



American Association
of Colleges of Nursing

DIVERSITY, EQUITY, & INCLUSION FACULTY TOOL KIT

AUGUST 2021



**DIVERSITY &
INCLUSION**

Leading Across Differences



Diversity, Equity, and Inclusion in Academic Nursing

As the collective voice for academic nursing, the American Association of Colleges of Nursing (AACN) serves as the catalyst for excellence and innovation in nursing education, research, and practice. The values of diversity, equity, and inclusion are core to advancing AACN's mission.

The AACN position statement on [Diversity, Equity, and Inclusion](#) sets forth three imperatives for academic nursing:

Improve the quality of education by enhancing the capacity of academic nursing to maximize learning opportunities and experiences for students and faculty alike, who depend in significant ways on learning from individuals with diverse life experiences, perspectives, and backgrounds.

Address pervasive inequities in health care by ensuring the preparation of nurses and other healthcare professionals able to meet the needs of all individuals in an increasingly diverse American society.

Enhance the civic readiness and engagement potential of nursing students who will be in positions of leadership in health care, as well as in society, more broadly.

AACN recognizes the impact of shifting U.S. population demographics, a health system challenged by workforce shortages, and persistent health inequities in academic nursing. Therefore, AACN and its member schools commit to accelerating diversity, equity, and inclusion initiatives to prepare the current and future nursing workforce to be reflective of the society it serves while simultaneously fulfilling societal expectations and needs.

DEFINING TERMS



DIVERSITY

References a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; physical, functional, and learning abilities; religious beliefs; and socioeconomic status.



EQUITY

Is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness.



INCLUSION

Represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments.

PURPOSE

The AACN Diversity, Equity, and Inclusion Tool Kit is designed to:

- Align the dimensions of the Inclusive Excellence Ecosystem for Academic Nursing (displayed below). This strategic approach will assist nursing schools with organizing and guiding diversity, equity, and inclusion (DEI) efforts.
- Inform nursing schools of promising practices and strategies for promoting diversity, equity, and inclusion and fostering inclusive excellence.
- Assist faculty with promoting and welcoming academic environments that embrace diverse life experiences, perspectives, and backgrounds.
- Serve as a catalyst for reflection and assessment of current pedagogy, teaching methods, and curricular strategies for inclusive teaching and learning environments.

The Inclusive Excellence Ecosystem for Academic Nursing framework was adapted from the work of Dr. Daryl Smith based on her evaluative research on diversity in higher education. The operational definition of Inclusive Excellence as introduced by the Association of American Colleges and Universities includes four primary components:

A focus on student intellectual and social development. Academically, it means offering the best possible course of study for the context in which the education is offered.

A purposeful development and utilization of organizational resources to enhance student learning. Organizationally, it means establishing an environment that challenges each student to achieve academically at high levels and each member of the campus to contribute to learning and knowledge development.

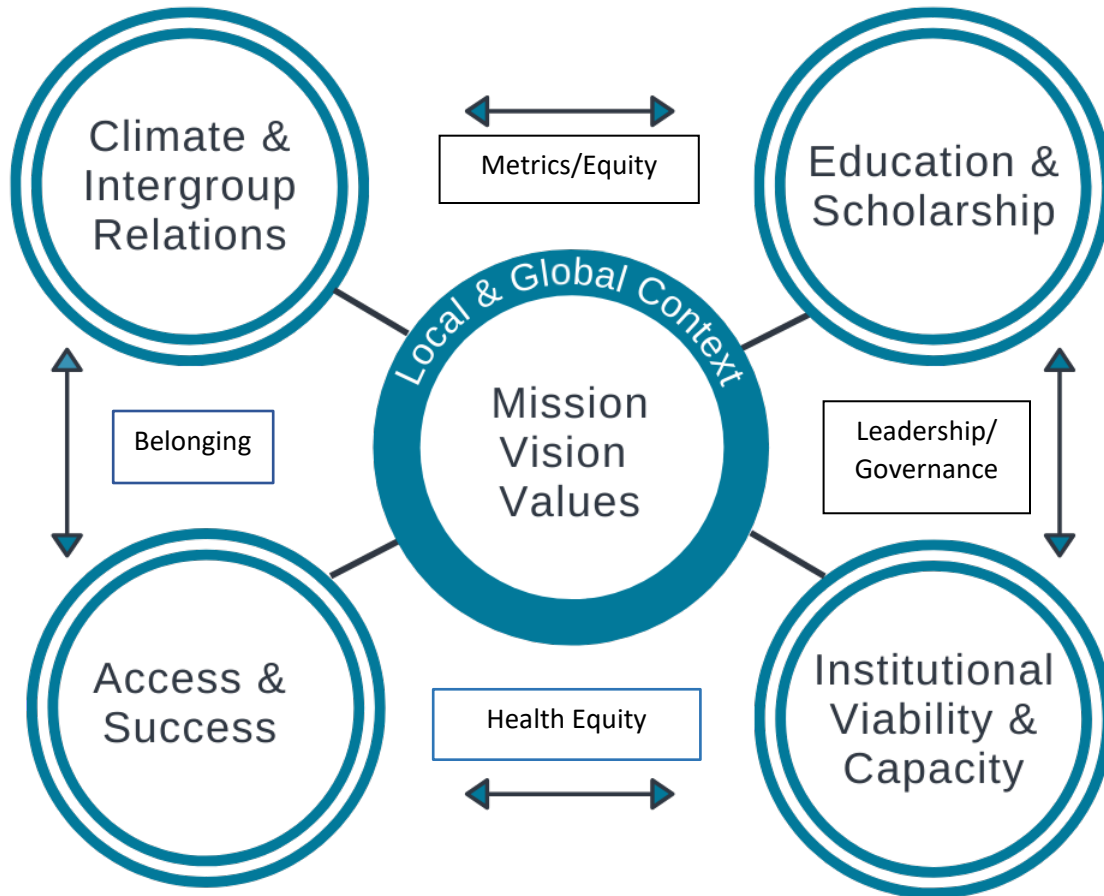
Attention to the cultural differences that learners bring to the educational experience and that enhance the enterprise.

A welcoming community that engages all of its diversity in the service of student and organizational learning.

Source: Williams, D.A., Berger, J.B., & McClendon, S. A.. (2005). [*Toward a Model of Inclusive Excellence and Change in Post-Secondary Institutions.*](#) Association of American Colleges and Universities. Washington DC.



Inclusive Excellence Ecosystem for Academic Nursing



Adapted from Smith, D.G. (2020) Diversity's Promise for Higher Education

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Diversity, equity, and inclusion initiatives should reflect the unique mission, vision, and goals of each school of nursing. Academic leaders are challenged to assess capacity, structures, and commitment to DEI that will advance their stated mission and vision.

The Inclusive Excellence Ecosystem for Academic Nursing depicts a model for advancing diversity, equity, and inclusion within schools of nursing. The arrows are dual directional to depict the connectivity, intersection, and influence of all dimensions of the ecosystem. For example, it is not sufficient that a nursing school transition to a holistic admissions process; It is imperative that the school also create a welcoming environment where all students feel that they belong and will advance academically. Equity and inclusion are essential components to achieving the promise that greater diversity brings to higher education and the future health workforce.

The model's four dimensions - Institutional Viability and Capacity, Access and Success, Climate and Culture, and Education and Scholarship - serve to widen the lens to allow a more comprehensive view that incorporates not only aspects of the overall institution on teaching and learning, but also the impact and influence of the communities in which the school is situated, the communities it serves, as well as the wider local, regional, national, and global contexts.

Each nursing school has an organizational structure grounded in its mission, vision, values, goals, and priorities. A focus on **Institutional Viability and Capacity** is necessary to examine the nursing school's infrastructure and allocation and utilization of resources to support alignment to build and support the capacity for diversity, equity, and inclusion. Leadership, accountability, strategic planning, and metrics are key drivers of sustainability, excellence, transformation, and success.

Access and Success focuses on access to the nursing school, inclusion and belonging, and success of historically underrepresented and marginalized groups. Nursing schools must critically examine the structures, policies, practices, and attitudes to ensure access, retention, and success for all faculty, students, and staff.

The institutional **Climate and Culture** is critical to the experience of faculty, staff, and students within nursing schools. Fostering environments where diverse backgrounds are valued and respected is an imperative for achieving the mission-driven goals and commitments. Diverse, equitable, inclusive, and accessible environments where there is a collective sense of belonging and all individuals thrive and do their best work are critical to achieving the nursing school's commitment to diversity, equity, and inclusion.

Education and Scholarship are core competencies of nursing skills and reflect faculty capacity and pedagogical approaches that embody diversity, equity, and inclusion. The structure of these processes determines the educational experiences of all students who are invited to participate in the learning environment.

Using this Faculty Tool Kit

AACN's DEI faculty tool kit describes and presents evidence-based resources and exemplars that nursing schools may use for these purposes:

- 1) **TOOLS** for building the capacity for schools and faculty to support their commitments to Diversity, Equity, and Inclusion.



- 2) **STRATEGIES** for building inclusive teaching and learning environments that welcome, value, and affirm all students.



The DEI tool kit is designed to help schools of nursing expand the capacity of faculty to grow personally and professionally and recognize challenges, barriers, and opportunities to promoting inclusive academic excellence.

Nursing schools vary in their approaches to advancing and assessing diversity, equity, and inclusion efforts and reflect variations in degree of progress. In this tool kit, strategies are provided, along with the tools, for direction and guidance. Throughout the tool kit, key references are identified for professional and personal development in DEI related topics. The Education and Scholarship section offers not only tools and strategies, but it also provides more in-depth readings for preparation, pedagogical development, personal growth, and self-reflection. This section will support nurse educators as they address diversity, equity, and inclusion in teaching and learning environments.

INSTITUTIONAL VIABILITY AND CAPACITY



This section provides tools and outlines strategies for developing the human and institutional resources, and capacity to fulfill the school of nursing's, the broader institution's and the nursing profession's mission to DEI as well as its overall mission to the communities it serves within both the local and global context.

STRATEGIES

- Create Clear Mission, Vision and Values Statements
- Align the Strategic Plan with the Mission, Vision, and Values
- Establish DEI as Core to the School's Policies and Processes
- Empower Leadership
- Assign Accountability for DEI
- Appoint an Associate Dean for DEI
- Appoint a council/committee for DEI
- Provide a DEI Budget and Resources
- On-going Programming and Professional Development
- Build Internal and External Support
- Recognize
- Accomplishments in DEI
- Track and Measure Success
- Diverse Faculty Hiring

TOOLS

- Mission, Vision, Values Statements
- Diversity Statement
- Strategic Plan
- Equity and Inclusion: Effective Practices & Responsive Strategies: A Guidebook for College University and Leaders
- DEI Budget
- HEED Award
- Equity Score Cards
- Guide to Best Practices in Faculty Search & Hiring

Institutional Viability and Capacity

This section provides tools and strategies for developing the human and institutional resources needed to fulfill the school of nursing’s broader institutional mission as well as the nursing profession’s mission related to DEI.

