

## **The Nurse’s Role and Responsibility in Unveiling and Dismantling Systems of Oppression: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy**

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**Written by:** ANA Center for Ethics and Human Rights

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### **Narrative Introductions/Reflexivity/Positioning**

This statement on unveiling and dismantling systems of oppression acknowledges that identities and experiences shape how nurses understand systems of oppression and nursing’s role and responsibility in dismantling discriminatory structures and practices.

### **Statement of ANA Position**

American Nurses Association (ANA) strongly opposes oppression in all its forms. ANA recognizes that concerted efforts must continue for discrimination to be eliminated in all its forms, within and external to nursing. “Oppression” refers to a combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups and benefits other groups (NMAAC, 2023). ANA supports policy initiatives directed toward ending all forms of discrimination. At the same time, ANA opposes measures, processes, and actions that construct, reinforce, or amplify oppression, violence, and inequity. This is a function of Provision 1 of the *Code of Ethics for Nurses*, which dictates that nurses practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person. As a professional association, ANA acknowledges its historical and current role in collusion with and production of discriminatory and oppressive harms. ANA further commits to do the work necessary to uproot and eliminate discrimination and oppression from within.

## Purpose

The purpose of this statement is to:

1. Call on nurses and their allies to learn about, reflect on, and, most importantly, act to end oppression in all its forms.
2. Identify how nursing is situated within and as part of systems of oppression that function as organized systems, structures, and practices that harm patients, foster health inequity, perpetuate injustice, constrain nurses, and instigate social violence.
3. Support nursing and nurses' ability to recognize their role in upholding or uprooting practices that harm patients, foster health inequity, perpetuate injustice, and instigate social violence.
4. Articulate the complexities of discrimination as a function of systems of oppression, as well as nursing strategies toward ending all forms of discrimination that construct, reinforce, or amplify oppression, violence, and inequity.

## Background

### **The Unveiling – Systems of Oppression and the Nursing Profession's Discriminatory Practices**

Discrimination manifests in many different ways. It may be in acts that overtly deny rights to certain groups of people, it may look like poor treatment of a person because of certain characteristics, or it may exist systemically through institutional practices and policies that exclude or promote certain groups (NCJW, 2019). Identifying systems of oppression allows for an unveiling of organized discriminatory systems, structures, and practices that are woven into the fabric of American economics, policy, culture, laws, and health care. Systems of oppression and discriminatory practices shift and are influenced by changes in power, resources, and situation. Institutions such as government, education, housing, judiciary, carceral systems, health care, and nursing contribute to, reinforce, and perpetuate oppression of socially constructed groups. Systems of oppression and discrimination not only harm groups of people, but they also elevate the status of those individuals who hold privilege and power. Although systems of oppression manifest discrimination in different ways and target different groups of people, they all work to create and reinforce health inequities and “sustain deep imbalances in power, wealth, and opportunity, fueling profoundly disparate health outcomes within and between communities” (Harvard Global Health Institute, 2023).

“To effectively promote and advocate for social justice, nurses and professional nursing organizations ought to and must first address the history of racism in nursing, take accountability for ongoing harms, and identify specific, measurable plans for creating more inclusive, diverse, and equitable professional organizations that meet the needs of all people (Code, 2025, p. 39). The American Nurses Association is not exempt from these practices, and a deeper dive into the historical and contemporary legacy of ANA's racism can be found in the National Commission to Address Racism in Nursing's Foundational Report (2021).

Nurses profess a core ethical commitment to the “fundamental principle that underlies all nursing practice, [which] is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals; therefore, ethical nursing practice requires compassion for all humans as deserving of dignity and respect.” (Code, 2025, p. 1). As a particular demonstration of respect for an individual's unique attributes, we seek to understand the complexity of the identities and experiences of patients and ourselves. Nurses recognize that people who suffer from unjust treatment because of their unique attributes and identities can be

discriminated against for singular aspects, as well as multiple, overlapping aspects of attributes and identity. Discrimination against peoples' multiple identities—for example, inequitable care for a woman who is elderly, in migration, Black, and chronically ill—compounds the injustice of discrimination and perpetuates systems of oppression. This is **intersectionality**, which refers to how “multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles” that unjustly marginalize, stigmatize, and exclude people (Crenshaw, 1989, p. 149). Discrimination against any intersections of identity—including but not limited to race, gender identity and expression, age, class, primary language, national origin, ancestry, citizenship, marital status, health status, and ability—violates our professional obligation to “equitable, respectful, dignified, and just treatment of all” (Code, 2025, p. 24). Further, it violates nursing's obligation to confront and redress unjust systems. “Nursing ought to engage in ongoing self-reflection and critical self-analysis through a lens of anti-racism, equity, and intersectionality” (Code, 2025, p. 40).

Interlocking systems of oppression were created and are maintained through violence and colonization to keep inequitable power structures (Combahee River Collective, 1977). Systems of oppression result in harm when one group restricts access to resources from another group, and that restriction of resources results in a shortened life expectancy or suffering (United Way, 2023). Systems of oppression within nursing are especially important to identify because of the influence nurses have over life and death. Economic oppression, lack of access to health care, and unsafe and exploitative labor practices are all examples of discriminatory practices that are within the spheres of influence for nurses in every area of practice (Combahee River Collective, 1977). These factors are not relegated to the past but are a clear, present, and daily reality that nurses have an obligation to address.

