

AORN Position Statement on Health Care Equity

POSITION STATEMENT

AORN believes:

All patients have the right to receive the highest quality perioperative care in every practice setting where operative and other invasive procedures are performed.¹ Despite this inherent right, there is well-documented evidence of widespread disparities in health care among minority, non-minority, and marginalized patients, including differences that have been associated with poor surgical outcomes. In 2003, the Institute of Medicine, now known as the National Academy of Medicine, defined disparities in health care as “racial or ethnic differences in the quality of health care that are not due to access related factors or clinical needs or preferences or appropriateness of interventions.”² While a diverse range of factors contribute to the issue – from the blatant racism of stereotyping, bias, and prejudice to clinical uncertainty on the part of health care providers – the fact remains that these disparities significantly and negatively impact minority patients. Health care providers, institutions, professional organizations, patient representatives, and all stakeholders invested in the health and well-being of our diverse patient population must collaborate to create and maintain a systematic and fundamental change to ensure equity in all aspects of care and access without regard to a patient’s skin color, ethnicity, sexual orientation, or gender.¹

RATIONALE

As a leader in safe patient care, AORN is committed to taking a proactive approach to improving surgical outcomes for all patients and providing more equitable health care, not only to fulfill the organizations core mission, but also because these disparities are symptoms of a larger, more insidious problem the organization is committed to fighting. Disparities in health care are a part of systemic racism and prejudice that permeates every facet of our society in a myriad of direct and indirect ways. As AORN noted in an open letter to its staff and the perioperative community following George Floyd’s death, “all racism is unacceptable.” AORN went on to state, “we demand of our employees and ask the perioperative community to commit to zero tolerance for any racist acts and injustice” (AORN, Inc, email communication, June 5, 2020).

Disparities in health care and less-favorable surgical outcomes are examples of injustice, and AORN supports the development of collaborative, comprehensive initiatives to promote policy, practice, and research that aim to make health equity a strategic priority for all health care providers, institutions, and professional organizations. Disparities in equitable health care are common, and a surge in new research on diversity, equity, and inclusion (DEI) only confirms what we already know: race, sexual orientation, gender, and gender identity affect patients’ ability to receive equitable health care. Therefore, in our role as patient advocates, it is the responsibility of AORN – and its members – to understand the systemic issues behind these health care disparities and then work to improve and eradicate them.

AORN recommends that all health care personnel and stakeholders take extraordinary action in their own practices to diminish and ultimately eliminate all disparities present within current models of care. Perioperative nurses are obligated to provide safe, professional, and ethical patient care, as defined by the AORN Perioperative Explications for the *ANA Code of Ethics for Nurses*.³ Extensive interventions are necessary to correct the inequity in current care delivery systems. We must all take action in our personal

and professional development and practice to right the wrongs of our society's past and ensure every patient's treatment is guided by the same ethical and moral standards to achieve quality patient care and favorable outcomes for all.³

Actions and recommendations to facilitate this change include, but are not limited to:

Individual and Workplace

- Make health equity a personal and organizational priority.⁴
- Promote action – To progress toward equitable treatment we must identify and confront the discriminatory practices and policies that have plagued our abilities to correct this injustice. Promoting this awareness is a critical step in facilitating meaningful and sustainable change.⁵
- Promote workforce diversity and leadership development opportunities for minorities – Diversity of the health care workforce has strong associations with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, improved communication between patients and providers, and better educational experiences for health care professionals. Evidence suggests that a more diverse workforce can improve cultural competence of both health professionals and health systems, which can, in turn, create improvements in patient outcomes.⁶⁻⁸
- Create evaluation measures and metrics that assess the contribution of workforce diversity to elimination of health disparity.⁷
- Support consistency and equity of care using evidence-based guidelines.²
- Ensure that adequate means of patient-provider communication are available and used when barriers to communication exist.²

Workforce Education

- Develop new educational curricula to teach ways to counteract the effects that nonmedical factors have on clinical decision-making processes and strategies to promote effective communication with patients of diverse sociocultural backgrounds.^{7,9,10}
- Include DEI content in mandatory on-the-job education and training – In a comprehensive review of implicit bias in health care professionals, Fitzgerald et al¹¹ found that the same systemic biases exist among the medical community as is seen in the general public. Understanding one's own implicit bias and its effect on care delivery is a critical step for providers to take to provide the high quality of care that all patients deserve.¹² Tools (eg, Implicit Association Testing¹³) exist to evaluate an individual's biases and can be used to supplement workplace education and training.

Health Care Reform

- Promote DEI research – Collect and report data on health care access and utilization by patients' race, ethnicity, socioeconomic status, primary language, gender, gender identity, and sexual orientation.²

- Include measures of racial, ethnic, socioeconomic, language, gender, gender identity, and sexual orientation disparities in performance measurements.²
- Improve the number and capacity of diverse providers in underserved communities.^{2,6}
- Establish effective preventive care models.²
- Optimize patient care through the use of interdisciplinary teams, including but not limited to, physicians, nurses, dietitians, and social workers. Research indicates that interdisciplinary care teams are effective in improving health outcomes of minorities through streamlining care, promoting adherence to follow-up care, and managing behavioral and social risks faced by patients.²
- Deploy strategies to address the multiple social determinants of health on which health care stakeholders can have a direct impact.^{4,10}
- Expand health coverage and access to federal and state insurance programs for the underinsured and the uninsured.¹⁰
- Promote a flexible bill payment structures.²
- Retire provider incentives that inadvertently promote disparities or marginalization of patients.²

GLOSSARY

Implicit bias: The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.¹⁴ Synonym: Unconscious bias.

Health disparity: “A particular type of health difference that is closely linked with social or economic disadvantage.”¹⁵

Diversity: “The presence of differences that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment, or political perspective. Populations that have been – and remain – underrepresented among practitioners in the field and marginalized in the broader society.”¹⁶

Equity: “Promoting justice, impartiality and fairness within the procedures, processes, and distribution of resources by institutions or systems. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.”¹⁶

Inclusion: “An outcome to ensure those that are diverse actually feel and/or are welcomed. Inclusion outcomes are met when you, your institution, and your program are truly inviting to all. The degree to which diverse individuals are able to participate fully in the decision-making processes and development opportunities within an organization or group.”¹⁶

Social determinants of health: Factors in the environment including where people live, learn, work, and play that impact their ability to make healthy decisions.¹⁵

Systemic racism: policies and practices that exist throughout a whole society or organization, and that result in and support a continued unfair advantage to some people and unfair or harmful treatment of others based on race.

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RESOURCES

Implicit Association Testing (IAT): <https://implicit.harvard.edu/implicit/iatdetails.html>

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