STRATEGIES	TOOLS
<ul style="list-style-type: none"> • Create Clear Mission, Vision and Values Statements • Align the Strategic Plan with the Mission, Vision, and Values • Establish DEI as Core to the School’s Policies and Processes • Empower Leadership • Assign Accountability for DEI • Appoint an Associate Dean for DEI • Appoint Council/Committee for DEI • Provide a DEI Budget and Resources • On-going Programming and Professional Development • Build Internal and External Support • Recognize Accomplishments in DEI • Track and Measure Success • Diverse Faculty Hiring 	<ul style="list-style-type: none"> • Mission, Vision, Values Statements • Strategic Plans • Equity and Inclusion: Effective Practices and Responsive Strategies: A Guidebook for College University and Leaders • DEI Budget • AACN Diversity Award • Equity Score Cards • Guide to Best Practices in Faculty Search and Hiring

Create Clear Mission, Vision, and Values Statements

- Mission, vision, and value statements at the university level should clearly articulate DEI as an imperative. Ideally, the mission, vision, and values at the school level flow from the university’s mission, vision, and values. Nursing schools/programs needs to have clear statements about its expectations of and commitment to DEI efforts. These can include statements about how the school values diversity, how it promotes equity, and what inclusion means in terms of fostering a sense of belonging and community
- How diversity, equity and inclusion are recognized as **core** institutional values that drive decision-making, resource allocation, and development of policies and practices.

The mission, vision, and values are critical for:

- Holding leaders and faculty accountable for developing and maintaining diversity and inclusion efforts within their schools
- Strategic planning in the areas of diversity, equity, and inclusion
- Guiding the teaching and learning environment

Developing a Diversity, Equity, and Inclusion Strategic Plan



The following excerpts regarding Diversity Strategic Planning were adapted from *Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide Second Edition (2016)*.

Task 1: Identify and gain support from key stakeholders

This initial task underpins many other tasks you will complete as you create and implement your plan. Given the nature of diversity, your strategic plan will touch every person at an institution; therefore, at every step, you will need to find allies and create partnerships to ensure the plan is carried out. The first step is essential because the task that follows it assesses where you are currently, which requires the permission and assistance of many across the organization.

Task 2: Assess the landscape

Conducting an environmental scan will help you determine the current state of DEI at your institution. Consider asking:

- How have commitment and action around diversity and inclusion evolved over time?
- Where was the focus on diversity 5 years ago? Where is it now?
- What policies are already in place to support DEI? The difference between policy and practice can sometimes be dramatic. Things are often done in a certain way because “that’s the way they have always been done.” The impact on processes such as hiring, recruitment, retention, professional development, lab space, support staff, promotion, and merit raises can be profound.

Consider policy versus practice in the following:

- Hiring practices
- Recruitment
- Equity (compensation, access, promotion, treatment, etc.)
- Mentoring

Task 3. Set diversity and inclusion goals that align with organization mission, vision, and values

Your goals for DEI reflect the desired outcomes of the strategic plan. To achieve them, they must align with the institution’s stated mission, vision, and values and be seen by all as strategic initiatives so they are not “siloesd.” Alignment allows for collective ownership among the university, the school, as well as your community stakeholders. While schools may develop a strategic plan specifically for diversity, it is necessary for diversity to be integral to the school’s overall strategic

planning and operations. *Diversity must be central to the core business and operations of the school of nursing and not adjunctive or an add-on.*

Task 4. Set clear and realistic objectives, supporting tasks, and action steps required to achieve goals

A strategic plan outlines actionable items - what a school of nursing would like to accomplish - whereas the action plan describes how the school of nursing will approach enacting the strategic plan.

Task 5. Develop accountability methods and metrics to measure achievement of objectives

Metrics allow you to monitor your performance. Baseline assessments of where you are, followed by targeted goals, are important.

Task 6. Establish roles, responsibilities, and decision-making channels

Having the right people on board with the necessary skills and dedication is essential. An advisory council can be appointed, composed of people who represent a cross-section of the organization and key stakeholders. Individuals who will be responsible for and assist in implementation will need to be assigned to implementation teams.

Task 7. Develop a realistic timeline for executing all action steps

Keeping momentum moving forward means that timelines must reflect reality. Those carrying out the action steps (i.e., the work) need to agree to your timeline and be held accountable. Achieving buy-in to the timeline is one of your biggest challenges. Other factors to consider to ensure that plans are implemented include establishing realistic time frames, identifying resources, and aligning plan objectives with annual operating plans and budgets.

Task 8: Prepare the written plan

Writing your strategic plan is a multifaceted job that will require coordination and various approvals. The details of the process should be reflected in your timeline.

Exemplar

University of Michigan [Diversity Strategic Plan](#)

Establish DEI as Core to the School's Policies and Processes

- Diversity, Equity, and Inclusion should appear not only in strategic plans, but also in ongoing reports to the university administration and board, as well as accreditation documents.
- DEI must be central to the business and operations of the school as well as the core teaching, research, and service of the school.
- DEI initiatives should be tied to performance, evaluation, compensation, promotion, and rewards.
- There must be an ongoing review of current policies and procedures to identify barriers to advancing Diversity, Equity, and Inclusion.

Empower Leadership

- Leadership must establish the diversity initiative for the school of nursing.
- Leadership must articulate how DEI is linked to quality and safety within the organization.
- Leadership must participate in evidence-based trainings to gain the foundational knowledge and tools needed to effectively commit to prioritize and advance DEI within their schools.

Exemplars

- Josiah Macy Jr. Foundation. (2020). [Addressing harmful bias and eliminating discrimination in health professions learning environments.](#)
- [AACN Gallery of Leadership: Strengthening Diversity, Equity, and Inclusion](#)

Required Readings

Nardi, D., Waite, R., Nowak, M., Hatcher, B., Hines-Martin, V., & Stacciarini, J-M. (2020). Achieving health equity through eradicating structural racism in the United States: A call to action for nursing leadership. *Journal of Nursing Scholarship*, 52(6), 696-704. doi:10.1111/jnu.12602

Waite, R., & Nardi, D. (2017). Nursing colonialism in America: Implications for nursing leadership. *Journal of Professional Nursing*, 35(1), 18–25.

Williams, D. A. (2013). *Strategic diversity leadership: Activating change and transformation in higher education*. Stylus Publishing.

Zambrano, R.E., Allen, A., Higginbotham, E., Mitchell, J., Perez, D.J., & Villarruel, A. (2018). [Equity and inclusion: effective practices and responsive and strategies](#). American Council on Education.

Assign Accountability for DEI

- Everyone is accountable for DEI.
 - For a school of nursing to truly implement and uphold its stated commitment to diversity, equity, and inclusion, there must be a collective sense of accountability and dedication by all members.
- For some schools, it is the leadership team in collaboration with the whole that creates the structures, policies, and practices that can create equitable outcomes.
- Faculty from racially and ethnically diverse and historically marginalized groups should be included but should not be expected to take on a disproportionate share of diversity-related responsibilities.
- DEI titles, expectations, responsibilities, and reporting structures vary across institutions at both the school and university levels. The same is true for DEI committees/councils.
 - Consider providing examples of various titles and functioning within various types of nursing schools, and universities, and academic setting (e.g., an academic health system, state schools).

- The *minority tax* is defined as the burden of extra responsibilities placed on minority faculty in the name of diversity, equity, and inclusion.

Required Readings

Campbell, K.M., & Rodriguez, J. E. (2019). Addressing the minority tax: Perspectives from two diversity leaders on building minority faculty success in academic medicine. *Academic Medicine*, 94(12), 1854-1857. doi: 10.1097/ACM.0000000000002839

Rodriguez, J. E., Campbell, K., & Pololi, L. H. (2015). [Addressing disparities in academic medicine: what of the minority tax?](#) *BMC Medical Education*.

Zambrana, R, E. (2018). *Toxic ivory towers: The consequences of work stress on the health of underrepresented minority faculty*. Rutgers University Press.

Appoint DEI Leader

- The DEI leader may serve in the capacity of associate/assistant dean or other titles that are specific to the school structure. The DEI leader will:
 - Lead, coordinate, advise, and guide diversity and inclusion efforts
 - Serve as a partner and critical resource for directors and different committees of the school including but not limited to admissions, curriculum, academic affairs, student affairs, and fiscal operations
 - Chair or oversee the school's DEI committee
 - Report to the associate dean for DEI to executive or leadership council in the school of nursing

Appoint a Council/Committee for DEI

- A DEI committee can be an effective way to enact diversity initiatives and move DEI efforts forward.
- DEI committees should be structured to meet the unique needs of the school of nursing.
- Consider DEI as a standing committee within the SON.
- Consider including members with expertise who can provide insight and advice on moving the DEI strategic and action plans forward.
- This committee can also play a role in reviewing disciplinary action related to bias, discrimination, and/or violations of a climate of inclusion.
- DEI committees in schools of nursing should include representation across the school, including department or program head, members from underrepresented groups, faculty, staff, students and community members.
- Activities of the council may include input into:
 - Developing a model/framework for DEI
 - Creating a diversity statement
 - Developing a strategic plan for diversity
 - Reviewing current policies and procedures for barriers to advancing DEI
 - Reviewing disciplinary action related to bias, discrimination, and/or violations of a climate of inclusion
 - Selecting and suggesting clinical sites to promote DEI values.

- Build a bridge for students between education and workplaces that uphold diversity and support a diverse workforce.

DEI leaders work to ensure that equity, diversity, and inclusion are embedded as imperatives in the institutional mission, vision, values, and strategic plan. (Adapted from National Organization for Diversity Officers in Higher Education, NADOHE, 2020)

Provide a DEI Budget and Resources

Schools of nursing must invest in DEI with an annual budget. Funding must be allocated for the associate dean for diversity and for building an office of diversity with adequate staffing. Items to include in the DEI budget:

- Salary and benefits for DEI leadership
- Salary and benefits for administrative support
- Funds for DEI recruiting; faculty development programming; and faculty, staff, and student retreats
- Retention programs for diverse students

Required Readings

- [An INSIGHT Into Diversity Investigation: DEI Budgets](#)
- [If You Really Care about Equity and Inclusion, Stop Cutting your Diversity Budget](#)

Ongoing Programming and Professional Development

- Students, faculty, and staff must develop the knowledge, skills, and attitudes for advancing DEI
 - Diversity “Lunch and Learns” provide excellent DEI programming opportunities for all members of the SON

Exemplar

[AACN Diversity Leadership Institute](#)

Reading

O’Connor, M. R., Barrington, W. E., Buchanan, D. T., Bustillos, D., Eagen-Torkko, M., Kalkbrenner, A., Laing, S. S., Reding, K. W., & De Castro, A. B. (2019). [Short-term outcomes of a diversity, equity, and inclusion institute for nursing faculty](#). *Journal of Nursing Education*, 58(11), 633-640.

