

**The presumption should be against giving in to a patient's request that is rooted in bigotry.**

- A discriminatory request that is rooted in prejudicial attitudes is an affront to the caretaker's human dignity. The ministry's giving in to such a request may appear to condone the patient's underlying rationale and participate in the furtherance of discrimination.
- Determine if de-escalation tactics should be used with or prior to addressing this issue.
- Document comments or requests exactly as they were stated.

**To determine the root of the request**, a patient or family conference may open up other paths forward.

- Ask questions to clarify the request or comment, such as "what did you mean by that?", or "what was your goal with that comment?"
- If the request is not rooted in bigotry the patient's concerns can often be accommodated without a discriminatory response.

**Patient Care and a Harassment Free Workplace.** Given the therapeutic relationship with the patient that hangs in the balance, the policy to enforce a Harassment Free Workplace for our Associates, and the Mission to operate in a Value's based manner, moving to a more firm and direct stance when all other options have been exhausted may be necessary.

- The Civil Rights Act, Title VII bars racial discrimination by employers based on race, color, sex or national origin and further states "it shall be an unlawful employment practice for an employer to limit, segregate, or classify employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee..." ([CHA Law, Requests & Rights](#))
- See the [Ascension Harassment Free Workplace Policy link](#) This policy also protects associates from prohibited harassment by third parties, such as vendors, clients, or temporary or seasonal workers.
- See the [decision process flow](#) and [Education Reference link](#) to assist in developing an approach
- If a caregiver's safety is compromised by an unwelcoming patient, explore options to protect the caregiver.
- The caregiver should be engaged in discussions about the situation with the choice to reassign being driven by the affected caregiver. The caregiver should not be coerced into an assignment change.
- Response for requests rooted in bigotry/discrimination, Patient Experience statement example: *"While we respect your unique and individual preferences, needs and requests, we also respect the rights of our diverse, well-trained and highly-qualified associates. Ascension values all individuals equally. Discrimination, abuse or aggressive/disruptive behavior will not be tolerated. These behaviors can create a hostile environment that can compromise safety and damage the well-being of associates."*
- Should behavior escalate, reference the [Workplace Violence policy](#)
- Report through multiple avenues - you can escalate a concern by following the chain of command or by filing a report through the event reporting system ([ERS](#)) [found here](#).
- Care of Associate affected: provide [Spiritual Care or EAP](#) resources if needed.

**If the patient's medical condition is unstable**, the caregiver should first treat and stabilize the patient in accordance with legal requirements and medical standards of care. See the [decision process flow](#)

**Ministries can take a proactive approach by making patients and their family aware that such discrimination is unacceptable and that discriminatory requests for caregivers will not be honored.**

- Some ministries have built this issue into their [patient bill of rights and responsibilities](#).
- **In ministries with unionized nurses**, their contract language may be more specific on this issue and supersede ministry policies.