping," "bias," and "discrimination," intentional and unintentional, negatively impact health care delivery for marginalized populations and the lethal consequences of these practices on morbidity and mortality for racialized groups. The IOM does not, however, directly confront how

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Outline

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racism and the US structural systems—economic, political, and societal—perpetuate racist practices that further compound existing health disparities. Although this omission is disconcerting, it is not surprising. It demonstrates how much work we still have to do as health care professionals to engage in open dialogue about the relationships between health, health care, and race.

Although the articles in this special issue begin this dialogue, it is up to us, individually and collectively, to continue to move the discussion forward. As a profession, we need to critically examine the relationships between nursing care and existing health disparities. To analyze these relationships, particularly the manner in which nursing care is delivered to marginalized populations, a report similar to that of the IOM, focused on nursing practices and behaviors, is warranted. We may find that as a profession, we are caring for all of our clients in ways that honor and respect their personhood and value the similarities and differences that exist. Until such a report is published, however, we need to critically examine our individual attitudes and behaviors with our clients, colleagues, and students, the policies and practices of our national nursing organizations, and the political structures that perpetuate racial and ethnic health disparities. Critical thinking, reflective practice, and political action are all required if we are to eliminate existing health disparities and create a more equitable and socially just health care environment and society.

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REFERENCE

1. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy of Sciences; 2002. [\[Context Link\]](#)

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