Build Internal and External Support

- Institutional Partnerships
 - Connect with the University Multicultural Student Service Center
- Partnerships with Diversity Nursing Associations
 - [American Association for Men in Nursing \(AAMN\)](#)
 - [Asian American/Pacific Islander Nurses Association, Inc. \(AAPINA\)](#)
 - [Black Nurses Rock \(BNR\)](#)
 - [National Alaska Native American Indian Nurses Association, Inc. \(NANAINA\)](#)
 - [National Association of Hispanic Nurses, Inc. \(NAHN\)](#)

- [National Association of Indian Nurses of America \(NAINA\)](#)
- [National Black Nurses Association \(NBNA\)](#)
- [National Coalition of Ethnic Minority Nurse Associations \(NCEMNA\)](#)
- [National Indian Nurse Practitioners Association of America \(NINPAA\)](#)
- [Philippine Nurses Association of America, Inc. \(PNAA\)](#)
- Community Partnerships

Exemplar

Schmidt, N. A., & Brown, J. M. (2016). Service learning in undergraduate nursing education: Strategies to facilitate meaningful reflection. *Journal of Professional Nursing*, 32(2), 100–106. <https://doi.org/10.1016/j.profnurs.2015.06.006>

Recognize Accomplishments in DEI

Diversity awards programs recognize individuals or organizations showcasing exemplary insight and fortitude in the area of workplace diversity

Exemplars

- [AACN Diversity Award](#)
- [INSIGHT Into Diversity Higher Education Excellence in Diversity \(HEED\) Award](#)

Track and Measure Success

- AACN Climate and Culture Survey (LAMP)
 - See page X
- [Inclusive Excellence Equity Score Card](#)
 - See appendix for sample measurement strategy
- [Urban Universities for Health Metrics Toolkit](#)
- [The Health Workforce Diversity Tracker](#)
- [Equity Scorecard](#)
 - Bensimon, E. M., & Lindsey, M. (2012). Confronting equity issues on campus: Implementing the equity scorecard in theory and practice. Retrieved from: <https://eric.ed.gov/?id=ED530596>
- [Racial Equity Impact Assessment \(REIA\)](#)

A Racial Equity Impact Assessment (REIA) is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities. (Raceforward.org.)

Diverse Faculty Hiring

A lack of diverse nursing faculty has tremendous implications for the student body and academic nursing's infrastructure. Increasing diversity of underrepresented nursing faculty helps to increase awareness and appreciation of cultural differences among racial and ethnic groups, promotes more effective healthcare delivery to an increasingly diverse

patient population, improves the quality of nursing education and stimulates research that includes and reflects the needs of a more diverse population. Faculty who reflect the backgrounds of underrepresented students serve as role models and mentors that will support the academic advance and success of these groups of students.

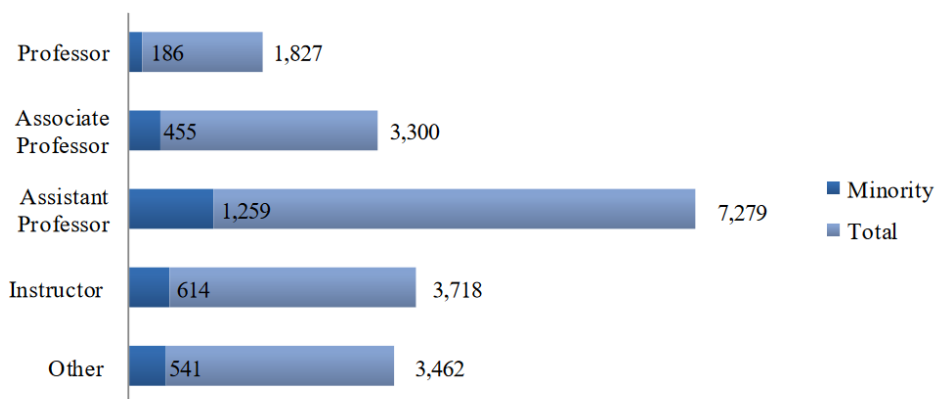
Compounding the issue, a critical component of the progression of a successful academic career is being promoted in rank. According to the most recent AACN data, the greater percentage of minority faculty remain at the Assistant Professor rank. Faculty supports are needed to understand the promotion pathway for professional advancement and strategies are needed to address the barriers and challenges to this process.

- While significant strides have been made to increase diversity within the profession, current national demographics and projected changes clearly indicate that more efforts must be placed on attracting faculty from all backgrounds.
- Utilize best practices in faculty search and hiring.

Exemplar

[Guide to Best Practices in Faculty Search and Hiring](#)

Number of Diverse Faculty and Total Faculty by Rank, 2016¹



Retrieved from: <https://www.aacnnursing.org/portals/42/policy/pdf/diversity-spotlight.pdf>

Required Readings

Beard, K., & Julion, W. (2016). [Does race still matter in nursing? The narratives of African-American nursing faculty members?](#) *Nursing Outlook*, 64(6), 583–596.

Coghill, Y. (2019). When will we see more diverse nursing leadership? *British Journal of Nursing*, 28(1), 62–63.

Tugan, A. (2018). [How serious are you about diversity hiring?](#) *The Chronicle of Higher Education*.

References

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., & Latimore, D. (May, 2020). [Seeking inclusion excellence: Understanding microaggressions experienced by underrepresented medical and nursing students](#). *Academic Medicine*. 95(5) 748-763

Ackerman-Barger, K., London, M., & White, D. (2020, Nov.). When an omitted curriculum becomes a hidden curriculum: Let's teach to promote health equity. *Journal of the Healthcare Poor and Underserved*. 34(1) suppl.

Ackerman-Barger, K., Sandvold, I., Patterson, D., Brown, K.Y., & Douglas-Kersellius, N.V. (2020). Leveraging collective impact to promote health equity. *Journal of the Healthcare Poor and Underserved*. 34(1) suppl.

Acosta, D., & Ackerman-Barger, K. (2016) Breaking the silence: Time to talk about race and racism, *Academic Medicine*, 285-288.

DeWitty, V. P. (2018). What is holistic admissions review, and why does it matter? *Journal of Nursing Education*, 57(4), 195-196.

Dobbin, F., & Kalev, A. (2016). Why diversity programs fail. *Harvard Business Review*. Retrieved from [Why Diversity Programs Fail \(hbr.org\)](#).

Josiah Macy Foundation (2020). Addressing harmful bias and eliminating discrimination in health professions learning environment retrieved from: [jmf_2020_confsummary_fin.pdf \(macyfoundation.org\)](#)

National Association of Diversity Officers in Higher Education (March 2020). [Standards of professional practice for chief diversity officers in higher education 2.0](#).

Smith, D. G. (2020). Diversity's promise for higher education making it work (3rd edition). Johns Hopkins Press. Williams, D. A. (2013). Strategic diversity leadership: Activating change and transformation in higher education. Stylus Publishing.

Zembrana, R.E., Allen, A., Higginbotham, E., Mitchell, J., Perez, D.J., Villarruel, A. (2018). Equity and inclusion: Effective practices and responsive and strategies. American Council on Education.

ACCESS AND SUCCESS



Access and Success refers to the ways that students are admitted to a School of Nursing and the conditions within the school that facilitate a student's success once they are enrolled. The key drivers of access and success for historically underrepresented students in nursing are recruitment, admissions, and retention.

STRATEGIES

- **Recruitment**
- **Admissions**
- **Retention**

TOOLS

- **Pipeline programs**
- **Articulation agreements**
- **Financial aid, scholarships, grants**
- **Holistic admissions**
- **Academic advising**
- **Academic success coaching**
- **Mentoring**
- **Affinity groupse**



Access and Success

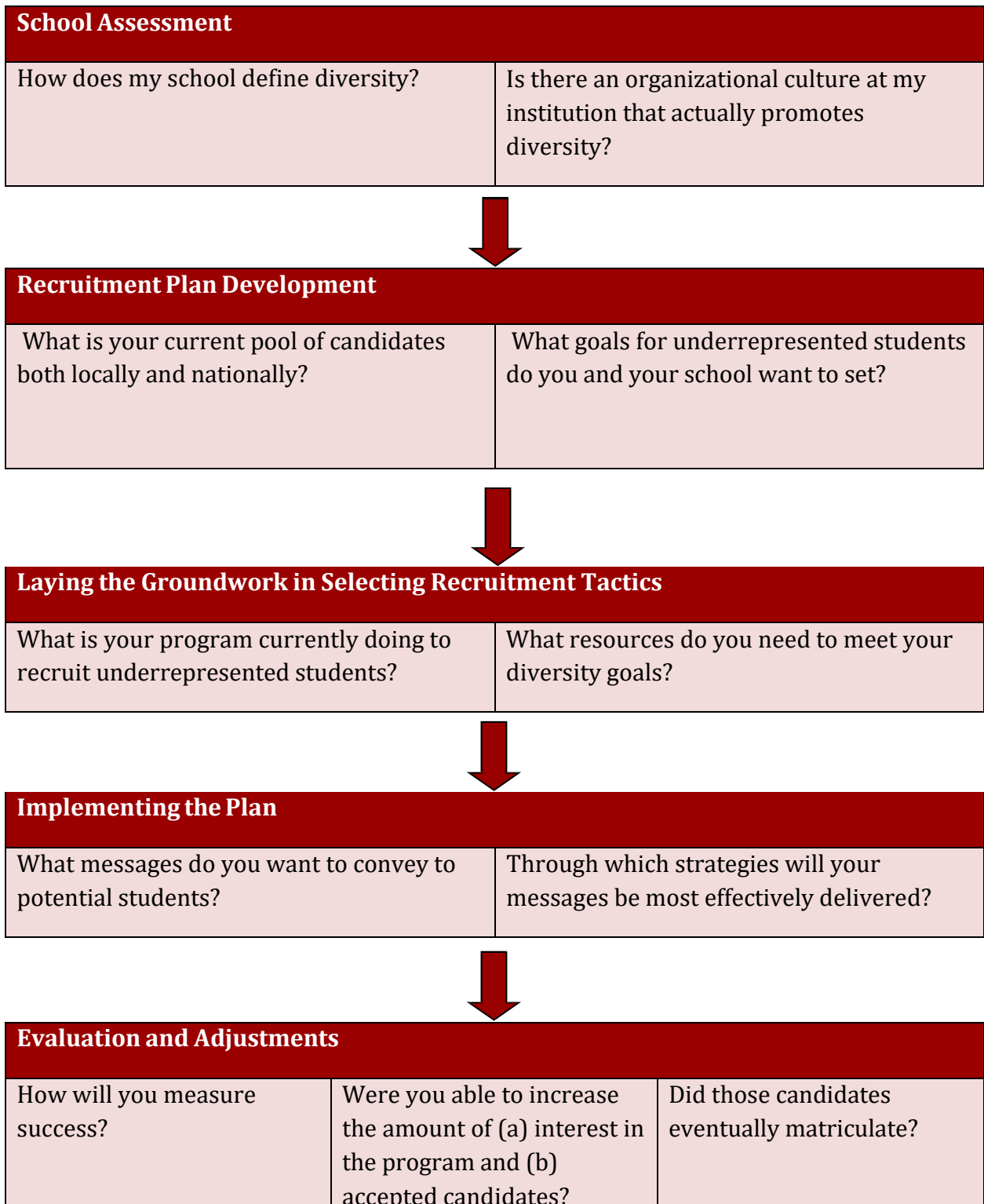
This section will examine recruitment, admissions, and retention as the key drivers of access and success for historically underrepresented students in school of nursing.

