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Health Equity, Diversity, and Inclusion: Fundamental Considerations for Improving Patient Care

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The COVID-19 pandemic has radically altered the health-care landscape, particularly regarding populations most affected by health disparities and inequities. Stretched resources, lock-downs, and overwhelmed facilities forced many to delay or even forgo care for chronic health conditions, while many preventive and diagnostic services were suspended. In this unprecedented context, it often fell to nurses or other health-care providers to devise new ways of addressing patient care and attending to the needs of the most vulnerable. In doing so, the voices of patients and their capacity to identify and describe their experiences and needs became more pronounced than ever before. Foregrounding these voices, capturing and disseminating the knowledge gained, requires thoughtful and creative attention to both factors previously known to contribute to health inequities, and new contextual factors that can increase risk for health inequities.

Diversity of thought, population, and indeed methodology is necessary to develop high-quality interventions for patients and families. Culturally appropriate and effective interventions cannot be developed without a deep understanding of the lived experiences of those affected. Reducing barriers to care and advocating for the needs of underserved groups is a critical function of nursing, in both research and practice. As the Editors of an international journal, we are extremely conscious of the differences across contexts and need to replicate clinical research across populations, with a variety of methodological approaches, to identify and respond to otherwise overlooked issues of diversity, equity, and inclusion. As an example, a recent study identified decreases in age-adjusted cardiovascular mortality among Black and White U.S. adults but noted that the former continue to experience higher overall mortality—suggesting that racial inequities continue to influence cardiovascular health (Kylawazi et al., 2022). Without the direct input of patients affected by such issues, it is impossible to provide holistic care—attending to both individual and synergistic factors—for those most at risk.

Though not explicitly stated as such, issues related to health disparities can often be found in the limitations section of research papers. For example, authors may note

loss to follow up because of lack of transportation, that some groups were not able to engage with data collection technologies, or that few members of a certain population volunteered to participate. While these statements are important, we suggest they are also missed opportunities to address inequities across economic, racial, gender, and ability domains in research design, methodology, and implementation.

This issue of *Clinical Nursing Research* seeks to explore some of the ways researchers can amplify patient voices and experiences in the receipt of care, through diversity of inquiry, study population, and method. In a concept analysis of HIV-related psychological distress, Ma et al. (2023) particularly consider this experience within the constellation of HIV-related symptoms, concerns, and medication side effects; they account for the ways in which these also interact with HIV-related stigma. The analysis by Ma et al. (2023) powerfully demonstrates how HIV is not a singular illness in a singular population, but an experiential and in fact existential condition, factoring into both health inequities and patient functioning on a daily basis.

Similarly, a study of the predictive ability of routine laboratory parameters to discriminate patients with fibromyalgia from healthy subjects reflects the disparate impact of fibromyalgia on women, identifying specific endocrinologic markers that can help to identify those affected diagnostically more rapidly—a process which can take up to 5 years otherwise (Russ et al., 2023). This is an important consideration, given that not only is fibromyalgia notoriously difficult to diagnose, but because it most often affects women it

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may be further underdiagnosed or misdiagnosed due to gender biases in care (Covan, 2022). Further, most of the testing identified in this paper is likely to be performed routinely for patients in seeking care, making this both a simple and accessible means that can inform reaching a correct diagnosis. Generating new pathways to identify conditions such as fibromyalgia can increase patient trust of the health-care system through improved accuracy and incorporation of therapeutic modalities sooner in the disease process. Providers must be prepared to accept and implement such novel techniques into practice, recognizing that patients' experience of prior missed or incorrect diagnosis—or even dismissal or denial of symptoms—can cause fear and reluctance to engage with further intervention.

Innovations such as this also may proceed from the implementation of research that employs different types of methods than may usually be thought of as primary in clinical study. Vitality, understanding how patients report their symptom experiences can contribute to the development of both responsive clinical communication and supportive interventions. A phenomenological study of the life experiences of multiple sclerosis patients with spasticity exemplifies this, noting that the very use of the clinical term “spasticity” often failed to resonate with participants, who instead described “muscle weakness,” “feeling of heaviness,” and “involuntary movement of muscles” (Ozkan et al., 2023). In addition, because multiple sclerosis often causes physical disability, patients described the psychosocial as well as physical effects of the disease process—indicating the importance of accounting for these concerns in the clinical context. Such work can thus enhance patient–provider communications and increase the potential efficacy of treatment planning, particularly where patients' symptom descriptions differ from established medical terminology. This is also a critical consideration in cross-cultural encounters, as patients and providers may have different linguistic expectations and conventions that can result in confusion and frustration. For the patient, this may result in disengagement from health-care systems; for the provider, a lost opportunity to provide care and enhance quality of life.

Clearly, patient experiences and concerns must be accounted for appropriately in clinical encounters—even where the subject of those encounters may be discomfiting to either the patient or the provider. Where such concerns arise—such as in regard to substance use—it is imperative that researchers leverage opportunities to gather data in anonymized ways. The use of social media as a recruitment tool is a valuable option for this type of work. Using a Facebook-Sponsored Ads-based campaign, researchers were able to rapidly gather data from more than 2,700 adults regarding their psychological coping while stay-at-home recommendations regarding COVID-19 were in effect in the United States (Grigsby et al., 2023). Analyzing a subsample of 1,089

female-identified participants who reported alcohol use, the researchers found that 43% reported increasing use since the onset of the pandemic—particularly in response to concerns about employment and finances, and stress related to caregiving responsibilities. This study thus highlights both the significant potential of social media as a tool to enhance health care *and* the disproportionate impact of “invisible work” such as caregiving on female-identified persons.

These studies, along with others in this issue, demonstrate the importance and power of addressing equity, diversity, and inclusion not only as limitations to generalizability but as fundamental considerations in the development and implementation of research. Lack of diversity in both thought and practice is as harmful to the growth of nursing and other clinical health research as any disease process is to the patient, and it is imperative that we approach it aggressively. Attention to diversity is not merely a suggested consideration but is fundamentally part of ethical research conduct and already required to be addressed by many funding bodies, including the United States National Institutes of Health. Qualitative research scholars already foreground reflexivity and reflection in interpretive work, often identifying personal standpoints and perspectives in reporting their findings, which helps to illuminate possible biases and limitations in perspective. We suggest that such considerations should be thought of as “universal precautions” in the responsible conduct of research, the better to support innovation, and patient-centered care in clinical practice.

The editorial team of *Clinical Nursing Research* thus aims to take the lead in incorporating such precautions throughout the journal's publication processes. Toward that end, all future manuscripts submitted to *Clinical Nursing Research* will be required to include a statement describing the incorporation of diversity, equity, and inclusivity throughout the research process from study design to dissemination of findings. Researchers must attend to the impact of the *act* of doing research with vulnerable populations as well as the implications, taking care to avoid retraumatization or culturally inappropriate interactions. It is important to note, however, that we are *not* discouraging researchers from working with these populations—indeed, we highly encourage them to do so—we are simply requesting that as a community of scholars we hold ourselves to the highest standards of conduct with those most likely to benefit from our work. Further, a summary of the findings in lay language will also be required, to enhance potential for patient uptake of developments in clinical research. Strategies for addressing these requirements may include use of community advisory boards, member checking of findings with populations of interest, and other such patient-focused translational research methods. New author guidelines will be forthcoming via the Journal's website and submission page. We look forward to receiving your submissions.

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