## Recommendations

ANA recommends implementation of the following for all nurses:

- Exercise ongoing critical self-reflection to identify, acknowledge, and dismantle practices and beliefs they have learned that uphold systems of oppression and discrimination.
- Pursue career-long learning which involves “keeping abreast of technological and scientific advances in nursing as well as developing a nuanced approach to human relationships, human experiences, and the recognition of who people are as individuals” (ANA, 2025, p. 21).
- Seek out and support nursing practice environments that advance inclusive strategies and promote human dignity and mutual respect for all people.
- Advocate for policies that promote human dignity and human rights for all people.
- Be knowledgeable of pathways and mechanisms for reporting discriminatory policies and practices. Where these do not exist, work to create mechanisms for reporting and implementing policies and practices at the institutional, local, state, and national levels.
- Commit to work both within the profession and with other health care professionals and advocacy organizations to create diverse, inclusive communities that promote, protect, and sustain high-quality, effective, efficient, and safe health care practices (ANA, 2010).
- Enact justice and caring, diversity and inclusiveness, preservation of human dignity, and mutual respect as guiding principles within the provision of health care in all environments at all levels as outlined by the *Code*.

- Know and understand where and when nursing has been complicit with and active in the production and reproduction of oppressive harms in order to prevent future harm.
- Exercise transparency and accountability for health indicators that are sensitive to discriminatory practices and bias.
- **Nurse educators** must reckon with and address the ways in which nursing education creates and reproduces systems and structures that uphold inequity, injustice, violence, and harm. Interventions include the following:
  - Interrogate the rationales behind and discriminatory results of standards and practices for admissions to academic nursing programs, transforming oppressive standards and practices where inequity and injustice appear.
  - Identify and eliminate the material, institutional, and structural barriers prospective nursing students face in admissions, retention, matriculation, and graduation from nursing school.
  - Collaborate with institutional partners to work toward eliminating the economic hardship that coincides with obtaining a nursing education, and explore such advocacy and initiatives as tuition-free nursing education with provisions for living expenses.
  - Evaluate nursing education curriculum for where and how discrimination, inequity, and injustice show up and eliminate harmful practices.
  - Develop strategies for equitable clinical placements for all nursing students, including licensed practical, associate's degree, baccalaureate degree, master's entry, and doctoral nursing students.
  - Develop clinical partnerships founded on health equity and justice designed to repair systemic oppressions and the effects of racism and other forms of harm.
  - Center curricula and practice on liberation, community, equity, and justice according to priorities of the people and populations that are most harmed by systems of oppression.
  - Develop curriculum and pedagogical strategies that challenge and resist systems of oppression.
- Recruit nurse faculty from all sectors of society.
- **Nurse executives and leaders** must reckon with the ways in which their institutions create and reproduce systems and structures that uphold inequity, injustice, violence, and harm. For example:
  - Cease the practice of discharging acutely ill people without adequate shelter and care follow-up.
  - Investigate and address the reckless, indiscriminate, and discriminate use of physical and chemical restraints in the hospital setting.
  - Identify and address institutional complicity with agencies in criminalizing patients and populations.

- Develop substantive and meaningful strategies to address violence against health care professionals, including the implementation of safe staffing, provision of adequate resources, and modifications of the environment demonstrated to reduce workplace violence.
- Terminate practices that limit or restrict oppressed and marginalized groups' access to proper health care services.
- Implement practices to identify and remediate instances when care has been inadequate or denied based on a person's race, ethnicity, gender, disability, or other nondominant group membership. For example:
  - Inequitable treatment of pain.
  - Disparities in response to deteriorating patients.
  - Inequitable access to treatments and services including physical therapy and rehabilitation.
- Exercise equitable and transparent practices in hiring, paying, and promoting nurses.
- Develop and implement a process to investigate and intervene when the institution may contribute to health inequities within the community, particularly pertaining to racialized groups, LGBTQ+ individuals, people with disabilities, and people experiencing chronic disabilities.
- Correct institutional practices that contribute to environmental injustice and socioeconomic inequalities, including disparate pay practices and pay that falls below living wages.
- Collaborate with community partners to expand health care access in accordance with the Code to include care for all people.
- **Nurse researchers and nurse specialists** must reckon with and address the ways in which nursing research creates and reproduces systems and structures that uphold inequity, injustice, violence, and harm. For example:
  - Resist engaging in and implementing research predicated on health equity tourism (Lett et al., 2022) and deficit models of care.
  - Resist engaging in and implementing "evidence-based practice" that prioritizes institutional productivity over patient safety (Holmes et al., 2006).
  - Identify and rectify current policies, procedures, and nursing practices that cause, contribute to, or perpetuate inequity, injustice, violence, and harm.
  - Systematically analyze and expose how equity and justice are considered and included at every step of the research process.
- **Nursing professional organizations** must identify the ways in which they have actively created, upheld, and continue to produce systems of oppression, and move to remediate and end such practices. For example:

- Advance transparency in their financial structures, commitments, investments, holdings, and relationships.
- Actively advocate for the termination of practices in health care and the profession of nursing that harm patients and the nursing workforce, and formally document organizational stances that demonstrate commitment toward ending oppressive practices.
- Collaborate with nursing credentialing and regulatory bodies to implement core competencies and standards for nursing education that include critical history, analysis of power, and techniques for disrupting oppression.
- Prioritize human rights, dignity, and justice, and end oppression in accordance with the provisions outlined in the *Code*.
- In acknowledgment that economies of health care are situated in a larger context of inequality, recognize that advocacy toward health as a universal right is a starting point in addressing violent systems of economic oppression that impact health in concordance with ANA's health policy as well as Provisions 1, 8, and 9. In particular, Provision 1 reads, "Health is a universal right and the need for it transcends all individual differences." (p. 2).

## ANA Foundational Documents

Considerable attention has been paid to matters of equity, justice, liberation, and diversity in past ANA position statements and House of Delegate Resolutions. Attending to this history is important, as voices for equity and justice have been present in ANA for decades. To not acknowledge the work of those who precede us is an example of organized institutional forgetting that functions to silence, erasing the path we have taken across space and time to lead us to our present moment ([Giroux, 2014, 2013](#)). This silence protects a disciplinary innocence that is, in actuality, a function of white supremacy, evidence of oppression ([Dillard-Wright et al., 2023](#)). Nurses and others before us have led charge after charge to uproot oppression in nursing through ANA; what follows reflects some of these efforts:

- ANA was founded as a white nursing organization. Black nurses were not admitted to ANA until 1949 when the membership of the National Association of Colored Graduate Nurses (NACGN) accepted a proposed merger with ANA. In 1951, the NACGN voted to dissolve, citing the successful merger. However, because ANA was not individual membership based but rather state-chapter based, several state organizations remained segregated until state organizations were threatened with expulsion from ANA, more than 10 years later ([Tobbell & D'Antonio, 2022](#)).
- A report compiled in 1982 on human rights and antidiscrimination actions in ANA reflects at least 63 years of explicit and codified efforts to address discrimination, inequity, and oppression in various forms. In 1960, ANA House of Delegates resolved to admit "all qualified professional nurses" as members. Contemporaneous with the Civil Rights Act of 1968, ANA passed a resolution on intergroup relations: "the course of recent events makes clear the challenge to all people for self-examination and determination to abolish racial prejudice, poverty and discrimination in our society"—language from 55 years ago that sounds remarkably current.
- The 1978 ANA House of Delegates, under the leadership of the Commission on Human Rights, resolved "that ANA encourage members not to attend national meetings of any organization that are held in states that have not endorsed the Equal Rights Amendment." Similar calls have been issued (though not by nursing organizations) regarding events held in states that limit reproductive

health care in the post-Roe era, states that threaten transgender folks' safety ([Equality Florida, 2023](#)), and states that obfuscate facts about the history and presence of racism ([NAACP, 2023](#)).

- Citing the underrepresentation of historically and currently oppressed peoples in nursing and nursing education, the 1980 ANA House of Delegates adopted a resolution entitled "Minority Representation in Nursing Education" designed to enhance "minority representation in nursing," imploring ANA to "exert its political power" to do so.
- Previous ANA position statements supported the elimination of discrimination in all its forms. The position statement on Discrimination and Racism in Health Care (ANA, 1998) called for equality and justice at individual and population levels. ANA's position statement on *The Nurse's Role in Ethics and Human Rights* dated 2016 explicitly links the elimination of discrimination in nursing and health care to the Code of Ethics as an obligation of professional practice. Recommendations outlined in the 2016 position statement have implications for individual nurses, the nursing profession, nursing education, nursing research, and health care organizations.
- This ANA position statement upholds previous position statements by denouncing discrimination of any kind and offering recommendations to address systems of oppression as they presently exist in nursing.

## Summary

ANA strongly opposes oppression in all its forms. Nurses profess a core ethical commitment to the "fundamental principle that underlies all nursing practice, [which] is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals." (Code, 2025, p. 1). Despite this, discriminatory and oppressive structures and practices within and beyond nursing persist with violent and often deadly outcomes for those we care for and for ourselves. The consequences of ignoring discriminatory behaviors and acts include an ever-increasing gap in health disparities and negation of our professional values. This leads to amplified health inequity, propagation of injustice, and the continued invalidation of our stated professional values.

We maintain a vision for the future in which nurses possess the tools to resist, reduce, and eliminate the harms of systems of oppression. Further, we believe in and work to build a future in which systems of oppression do not exist. The nurse's proximity to the suffering and consequences of systems of oppression affords us the opportunity for direct action, and nurses can be powerful instruments of justice and healing, if we choose to be.

***Note: The authors wish to acknowledge the importance of using expansive, affirming language. Language evolves and we continue to update our language to demonstrate our commitment to justice, diversity, equity, belonging, and inclusion. Please send suggestions, concerns, and ideas to [ethics@ana.org](mailto:ethics@ana.org).***

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