STRATEGIES	TOOLS
<ul style="list-style-type: none">• Recruitment• Admissions• Retention	<ul style="list-style-type: none">• Pipeline programs• Articulation agreements• Internal and external relationships• Financial aid, scholarships, and grants• Holistic admissions• Academic advising• Academic success coaching• Mentoring• Affinity groups• Underrepresented faculty• Recognizing the impact of bias and stereotyping

Recruitment

The design of an effective recruitment strategy should be driven by the mission of the educational institution and aligned to reflect the targeted population of potential students. Recruitment efforts and activities should be designed to improve the ability to attract a diverse population and more firmly establish a continuing pipeline of possible students. A first step to enhancing success is an active recruitment plan that does not end with admission to the university but with a successful career in nursing that reflects the values of diversity, equity, and inclusion. Ensuring a diverse student body requires numerous strategies, both formal and informal, that will be described in this section.

Developing a Recruitment Plan



Pathways to Nursing



Pipeline Programs

Offered at all levels of education, pipeline programs are intended to target, enroll, and support to graduation those students underrepresented in the profession, including low-income students and men, with the goal of increasing their representation in the field.

- Pipeline programs can be offered through partnerships, including between academic institutions and high schools (or school districts). These programs may be funded through grants, such as the Health Resource Service Administration (HRSA) Nursing Workforce Diversity grant, universities, health professions schools or schools of nursing.
- Programs typically include on-campus experiences where students receive course work in math, science, and English, in addition to time spent in human anatomy lab, simulation lab, and the hospital setting. Faculty, students, and health professionals from racially and ethnically diverse backgrounds serve as role models and mentors.

Exemplars

- Nursing diversity pipeline programs are associated with increases in nursing school enrollment and graduation for some, although not all racially and ethnically diverse populations.
- Brooks Carthon, L. M., Nguyen, T-H., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook*, 62(4), 259-267. doi: [10.1016/j.outlook.2014.04.006](https://doi.org/10.1016/j.outlook.2014.04.006)

Articulation Agreements

Articulation agreements between colleges and universities provide a streamlined pathway that promotes educational advancement opportunities for registered nurses. These agreements support education mobility and facilitate the seamless transfer of academic credit between associate degree (ADN) and baccalaureate (BSN) nursing programs and may include programs with progression through master's and doctoral level programs. Typically negotiated by faculty from both types of academic institutions, these renewable agreements help to ensure equivalency between community college and university courses.

- Articulation agreements among nursing education programs fall within three general categories: Mandated, Statewide, and Individual (see [AACN fact sheet](#))

Exemplars

AACN has compiled the following resources related to articulation agreements among nursing education programs:

- A [directory of state nursing workforce reports](#), which often describe local approaches to academic progression and nursing program articulation.

- Online [nursing program directory](#) to locate degree completion programs, including RN to Baccalaureate, RN to Master's, and LPN to Baccalaureate Degree Programs
- AACN position statements on [Academic Progression in Nursing](#) and [Educational Mobility](#)
- Joint statements on [Academic Progression for Nursing Students and Graduates](#) and the [Educational Advancement of RNs](#)
- AACN fact sheets on [Degree Completion Programs for Registered Nurses](#) and [AACN's Support for Articulation](#)

Internal and External Relationships and Partnerships

Structured partnerships are an effective mechanism for expanding access to schools of nursing and meeting clinical needs.

- Sustained relationships and partnerships can go far in creating successful pathways for entry into nursing school.
- Connect with guidance counselors, instructors in health professions programs, university level health professions programs, academic advising centers, affinity groups, and racially and ethnically diverse organizations.
- Academic-service partnerships are strategic relationships between educational and clinical practice settings that are established to advance their mutual interests related to practice, education, and research. They may serve to attract employees to advancing their education in the nursing profession
- [AACN Academic-Practice Partnerships Toolkit](#)

Exemplars

- Historically Black Colleges and Universities (HBCUs)
 - <https://www.wssu.edu/academics/colleges-and-departments/school-of-health-sciences/division-of-nursing2/index.html>
- Community outreach and partnerships
 - Service learning is an educational method that promotes community involvement and partnerships and can introduce and attract members of the community to careers in nursing.
 - Faculty may initiate outreach, or community agencies may contact nursing programs to create a service-learning partnership.
 - Student organizations may complete service projects in the community, targeting diverse communities.

Required Readings

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Beal, J, A. (2012). Academic-service partnerships in nursing: An integrative review. *Nursing Research and Practice*. Open Access <https://doi.org/10.1155/2012/501564>

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Financial Aid, Scholarships, and Grants

Dedicated funding is an effective mechanism for building a more diverse and inclusive academic nursing community. Many historically underrepresented students may face other challenges that prevent entry into nursing programs. The financial burden of nursing school's additional clinical fees, books, uniforms, testing costs, etc. might make nursing education seem impossible. This may be especially true for those who are first generation college attendees.

- Access in this case would include dissemination of information relevant to financial aid, such as scholarships and grants early in the process, even at the high school level
- Accessible online chat sessions with financial aid representatives
- Assistance with filling out scholarship applications
 - Structured formal programs/strategies to enhance success of the minority student within the nursing unit must be well thought out and supported, but also shared with prospective students as they are gaining access to the nursing program.
 - Nursing programs partnering with institutions financial aid office to consider the elevated cost of nursing education compared to other majors.

Exemplars

- [Federal Grants for Nursing Students](#)
- [Spencer, T. D. \(2020\). Improving Diversity of the Nursing Workforce through Evidence Based Strategies. *Journal of Nursing Education*, 59\(7\), 363-364.](#)
- State-Funded Grants
- [Financial Aid for Ethnically and Racially Diverse Students](#)
- [Professional Nursing Association Grants for Nursing Students](#)
- Resources for First-Generation Students
- Resources for International Students
- Intramural Funding
- Accessibility (Buildings, equipment, tools)

Recruitment also should include attention to students who may already be on the university campus. Programs that bring pre-nursing or undeclared majors to the school of nursing is another strategy that might improve access to the nursing program by diverse students. Programs such as weekend visitation options, minority weekends, summer bridge programs, or other programs specifically targeted to diverse students are good opportunities with which to partner. If no such programs exist on the broader campus, investigate how one might be developed by the nursing unit for targeted populations.

Another area for recruitment of prospective diverse students is minority serving four-year colleges without nursing programs, such as historically black colleges and universities or colleges that serve predominantly Hispanic or Native Americans.

Word of mouth from students who have had a great experience is an excellent recruitment strategy for underrepresented students. In addition, remember to stay connected to alumni.

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Admissions ✂

Admission to nursing education programs must be designed to result in a student body that represents all areas of diversity and inclusion of individuals who are often marginalized.

Holistic Admissions

Holistic review is a university or nursing program admissions strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement such as grades and test scores. It is designed to help universities consider a broad range of factors reflecting the applicant's academic readiness, contribution to the incoming class, and potential for success both in school and later as a professional.

Many colleges and universities have employed a holistic admission process to assemble a diverse class of students with the background, qualities, and skills needed for success in the profession.

Exemplars

- [AACN Holistic Admissions Toolkit](#)
- [Request for AACN Holistic Review Workshop](#)
- [AACN White Paper: Promising Practices in Holistic Admissions Review: Implementation in Academic Nursing](#)

Technology to Improve the Admissions Process

- Online chats and virtual visits

Exemplars

- <https://www.insidehighered.com/admissions/article/2020/03/16/colleges-develop-strategies-recruiting-students-without-campus-visit>
- <https://www.insidehighered.com/admissions/article/2020/04/20/virtual-tours-boom-will-they-have-same-impact>

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Retention

Schools of nursing cannot bring students into their programs without recognizing the factors that contribute to racial, socioeconomic, and gender gaps in student outcomes and then committing to supporting students in their needs. Programs and strategies to enhance success of all students within the school must be well planned, supported, and shared with prospective students as they are gaining access to nursing programs.

Be deliberate and intentional in your efforts. Pay attention to:

- The climate and culture of your school
- Factors that affect retention of racially and ethnically diverse and marginalized students
- Issues of first-generation college students
- Policies that may impact access, retention, and inclusion

Putting Systems into Place

Student Success Centers and Academic Coaching

- Student success centers offer specific interventions to identify gaps in student learning and support diverse learners academically. Specific interventions are used to enhance the student experience.
- Peer mentoring, peer-to-peer learning, academic coaching, personal tutoring, and supplemental instruction are approaches that may be offered through the student success center.
- Academic coaches may use an early alert [system](#) to identify students who may be at-risk of failure in nursing courses. Most institutions that use early-alert systems see some positive impact on retention rates -- but these may be more modest increases than they expected, and they often do not recognize how long it takes for a system to start working.
- Coaches intervene early by scheduling an initial assessment to identify risk factors for academic success.
- Individual coaching sessions focus on time management, testing strategies, test anxiety, reading comprehension, and critical thinking skills.
- Non-cognitive factors that may impede positive student learning outcomes (e.g., chronic conditions and learning disabilities).

- Implement interdisciplinary student success conferences to develop retention and success plans.

Exemplars

Akos, P., Greene, J.A., & Fotheringham, E. (2020). The promise of non-cognitive factors for underrepresented students. *Journal of College Student Retention: Research, Theory & Practice*. Retrieved from <https://doi.org/10.1177/1521025120935111>

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Academic Advising

Academic advising may be performed in schools of nursing by professional advisors, faculty advisors, or both. The responsibilities of the academic advisor include recommending courses and scheduling, developing plans of study, personal counseling professional career counseling, and appropriate referrals.

Exemplar

Harrison, E. (2009). [What constitutes good academic advising? Nursing students' perceptions of academic advising](#). *Journal of Nursing Education*, 48(7), 361-366. doi: 10.3928/01484834-20090615-02

Mentoring ✕

Mentoring has come to mean someone who gives guidance, shares knowledge, and imparts wisdom. In academia, however, the term often gets diluted to refer to an advisor—someone who helps undergraduate students choose the right courses to graduate or oversees doctoral projects to completion. True mentors do much more, from serving as role models to helping incubate research projects to bringing protégés into a network of colleagues. Good mentoring takes much time and energy, yet compared with obtaining grants and publishing papers, mentoring often does not yield academic recognition.

- **Be clear about the relationship.** The first stepping-stone to becoming an exceptional mentor is determining what you want your relationship with a mentee to be.

