



Position Statement

Cultural Diversity

The American Nephrology Nurses Association (ANNA) acknowledges that individuals with chronic kidney disease (CKD) and those who provide care for those individuals are from various, diverse cultural backgrounds. ANNA believes knowledge of cultural diversity is vital to promote excellence, advance nephrology nursing practice, and positively influence outcomes for individuals with kidney disease.

Diversity, equity, and inclusion are central to the ANNA's ability to carry out its mission to improve members' lives through education, advocacy, networking, and science. Our members are from various cultural backgrounds and healthy equity is increased, and patients experiencing CKD are better served when a diverse healthcare team delivers care within an inclusive culture.

It is the position of ANNA that:

- Every individual has the right to safe, respectful, and quality care that supports their ability to obtain their highest level of health.
- Social and structural obstacles that impact an individual's ability to achieve optimal health must be removed.
- Ethnocentric approaches to nursing practice are ineffective in meeting health and nursing needs of diverse cultural groups.
- Nurses should address how implicit bias influence their cultural beliefs and how they interact with patients and deliver care.
- ANNA is enriched by the unique differences found among its members, the individuals they provide care for, and other members of the CKD community.

Background and Rationale:

- The United States continues to be demographically and culturally diverse. According to U.S. Census Bureau, 2019 population estimates are 328,239,523 of which 39.9% is non-white. The U.S. Census identified people from over 20 other ethnic and cultural groups living in America (U.S. Census Bureau, 2019).
- ANNA respects and embraces ethnic and cultural diversity among people with CKD and those who deliver their care.
- ANNA believes diversity is multidimensional and reflected through characteristics of race, ethnicity, national origin, gender, chronological and generational age, physical and intellectual capabilities, socioeconomic background, religion, human capacity, perspectives, values, ideas, practice experiences, life skills, sexual orientation, and generational influences.
- ANNA promotes cultural respect, dignity, and humility, and recognizes that healthcare professionals who demonstrate professional standards of practice in keeping with these stated beliefs provide responsive care, increase patient satisfaction, improve patient concordance, and move us toward elimination of racial and ethnic health disparities.
- ANNA promotes cultural diversity education and believes acquiring knowledge of a patient's cultural beliefs, values, and attitudes is an integral part of providing competent health care (NIH, 2017). Cultural diversity education promotes a positive workplace environment that respects and responds to differences in race, culture, ethnicity, and language.

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- ANNA believes cultural diversity awareness recognizes that each person is shaped by their cultural background, which influences interpretation of the world, self-perception, and how each relates to others (AHRQ PSNet, 2019).

References

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network (PSNet). (2019, December 27). *Cultural competence and patient safety*. <https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety>

National Institute of Health (NIH). (2017). *Cultural respect*. <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>

United States Census Bureau. (2019). *QuickFacts United States*. <https://www.census.gov/quickfacts/fact/table/US>

Suggested Readings

Berenson, L.D. (2014). *Cultural competencies for nurses* (2nd ed.). Jones & Bartlett Learning.

Butler, M., McCreedy, E., Schwer, N., Burgess, D., Call, K., Przedworski, J., ... Kane, R. (2016). *Improving cultural competence to reduce health disparities*. Agency for Healthcare Research and Quality (Comparative Effectiveness Reviews, No. 170). <https://www.ncbi.nlm.nih.gov/books/NBK361126/>

Campinha-Bacote, J. (2018, December 4). Cultural competemility: A paradigm shift in the cultural competence versus cultural humility debate – Part I, *OJIN: The Online Journal of Issues in Nursing*, 24(1). <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No1-Jan-2019/Articles-Previous-Topics/Cultural-Competemility-A-Paradigm-Shift.html>

Fitzgerald, E., & Campinha-Bacote, J. (April 10, 2019). An intersectionality approach to the process of cultural competemility – Part II. *OJIN: The Online Journal of Issues in Nursing*, 24(2). <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No2-May-2019/Articles-Previous-Topics/Intersectionality-Approach-to-Cultural-Competemility.html>

National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in action: Pathways to health equity*. The National Academies Press. <https://doi.org/10.17226/24624>

National Committee for Quality Assurance. (2016). *A practical guide to implementing the national CLAS standards: For racial, ethnic and linguistic minorities, people with disabilities and sexual and gender minorities*. Centers for Medicare & Medicaid Services. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

Office of Disease Prevention and Health Promotion. (2020). *Discrimination*. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>

Rose, P.R. (2012) *Cultural competency for the health professional*. Jones & Bartlett Learning.

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