Rankism is a Campus Climate Issue

Wednesday, February 10, 2016

By Teddie Potter

Nurses are taught to see the world in terms of systems. Of course we learn physical systems like the renal system and cardiopulmonary system, but we quickly expand to family systems and the environment. We know that health is impaired when disease or dysfunction exists in any part of the system. I am a nurse; therefore, I am involved in equity and diversity initiatives across the campus. Improving equity and increasing and honoring diversity are the "remedy" for some of our most threatening system ills.

Just the other day I walked up to the elevator bank and noted a man from facilities standing next to a large box. The elevator doors opened and I stepped into an empty elevator. The man said, "Do you mind if I ride along?" Surprised by the question, I smiled and said, "Of course not!" Once the doors had closed, he proceeded to tell me his story.

> *One day I got onto the elevator with another person. I had a drill in one hand and my lunch box in the other. The other person said to me, "You don't belong here. They have special elevators for people like*

> *you!" He shook his head and said, "I've now learned to ask permission."*

Bias is frequently related to race, gender, religion, age, or national origin. In institutions and organizations structured around rank, bias related to rank, or *rankism,* can also occur. Dr. Robert Fuller, author of *Somebodies and Nobodies: Overcoming the Abuse of Rank* (2004), is quick to state that rank is not a problem when it is a mark of excellence. The problem arises when rank is thought to give some people permission to treat others with disrespect.

Rankism can occur between full professors and assistant professors, tenured faculty and adjunct faculty, faculty and staff, advisers and graduate students, or seniors and freshmen. No matter what form rankism takes, the outcome is often the same. It creates an environment where people are made to feel they do not belong, and emotions of shame, blame, and fear persist long after the incident.

All bias negatively impacts the university community. Where there is fear, there cannot be innovation. Where there is abuse of rank, full engagement is not possible and retention of talented employees is threatened. When bias goes unchecked, the entire system becomes diseased.

Creating cultures of dignity involves seeing one another and the unique contributions each person brings to the system. Creating cultures of dignity requires each of us to ask ourselves, "When do I fail to see the people around me? When do I think I am more important than another member of the university community?" Creating cultures of dignity requires daily practice.

So now I try to notice and be grateful that ice is removed from the sidewalks when I come to work. I notice and am grateful that the restrooms are clean, the grounds are maintained, the lights and computers work when I turn them on, the heating and cooling are appropriate for comfort, and the food served in the cafeteria has been safely prepared. The employees who make all of these things possible should be celebrated, not humiliated into asking if they can ride the elevator with me! My faculty work is only possible because their work is exceptional. When they are harmed, the entire system is harmed.

I believe that organizational culture is the secret ingredient to the health of systems. If the University of Minnesota wants to reach its full potential in all arenas, each and every one of us needs to prevent bias incidents, intervene if they are experienced or observed, and feel "Driven to Discover" and respect the unique abilities of all our members. In the School of Nursing we are teaching nurses to use this "prescription" to transform health care. What part of the system can you heal?

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