- **Take the time.** According to experienced mentors, by far the most important thing great mentors do is simply make time for their mentee
- **Learn to listen and offer support.** Successful mentors listen to what a mentee is asking for and do not project what they think they should be asking.
- **Let the relationship grow.** The best mentorships become more friendly and mutual over time, so allow this relationship to evolve naturally

Exemplars

- [Inclusive Mentoring](#)
- [New Careers in Nursing Robert Wood Johnson Foundation Mentoring Toolkit and Handbook](#)
- [Mentoring Underrepresented Minority Students](#)
- [Advice on Advising: How to Mentor Minority Student](#)
- [Campaign for Action Mentoring for Success, Diversity, and Health Equity](#)
- [An Innovative Approach to Advancing Academic Success for Underrepresented Nursing Students Using the Collective Impact Model](#)
- [Creative and Innovative Mentoring Program for Improving Diverse Students in Education](#)
- [Strategies for Mentoring Diverse Students](#)

Student Wellbeing

- A recent [study](#) by the American Psychological Association found that members of Generation Z—those between ages 15 and 21—are more stressed than adults overall about issues in the news, such as the separation and deportation of immigrant and migrant families (57 percent of Gen Z versus 45 percent of all adults reported the issue is a significant source of stress) and sexual harassment and assault reports (53 percent versus 39 percent).
- This generation is also significantly more likely (27 percent) than other generations, including millennials (15 percent) and Gen Xers (13 percent), to report their mental health as fair or poor, the survey found. They are also more likely (37 percent), along with millennials (35 percent), to report they have received treatment or therapy from a mental health professional, compared with 26 percent of Gen Xers, 22 percent of baby boomers and 15 percent of older adults.
- Money and work continued to top the list of significant stressors tracked annually by the Stress in America survey for adults overall. Nearly two-thirds of adults (64 percent) reported money and work each to be a stressor. A new question added this year asking about additional sources of stress revealed that for more than 3 in 10 Gen Zs, personal debt (33 percent) and housing instability (31 percent) were significant sources of stress, while nearly 3 in 10 (28 percent) cited hunger or getting enough to eat.
- A second study by Bai, Larcombe and Booker reported results of a survey of 2776 student to the question: What can be done to improve student wellbeing? Students

made diverse recommendations that fell into seven categories: Academic teachers and teaching practices; student services and support; environment, culture, and communication; course design; program administration; assessment; and student society activities. The authors recommended that educators and administrators can play important roles to better support student wellbeing and preventing the high rates of psychological distress. Seeking and acting on students' suggestions fosters students' sense of inclusion and empowerment and is critical given that the goal of improving student mental wellbeing can only be achieved through an effective partnership between students and nursing school faculty and staff.

Recommendations

- A wellness program should be available to reach students with concerns or crises. Faculty and staff need to be aware of wellness programs on campus and refer/connect students as needed.
- Partnership with wellness majors on campus where nursing students are recipients of services.

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Affinity Groups

Affinity groups are formed around a shared identity or common goal. Bringing together students with common backgrounds, interests, or orientations builds community among non-dominant groups and fosters inclusion and awareness in the broader community.

- Initiate student chapters of diverse nursing associations.
- <https://minoritynurse.com/nursing-associations-in-the-us/>
- <https://emfp.org/library/ethnic-minority-nursing-organizations>

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Non-Academic Factors Impacting Retention, Persistence, and Success

- [Breaking Down Barriers: First-Generation College Students and College Success](#)
- [Factors Affecting the Graduation Rates of University Students from Underrepresented Populations](#)
- [Promoting Persistence and Success of Underrepresented Students: Lessons for Teaching and Learning](#)

Recognizing the Impact of Bias and Stereotyping

Bias as defined by [the University of California San Francisco](#) is a prejudice in favor of or against one thing, person, or group compared with another usually in a way that is considered to be unfair. Biases may be held by an individual, group, or institution and can have negative or positive consequences. Bias may be **Conscious** (also known as **explicit bias**) or **Unconscious bias** (also known as **implicit bias**).

It is important to note that biases, conscious or unconscious, are not limited to ethnicity and race. Faculty cannot ignore bias and stereotyping and its impact on Access and Success. Bias is a natural, automatic favoring of an individual or group over another. Bias whether unintentional, implicit or explicit is automatic, associative, and adaptive and may influence the decision-making process. Bias and stereotypes may be directed toward diversity attributes, including race, ethnicity, age, gender identification, sexual orientation, and class, which in turn could affect recruitment, admissions, and retention. School of nursing leaders must acknowledge that bias exists and devote resources to ongoing faculty and staff training and development. This is especially true for implicit bias training. It is known that our implicit biases can derail our best explicitly stated intentions for fairness and equity. Faculty and staff must be aware of the detrimental effects the various forms of bias.

Additional resources and training on unconscious bias can be found [here](#).

TYPES OF BIAS

CONFIRMATION BIAS:

The tendency for people to gather information or respond in a manner that confirms what is already their beliefs or ideas. Information is selected to affirm one's existing beliefs.

PRIMING:

The tendency to respond based on expectations that may have been created by a previous experience or an association.

VALUE ATTRIBUTION:

The inclination to attribute a person or object with qualities based upon one's initial perceived value.

CULTURAL HUMILITY:

A reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them. Cultural competency includes the commitment to practicing cultural humility.

AFFINITY BIAS:

The tendency to prefer individuals who are similar to and appear to share professional qualities, motivations, and experiences with our own.

ANCHORING BIAS:

The tendency to anchor or rely heavily on one trait or data point when making decisions.

HALO EFFECT:

The tendency for an initial impression of a person to influence what we think of them overall.

Source: [Project Implicit](#). Link to the Implicit Association Test (IAT)

The Society for Human Resources Management (SHRM) offers these suggestions to reduce unconscious bias in [hiring](#) and selection process:

- Awareness training for members of the search and selection committees.
- Re-work your job description to review biased words or phrases.
- Blind the resume review process.
- Standardize the interview process

Required Reading

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CLIMATE & INTERGROUP RELATIONS



Climate and Intergroup Relations is concerned with the environment within schools of nursing (SON) for historically underrepresented and marginalized groups and the degree to which members of the SON community interact with one another. This construct seeks to determine whether a school is inclusive, welcoming, and fair in its treatment of diverse individuals. In addition, it looks for evidence of relationships across groups, the quality of those relationships, and how well these groups engage in difficult dialogue.

STRATEGIES

- Assess climate
- Implement climate survey
- Analyze data
- Address themes Action plan
- Create a sense of belonging and connectedness
- Create safe spaces
- Engage in difficult conversations

TOOLS

- Climate survey
- Intergroup dialogue

Campus Climate and Intergroup Relations

Campus Climate and Intergroup Relations refers to the culture and climate environment within schools of nursing. Inclusive learning environments are characterized by meaningful interactions among persons and groups representing different traits, perceptions, and experiences. This is a prerequisite for excellence in nursing education. This dimension addresses the overall climate and group interactions across the learning environment. A growing body of research has linked students' sense of belonging to important outcomes, such as academic success, persistence, and well-being. Climate and culture focus on the interactions among groups and the level of intercultural development. This section will suggest a process for conducting a climate survey and describe how to establish intergroup dialogue in schools of nursing.

STRATEGIES	TOOLS
<ul style="list-style-type: none"> • Conducting a Climate Survey • Create a sense of belonging and connectedness • Create safe spaces • Engage in difficult conversations 	<ul style="list-style-type: none"> • Climate survey • Intergroup dialogue • Syllabi

Campus Climate

The campus climate (*climate within a school of nursing*) is the current attitude, behaviors, belief systems of the faculty, students, staff, and academic leadership concerning the level of respect for the individual needs, abilities, and perceived potential, including the curriculum and the *hidden curriculum* (Zosel, 2018).

- Campus climate and campus culture are often used interchangeably. However, they are two separate concepts.
- Campus culture represents the beliefs, values, and assumptions that provide the identity and set the standards of behavior (Schein).
 - Culture is more difficult to change than climate
- Campus climate is how students, faculty, and staff perceive and experience an institution's environment.
 - Campus climate has been described using a variety of descriptors: chilly, warm, hostile, open, inviting, exclusive, inclusive, welcoming, negative, healthy, and tense (Hall & Sadler, 1982; Vaccaro, 2010).

Climate Survey

Conducting a Climate Survey

- Climate assessment drives a process of continual, data-driven improvement and prompts meaningful changes in policy and practice within a school of nursing.

Steps to Conducting a Climate Survey

- Decide What You Want to Know
 - Have a clean rationale for conducting a climate survey and decide what you want to know.
 - Will analysis of data be an individual assessment or is the goal to benchmark for comparison?
- Seek Stakeholder Support
 - Seek the support of leadership, administration, students, faculty, staff, measurement and evaluations department or personnel (internal or external), institutional review board (IRB), online learning and instruction team, and marketing.
- Establish the Survey Team
 - DEI officer, DEI committee, researchers, DNP or PhD students, students, faculty staff
- Develop Methods and Instruments
 - There are several choices in approach and methodology.
 - Participate in a multi-institutional study.
 - Work with university-level DEI office or university administration.
 - Work with an independent consultant or research team.
 - Develop an “in-house” instrument with research team.
 - Any combination of the above

Exemplars

- [University of Massachusetts Amherst](#)
- [Influence of Climate and culture on Minority Faculty Retention](#)

Learning Across Multidimensional Perspectives© (LAMP)

In response to the national dialogue about race, racism, inclusion, and belonging in academic nursing, Dr. Vernell DeWitty, Chief Diversity Officer at AACN, led the development of a new survey instrument to capture the feelings and experiences of underrepresented minorities in nursing programs. The Learning Across Multidimensional Perspectives© (LAMP) culture and climate survey was developed to provide nursing schools with knowledge on how their learning environments are influencing faculty and students' experiences and outcomes. For schools looking to conduct a climate survey using LAMP, the key steps in implementing this strategy are:

- Ensure sample representativeness
 - Collect demographic information to check if it is representative of your population
- Protect respondents
 - Work with IRB to address informed consent and confidentiality
- Analyze Data
 - Attention to the data provides opportunities to reflect on the culture and values of a campus, how people are treated, and how they perceive the

school with respect to diversity (Hurtado, 1992; Hurtado et al., 2012; Hurtado et al., 1998; Rankin, 2003).

- Transparency
 - Results should be made available and not reported in any form that would identify and individual.
- Be cognizant of the overall compositional makeup of the school when analyzing data.
 - Perceptions of the overall population vs perceptions of diverse populations
- Be cognizant of the importance of disaggregated data to capture differences and inequities.
- Review themes to identify top three issues that need to improve.
- Act on the results
- Action plan to address themes
 - Establish work groups to address specific themes
 - Plan to reassess the climate continuously at periodic intervals to measure progress and renew investment in the process
- Measure impact

Exemplars

- [Cornell University Survey Research Institute](#)
- [University of Massachusetts Amherst](#)

Reference

<https://onlinelibrary.wiley.com/doi/pdf/10.1002/dap.30220>
<https://traccsolution.com/blog/climate-assessment/>

Belongingness

A sense of belongingness refers to the human [emotional need](#) to be an accepted member of a [group](#). According to the Belonging theory described by Baumeister, two conditions to impart a sense of belonging include:

1. Frequent contact between the people involved in the attachment that is typically conflict-free.
2. An ongoing and continued relationship between individuals.

Students' sense of 'belongingness' and their engagement in academic study have been identified as key contributors to student success. When examining sense of belonging in the classroom setting, two major players emerge: faculty and classmates. Faculty set the tone for student interactions and model respect and valuing (Gayle, Cortez, & Preiss, 2013; Wilson & Gore, 2013). The extant literature shows that students with high levels of belonging speak to having had positive experiences with faculty who exhibit a caring disposition, use active learning techniques, and create safe spaces for expression and debate.

Experiential learning within clinical practice settings is a substantial component of undergraduate nursing education. This study described baccalaureate nursing students' perception of how their belongingness evolves in clinical learning environments through partnerships with their clinical educator and unit-based nurses.

The students' described positioning for belongingness, persevering for belongingness, and ultimately, entering into belongingness. Belongingness was depicted as gaining entry into the nursing "atmosphere," a privileged space unique to each clinical placement. In this space, students were granted access to rich learning and socialization opportunities in alliance with the unit-based nurses. For students unable to secure belongingness, learning within the clinical setting occurred as outsiders, exterior to the nursing atmosphere.

Students described belongingness as possible when their demonstrated competencies were validated by others who had the capacity to optimize their professional socialization and development within the clinical setting.

Reference

Kern, A, Montgomery P, Mossey S., & Bailey P. (2013). Undergraduate nursing students' belongingness in clinical learning environments: Constructivist grounded theory. *Journal of Nursing Education and Practice*, 4(3).
<http://dx.doi.org/10.5430/jnep.v4n3p133>.

Annotated Research Studies

Reid, L. D., & Radhakrishnan, P. (2003). Race matters: The relation between race and general campus climate. *Cultural Diversity and Ethnic Minority Psychology*, 9(3), 263-275. doi: 10.1037/1099-9809.9.3.263

In an early citation, Reid and Radhakrishnan's General Campus Climate (GCC) scale measured perceptions of racial and academic climate in a racially diverse sample of graduate students in a university setting. Then researchers revised the GCC subscales from the existing item pool of questions for undergraduate students (alpha = .72). The first subscale measured instructors' impact on the academic climate (alpha = .75) and the second subscale assessed students' perceptions of whether instructors and peers viewed them as serious student (alpha = .75). The last subscale measured the students' perceptions of social and intellectual respect (alpha = .68). African Americans had a more negative view of the general campus and racial and academic climates than did White students. Additional findings showed that academic and racial experiences were the best predictors of both groups' perception of the GCC. This scale was also published in *Race matters: The relation between race and general campus climate*.

Tynes, B. M., Rose, C. A., & Markoe, S. (2013). Extending campus life to the Internet: Social Media. *Journal of Diversity in Higher Education*, 6(2), 102-114.

Tynes, Rose and Markoe's survey examined online stress and the association of online and offline factors influencing racial discrimination in a convenience sample of 217 college students. Hierarchical regression modeling determined that African American students reported more online racial discrimination and online stress and held more negative views of campus racial climate than European American students. Time on social networking sites and discussions of school-related issues were not associated with these perceptions.

Paton, S. J. (2010). *Exploring belongingness in nursing practice: A phenomenological study*. Retrieved from <https://www.proquest.com/openview/b3544a1dc56d1b8c0279da5205bc4b71/1?pq-origsite=gscholar&cbl=18750>

Contextual factors and interpersonal dynamics were seen to have a significant bearing on students' experiences. Clinical leaders/managers who were welcoming, accepting, and supportive, and nursing staff who were inclusive and encouraging, facilitated students' perception of being valued and respected as members of the nursing team. Additionally, the provision of consistent, quality mentorship was identified as important to students' feelings of connectedness and fit. The experience of belongingness, in turn, enhanced students' potential for learning and influenced their future career decisions. Alternatively, alienation resulted from unreceptive and unwelcoming clinical environments and from the dissonance created when students' personal and professional values did not articulate with those evident in practice environments. Consequently, distress, detachment, and disengagement occurred and students' capacity and motivation for learning were negatively impacted.

Grobecker, P.A. (2016). A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements, *Nurse Education Today*, 36, 178-183, <https://doi.org/10.1016/j.nedt.2015.09.015>

Grobecker used the Perceived Stress Scale (PSS-10), Belongingness Scale in Clinical Placement Experience (BES-CPE), and demographic questionnaire to examine the relationship between a sense of belonging and perceived stress in baccalaureate nursing students 18 or older who completed one clinical experience. The scale was administered online through SurveyMonkey®. Students were recruited from the National Student Nurses Association database. There was an inverse relationship between sense of belonging and perceived stress in nursing students ($r = -.277$). The BES-CPE is a reliable and valid instrument for measuring sense of belonging on students' learning, motivation and confidence in clinical placement, while perceived stress had negative consequences on the students' self-concept, learning skills and competence.

Intergroup Dialogue



Intergroup dialogue (IGD) is defined as "a co-learning space among people from diverse backgrounds" (Nagada, 2017, p. 29) and is a method to engage in sociocultural conversations. The skills of dialogue include developing a critical awareness of social identities, understanding one's own connections to power, privilege, and oppression, and developing interpersonal communication skills such as active listening, purposeful sending, and providing feedback. By creating a foundation of communication using IGD, organizations can consistently evaluate the climate.

Intergroup dialogue can impact the campus climate and build safe spaces for vulnerability and honesty that ultimately leads to supportive environments of acceptance and belonging. The IGD framework offers a structured inclusive method to connect and communicate.

- To facilitate IGD, creating a safe space is imperative to building a community of trust among faculty, students, and academic leadership.
 - To create a safe space, all can speak, and all must listen.
 - The facilitator must establish the rule of engagement.
 - Facilitators should prepare for the unanticipated consequences of open discussion.
 - The discussion's environment should be chosen, considering the audience and their level of comfort within the environment.
 - Vulnerability is key.
 - Creating a safe space for an institution is never done.
 - It is an iterative process supported by faculty, students, and administrative leadership.
- Engage in mission-driven commitment to health equity.

Exemplars

- Through IGD, students engage in explorations of societal issues and historical injustices.
- Participate in discussion in a safe yet communal space where individuals can express anger, fear, or resentment about injustice.

Create a Sense of Belonging and Connectedness

Sense of belonging and connectedness exert a powerful influence on productivity as well as experiences of lack of inclusiveness in rapidly changing and complex healthcare systems worldwide. Sense of belonging is important in providing safe, effective, and culturally sensitive health care to diverse populations.

Courageous Conversations



Courageous Conversations have been defined as utilizing agreements and conditions to engage, sustain, and deepen interracial dialogue about race in order to improve student

success (Singleton, 2005, p. 26). Language and communication provide the foundation of our cultures and, through the exchange of ideas, thoughts, and perspectives, individuals can create shared values. Singleton offers conditions for guiding these conversations:

- Engage through your own personal racial experiences, beliefs, and perspectives while demonstrating respectful understanding of specific historical as well as contemporary, local, and immediate racial contexts.
- Sustain yourself and others in conversations through appreciative inquiry into multiple perspectives, beliefs, and experiences that are different than your own.
- Deepen your understanding of Whiteness and interrogate your beliefs about your own association with and relationships to racial privilege and power.

When nursing educators develop greater understanding and develop the capacity for engaging in courageous conversations, they will better enhance academic advancement for all students and increase equity in learning environments.

Additional Research on Belongingness

- Duddle and Boughton (2009) tested the psychometric properties of the Nursing Workplace Relational Environment Scale (NWRES). The scale was developed over a three-stage process. Stage 1 - key concepts developed based on extensive literature review (collegiality, workplace conflict and job satisfaction); Stage 2 - pool of items derived from each concept resulting in a 35-item scale that was piloted on 31 nurses; and Stage 3 - development of a 28-item scale administered to a sample of 150 nurses. Exploratory factor analysis resulted in a 22-item scale with four-factor structure: collegial behaviors, relational atmosphere, outcomes of conflict and job satisfaction that explained 68·12% of the total variance. Cronbach's alpha coefficient for the scale was 0·872 and subscales ranged from 0·781–0·927. The scale was effective in measuring the reliability and validity of the NWRES.
- Cockshaw, Grove, Shochet, and Obst (2014) investigated longitudinal associations between general belonging, workplace belonging, and depressive symptoms in 221 working adults at two time points three months apart with the Sense of Belonging Instrument-Psychological (SOBI-P), Psychological Sense of Organizational Membership (PSOM) scale, Depression Anxiety Stress Scales (DASS-21), and Kessler Psychological Distress Scale (K10). Depressive symptoms influenced future belongingness cognitions. Reduced belongingness precipitated a rapid increase in depressive symptoms that influence longer term belongingness cognitions. Belongingness cognitions were the proximal antecedent of a depressive response. Practitioners should monitor a general sense of belonging and perceived relational value cues in specific contexts.
- In 2014, Moors, Malley, and Stewart tested the Workplace Sense of Belonging Scale and fit with department (workplace) environment surrounding support for balancing work and family responsibilities for postdoctoral students in science, technology, engineering, math, and medical science (STEM) and non-STEM

scholars across 19 colleges, schools, and institutes at a large research university in the U.S. The Workplace Sense of Belonging Scale uses a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Reliability analysis of this instrument yielded a Cronbach's alpha of .74.

- Wilson and colleagues (2015) measured multiple levels of belonging and behavioral and emotional engagement in undergraduate students in STEM programs in the United States. Results from 1,300 respondent surveys clearly supported the importance of belonging for behavioral and emotional engagement when measured in the context of the classroom. Another important finding was that belonging at the class level influenced positive emotional engagement, while belonging at the university had less influence on positive emotional engagement.
- Strayhorn (2008) particularly explored the sense of belonging of black men at predominately white universities, addressing a specific literature gap, utilizing the College Student Experiences Questionnaire. With a sample of N=531 (231 black men, 300 white men) A significant predictor for both groups were cross-racial interactions, however, significant for Black men only were interactions with peers with different interests.
- Sedgwick, Oosterbroek, and Ponomar (2014) explored factors influencing sense of belonging of minority students during clinical experiences in a mixed method study. Results yielded of sense of belonging of minority students was dependent upon interactions with nurses, faculty, and student colleagues. Each interaction, negative or positive, has the potential to influence belonging.
- Vivekananda-Schmidt and Sandars (2018) conducted a scoping review to map the published research in the wider higher education literature (including undergraduate health professions education). PubMed and ERIC were used. Only peer-reviewed articles in the English language between 1996 and 2016 were included. Fifty-one relevant articles were identified with 16 related to nurse clinical education. Commonalities were identified within several definitions of belongingness. A thematic analysis of articles revealed that belongingness has an important role in student motivation and learning identity formation and in facilitating positive mental health. The scoping review highlighted the importance of belongingness in higher and undergraduate health professions education, with implications for future practice and policy and implications for curriculum development and delivery, including clinical placements, within secondary and primary care health professional education.

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EDUCATION AND SCHOLARSHIP



Education and Scholarship focuses on the academic core and the scholarly focus of a school of nursing. As a discipline, the center of nursing's focus is the whole person (body, mind, and spirit) with the influence of the environment on an individual's health and recovery being of utmost importance. Moreover, as an academic discipline nursing recognizes that students must not only be introduced to the knowledge and values of the discipline, but they must also appreciate how the social, political, and economic environment influences health.



STRATEGIES

- Health Equity
- Health Disparities and Inequities
- Social Determinants of Health
- Cultural Competency and Humility
- Social Justice
- Systemic Racism

TOOLS



- Inclusive Pedagogy
- Inclusive teaching and learning environments
- Navigating difficult conversations
- Teaching about Race and Racism

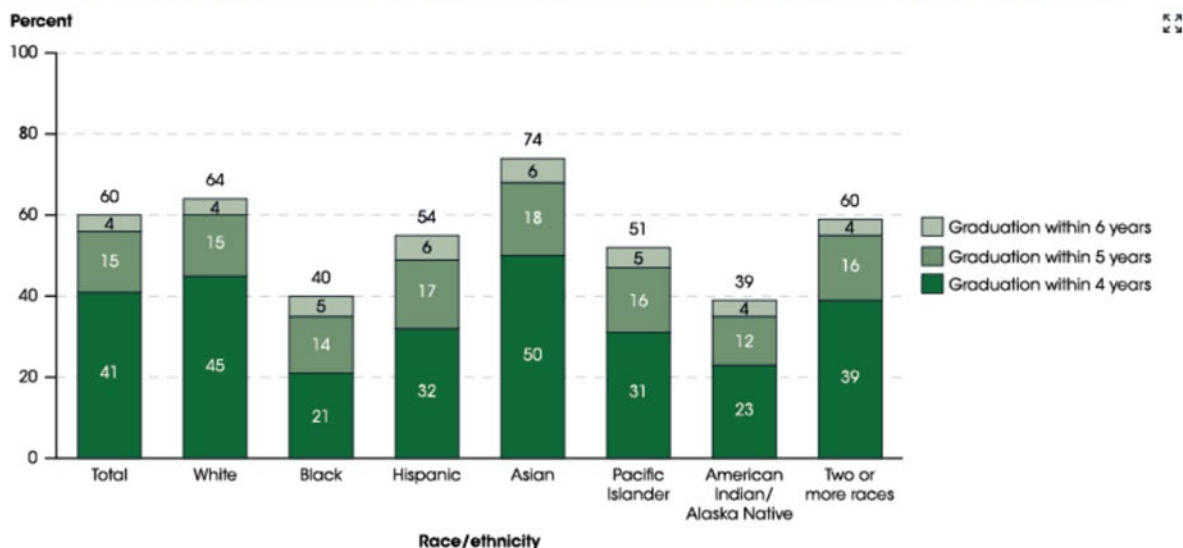
Building Faculty Capacity

Assessing the Landscape

In his book *Diversity Explosion*, William Frey (2018) used data from the U.S. Census Bureau to examine population projections through 2050. The data supported the expansion of minority groups over the next 30 years where each group will more than double. Racially and ethnically diverse individuals contributed more than three quarters of the nation’s population growth in the past decade, and this trend will accelerate in the future. By 2050, the federal government projects that racially and ethnically diverse persons will comprise 53 percent of the United States population (U.S. Census Bureau, 2019). This indicates that the future population of students entering schools of nursing will come from more diverse backgrounds. However, when we examine the outcomes of higher education graduation rates, we see gaps in race and ethnicity among those who graduate and those who do not.

According to the National Center for Education Statistics, the 6-year graduation rate for first-time, full-time undergraduate students who began their pursuit of a baccalaureate degree at a 4-year degree-granting institution in fall 2010 was highest for Asian students (74 percent), followed by White students (64 percent), students of two or more races (60 percent), Hispanic students (54 percent), Pacific Islander students (51 percent), Black students (40 percent), and American Indian/Alaska Native students (39 percent).

Figure 23.1. Graduation rates from first institution attended for first-time, full-time bachelor’s degree-seeking students at 4-year postsecondary institutions, by race/ethnicity and time to completion: Cohort entry year 2010



NOTE: Data are for 4-year degree-granting postsecondary institutions participating in Title IV federal financial aid programs. Graduation rates refer to students receiving bachelor’s degrees from their initial institutions of attendance only. The total includes data for persons whose race/ethnicity was not reported. Race categories exclude persons of Hispanic ethnicity. Although rounded numbers are displayed, the figures are based on unrounded data.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), Winter 2016–17, Graduation Rates component. See *Digest of Education Statistics 2017*, [table 326.10](#).

Diversity, like technology, represents a powerful change in our environment. Similar to technology, we must actively engage in the area of DEI to be successful in a society that is ever more pluralistic and diverse. Diversity offers strategic opportunities to fulfill an organization's mission and advance institutional excellence. However, diversity offers some challenges. Faculty development has been a central part of diversity work, and faculty must be involved in the curriculum transformation that is required. These efforts have been more successful when the approach is linked to the academic mission and values of the institution. Efforts are less successful where curriculum change seems to be superficial effort to transform the appearance of the syllabus rather than engage the substantive perspectives that diversity raises for scholarship and pedagogy. By embracing a diversity framework, institutions can move toward inclusive excellence.

A Justice Imperative

“The demographic and economic imperatives for racial equity are oriented toward the future: the projected racial-ethnic makeup of the American population and the economic prospects of the country. Racial inequity, however, is a problem that was born in the past and that has endured over time. It was born out of slavery and subsequent Jim Crow laws that legalized segregation and limited opportunity for Blacks. It was born out of genocide and land-grabbing that diminished the population and territories of Native Americans, as well as out of the colonization and assimilation projects that sought to “civilize” the “savage natives.” It was born out of waves of Asian, Latinx, and Pacific Islander migration, some of which was sanctioned by the American government (e.g., through the Immigration Act of 1965 and asylum seeking) and some of which was not. For all people of color, racial inequity was born from policies and practices that were designed to benefit the dominant population of whites and to directly and/or indirectly exclude, marginalize, and oppress people of color. Addressing racial inequity is therefore an act of justice that requires explicit attention to structural inequality and institutionalized racism, and demands system-changing responses.”

Source

Center for Urban Education. (2020). *Laying the groundwork: Concepts and activities for racial equity work*. Rossier School of Education, University of Southern California.

Previous research provide evidence about what college students want from their professors: accessibility (Case, 2013), warmth (Morrow & Ackerman, 2012), organizational detail (Weaver & Qi, 2005), and compassion (O’Keeffe, 2013) are among the characteristics reported in the literature. Students want to know that they can reach out to faculty when they need support or encouragement (Booker, 2016). Students also expect faculty to be sensitive to their feelings and maintain a respectful environment that is not hindered by disrespect and antagonism. Booker (2018) concluded in her study [How faculty create learning environments for diversity and inclusion](#), that faculty who want to develop an inclusive environment are tasked with supporting student connections with their teacher, their peers, and the course content.

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Preparing for an Inclusive Teaching and Learning Environment

○ **Create Inclusive Teaching and Learning Environments**

- Creating inclusive teaching and learning environments involves developing critical skills that include managing microaggressions, conflicts, charged conversations, and discrimination in respectful, psychologically safe ways. Josiah Macy Jr. Foundation. (2020). [Addressing harmful bias and eliminating discrimination in health professions learning environments.](#)

○ [Mindful and Learner-Centered Syllabus Checklist](#)

○ **Principles of Inclusive Pedagogy**

- Flexibility: Be open to change
- Equity: Creating opportunities for equal access and success for students who have historically underrepresented
- Collaboration between students and other stakeholders to enrich the experience
- Personalization and individualization that recognizes and honors differences
- Diversity
- Develop an awareness of diversity and global issues

<https://www.celt.iastate.edu/teaching/creating-an-inclusive-classroom/inclusive-teaching-resources/inclusive-pedagogy/>

○ **Effective Practices in Inclusive Pedagogy**



- [Create Accessible Learning Environments](#)
- [Apply Universal Design](#)
- [Diversify Course Materials](#)
- [Cultivate an Inclusive Climate](#)
- [Include Diversity and Inclusion Syllabus Statements](#)
 - [Accessibility Statement](#)

- [Name and Pronoun Statement](#)
- [Student Sexual Misconduct Policy](#)
- [Bias Incident Reporting](#)
 - [Be Mindful of Language](#)
 - [Build Rapport](#)
 - [Foster a Growth Mindset](#)
 - [Examine Your Own Implicit Bias](#)
- Nurse educators may not be aware of how their biases regarding cultural diversity affect their actions toward students and patients. Implicit bias among healthcare providers can affect patient outcomes and clinical judgement (Sukhera & Watling, 2018). Marion et al. (2017) suggested that nursing faculty use the Implicit Assessment Test (IAT) (Gatewood, Broholm, Herman, & Yingling, 2019) to perform a self-assessment regarding implicit bias. The IAT is offered by the Harvard University Implicit Project and can be accessed at <https://implicit.harvard.edu>.
- Critical self-reflection among nursing faculty can be an effective tool to enhance nurse educators' awareness regarding implicit bias (Koshy et al., 2017; Maksimović & Osmanović, 2019; Naicker & van Rensburg, 2018). Nursing educational organizations should encourage reflective practice among educators to enhance self-awareness.

Murray, T, A. (2017). Inclusive excellence in nursing education. *Journal of Nursing Education*, 56(10), 579-580. <https://doi.org/10.3928/01484834-20170918-01>

○ **Develop an Inclusive Pedagogy**



- *Critical Pedagogy*
Critical pedagogy encompasses how one teaches, what is being taught, and how one learns. It is a way of thinking about, negotiating, and transforming the relationship among a) classroom teachings, b) the production of knowledge, c) the institutional structures of the school, and the social and material relation of the wider community and society
Breunig, M. C., (2016). Critical and social justice pedagogies in practice. *Encyclopedia of Educational Philosophy and Theory*, DOI 10.1007/978-981-287-532-7_234-1
- *Social Justice Pedagogy*
Centered in democracy and the freedom to exercise one full humanity, social justice pedagogy practices seeing students for who they are, where they come from, and their valuable contribution to the teaching and learning environment

<https://www.edweek.org/teaching-learning/opinion-what-is-social-justice-education-anyway/2019/01>

- *Antiracist Pedagogy*
An approach that reveals the structural inequalities within U.S. society, while fostering students' critical analysis skills and their critical self-reflection

<https://ctl.columbia.edu/resources-and-technology/resources/anti-racist-pedagogy/>



- *Culturally Responsive Pedagogy*
A student-centered approach to teaching and learning where the student's unique cultural strength is nurtured to promote student achievement and a sense of well-being about the student's cultural place in the world

<https://www.theedadvocate.org/what-is-culturally-responsive-pedagogy/>

Required Readings

Adams, M., Bell, L.A., Goodman, D.J., & Joshi, K. Y. (2016). *Teaching for diversity and social justice* (3rd Edition). Routledge. ISBN-10: 041595200X

Hammond, Z. (2015). *Culturally responsive teaching & the brain*. Corwin. ISBN-10: 1483308014

Freire, P. (2000). *Pedagogy of the oppressed*. 30th anniversary ed. New York: Continuum.

Metzger, M., & Taggart, J. (2019). A longitudinal mixed methods study describing 4th year baccalaureate nursing students' perceptions of inclusive pedagogical strategies. *Journal of Professional Nursing*, retrieved from:
<https://doi.org/10.1016/j.profnurs.2019.12.006>

○ Online Inclusive Teaching Strategies



- Transforming Your Teaching for the Virtual Environment. The Harvard Macy Institute. <https://harvardmacy.org/index.php/hmi-courses/ttve>
 - [Teaching Remotely for Accessibility, Equity and Inclusion](#)
 - [Equity and inclusion in the Online Environment](#)
 - [Engaging students online](#)

Required Readings

Bayers, L., & Camfield, E. (2018, April 10). [Student shaming and the need for academic empathy](#). *Hybrid Pedagogy*.

Barcjas, J. (2020, August 12). How to curate your zoom backdrop, and why you should. *The Chronicle of Higher Education*. https://www.chronicle.com/article/how-to-curate-your-zoom-backdrop-and-why-you-should?cid2=gen_login_refresh&cid=gen_sign_in

Darby, F. (2020, July 23). 6 quick ways to be more inclusive in a virtual classroom. *The Chronicle of Higher Education*. https://www.chronicle.com/article/6-quick-ways-to-be-more-inclusive-in-a-virtual-classroom?cid=gen_sign_in

Hogan, K. A., & Sathy, V. (2020). 8 ways to be more inclusive in your Zoom teaching. *The Chronicle of Higher Education*. <https://www.chronicle.com/article/8-ways-to-be-more-inclusive-in-your-zoom-teaching/>

Jiang, M. (2020, April 22). The reason Zoom calls drain your energy. *BBC Worklife*. <https://www.bbc.com/worklife/article/20200421-why-zoom-video-chats-are-so-exhausting>

Plotts, C. (2020, June 18). Culturally responsive online teaching [Audio podcast]. *Teaching in Higher Ed*. <https://teachinginhighered.com/podcast/culturally-responsive-online-teaching/>

Rice University Center for Teaching Excellence. (2020). Inclusion, equity, and access while teaching remotely. <https://cte.rice.edu/blogarchive/2020/3/13/inclusion-equity-and-access-while-teaching-remotely>

Sathy, V., & Hogan, K.A. (2019, July 22). How to make your teaching more inclusive. *The Chronicle of Higher Education*. https://www.chronicle.com/article/how-to-make-your-teaching-more-inclusive/?utm_source=Iterable&utm_medium=email&utm_campaign=campaign_1426152_nl_Academe-Today_date_20200810&cid=at&source=ams&sourceId=2401931

Sparks, S. D. (2014). Students' help-seeking strategies offer clues for educators. *Education Week*. <https://www.edweek.org/ew/articles/2014/08/20/01help.h34.html>

Stachowiak, B. (2018). *Reach everyone, teach everyone: Universal design for learning in higher education*. West Virginia University Press.

Sullivan, J. (2019, July 18). Teaching students how to ask for help. *Edutopia*. <https://www.edutopia.org/article/teaching-students-how-ask-help>

Wieck, L. (2002, March 9). An equitable transition to online learning – Flexibility, low bandwidth, cell phones, and more. *Pedagogy Playground Innovative Teaching in Higher Ed*. <http://pedagogyplayground.com/inclusive-pedagogy/an-equitable-transition-to-online-learning-flexibility-low-bandwidth-cell-phones-and-more/>

○ **Navigating Difficult Conversations**



- [Navigating controversial topics in the classroom](#)
- [Ground rules for dialogue](#)
- [Addressing microaggressions in the learning environment](#)
- [Responding to Microaggressions](#)

References

- Carter, B., M., & McMillian-Bohler, J. (2020). Rewriting the microaggression narrative. *Nurse Educator*. DOI: [10.1097/NNE.0000000000000850](#)
- Ground Rules for Ensuring a Civil Conversation https://www.americanbar.org/groups/judicial/american_jury/resources/dialogue_on_the_american_jury/ground_rules/
- Sample Ground Rules for Dialogue and Deliberation <https://ncdd.org/rc/item/1505/>



○ **Teaching about Race and Racism in the Classroom**

- [Resources on Teaching about Race and Racism](#)
- Anti-Racism and Race Literacy: A Primer and Toolkit for Medical Educators <https://ucsf.app.box.com/s/27h19kd597ii66473parki15u0cgochd>

○ **Historical Perspectives**

- History of Race and Racism in the United States
 - Washington, H. A. (2006). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. New York: Doubleday.
- History of BIPOC nurses
 - Waite, R., & Nardi, D. (2019). Nursing colonialism in America: Implications for nursing leadership. *Journal of Professional Nursing*, 35(1), 18-25.
 - Beard, K. V., & Wrenetha, J.A. (2016). Does race still matter in nursing? The narratives of African American nursing faculty members. *Nursing Outlook*, 64(6), 583-596.
- Hispanic Nurses
 - Chen, H. C., Jensen, F., Chung, J., & Measom, G. (2020). Exploring faculty perceptions of teaching cultural competence in nursing. *Teaching and Learning in Nursing*, 15(1), 1-6.
 - Gates, S. A. (2018, April). What works in promoting and maintaining diversity in nursing programs. In *Nursing Forum*, 53(2), 190-196.
 - Gonzalez-Guarda, R. M., Jones, E. J., Cohn, E., Gillespie, G. L., & Bowen, F. (2017). Advancing nursing science through community advisory boards: working effectively across diverse communities. *ANS. Advances in Nursing Science*, 40(3), 278.

- American Indian/Alaska Native Nurses
 - Cech, E., Metz, A., Babcock, T., & Smith, J. (2011). Caring for our own: The role of institutionalized support structures in Native American Nursing Student Success. *Journal of Nursing Education, 50*(9), 524-531.
 - Keith, J., Stastny, S., & Brunt, A. (2016). Barriers and strategies for American Indian College Students: A Review. *Journal of College Student Development; 57*(6), 698-714.
 - Lowe, J., & Struthers, R. (2001). A conceptual framework of nursing in Native American culture. *Journal of Nursing Scholarship, 33*(3), 279-283.
 - Milne, T., Creedy, D., & West, R. (2016). Integrated systematic review on educational strategies that promote academic success and resilience in undergraduate indigenous students. *Nurse Education Today, 36*, 387-394.

Additional Resources for Creating Inclusive Classrooms



- [How to Create Anti-racist Virtual Classrooms Strategies for Teachers and Families](#)
- [Suggestions for Talking about Race](#)
- [Becoming an Anti-racist Educator](#)
- [Pronouns Matter: Resources on Personal Pronouns Website](#)
- [Applying the Seven Learning Principles to Creating LGBT-Inclusive Classrooms](#) (Association of American Colleges and Universities)
- [Teaching Beyond Gender Binary in the Classroom](#) (Vanderbilt University)

Addressing Specific Diversity and Equity Topics

Faculty are responsible for preparing the future nursing workforce that will provide care for a population that is rapidly increasing in diversity. To provide high-quality, equitable care and reduce health disparities, nurses must be skillful in cultural awareness in order to practice cultural humility. Cultural competence has been a common term to describe how to improve cultural understanding, but it is important to distinguish that cultural humility and awareness is a continuous process fueled by change and ongoing learning.

Cultural Humility in health care describes a lifelong commitment to self-evaluation and critique, to re-dressing power imbalances and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations. [Source: Tervalon, M., & Murray-Garcia, J. (2014). The concept of cultural humility, *Health Affairs*, 33(7)]

Cultural Competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989)

Cultural Humility: A reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them. Cultural competency includes the commitment to practicing cultural humility.

Health Equity: Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Health equity is influenced by the interrelated factors of:

- Health Disparities and Inequities
- Social and Structural Determinants of Health
- Cultural Competence and Cultural Humility
- Social Justice
- Systemic Racism

Health Equity Resources

- A practitioner's Guide for Advancing Health Equity
 - Community strategies for preventing chronic disease

https://unnaturalcauses.org/resources.php?type_id=12

- CDC Health Equity [CDC Health Equity](#)
- Centers for Disease Control. (2016). Health in all policies. Retrieved from <https://www.cdc.gov/policy/hiap/index.html>
- Community Health Training Institute [Community Health Training Institute](#)
- MedEdPortal: Health Equity Rounds
 - An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty and Trainees
https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858
- Racial Equity Tools, available at: <https://www.racialequitytools.org/home>
- The Health Equity Curricular Toolkit: Innovating and advocating for health educators striving for health equity
<https://connect.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=a6f5a91a-f524-698c-938a-1d1eae220112>
- National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.
- Just Medicine: A Cure for Racial Inequality in American Health Care, available at <https://nyupress.org/9781479896738/just-medicine/> Matthew, D. B. (2015). *Just Medicine: A Cure for Racial Inequality in American Health Care*. NYU Press. ISBN-10 : 147989673X
- *Unnatural Causes is inequality making us sick?*
 - About Health Equity
 - Explore interactivities, case studies, podcasts, and other resources
https://unnaturalcauses.org/resources.php?type_id=12

Recommendations for Incorporating Health Equity into the Curriculum

- Commit to the integration of content related to health equity and health equity related concepts throughout the curriculum.
- Expand clinical education experiences outside of the acute care setting.
- Develop interprofessional education initiatives that encourage collaboration and intergroup dialogue.
- Focus on assessment skills such as motivational interviewing and empathic inquiry.
- Integrate curricular content related to social justice, antiracism, and advocacy throughout the curriculum.
- Increase curricular content related to history of race and racism in America.
- Build structural competency to address policies, procedures, laws and practices.
- Create intentional programs of service learning.

Adopted from Thorton, M., & Persaud, S. (2018). Preparing today's nurses: Social determinants of health and nursing education. *The Online Journal of Issues in Nursing*.

Social Justice Resources

- Smith, M. A. (2019). The promotion of social justice in healthcare. *Nursing Made Incredibly Easy!* 17(2), 26-32. doi: 10.1097/01.NME.0000553091.78584.a9.
- TED Why Your Doctor Should Care About Social Justice: Mary Bassett
<https://www.publichealthcommute.com/race>
- [The ANA Code of Ethics with Interpretive Statements](#)
- Falk-Rafael, A., & Betker, C. (2012). Witnessing social injustice downstream and advocating for health equity upstream: “The trombone slide” of nursing. *Advances in Nursing Science*, 35(2), 98-112. Available online at <https://pubmed.ncbi.nlm.nih.gov/22429948/>
- Valderama-Wallace, C. P. (2017). Critical discourse analysis of social justice in nursing's foundational documents. *Public Health Nursing*, 34(4), 363-369.
- Valderama-Wallace, C. P., & Apesoa-Varano, E. C. (2019). “Spinning Their Wheels...”—Influences That Shape How Nurse Educators Teach Social Justice. *Policy, Politics, & Nursing Practice*, 20(4), 239-251.

Health Disparities and Inequities Resources

- Addressing Health Care Disparities in the Lesbian, Gay, Bisexual, and Transgender Population: A Review of Best Practices. CE. *AJN* (2014)
<https://nursing.ceconnection.com/ovidfiles/00000446-201406000-00021.pdf>
- AHRQ National Healthcare and Quality Disparities Reports
<https://nhqrnet.ahrq.gov/inhqrdr/resources/info>
- [Catalyzing a Nursing Response to Healthcare Discrimination Against Transgender and Nonbinary Individuals](#)
Fauer, A. J., Manges, K., Stroumsa, D., Sinko, L., Adynski, G.I., Aronwitz, S. V., & Choi, K.R. (2020). Catalyzing a nursing response to healthcare discrimination against transgender and nonbinary individuals. *Journal of Nursing Scholarship*, 52(6), 599-604. <https://doi.org/10.1111/jnu.12597>
- Department of Health and Human Services. U.S. Department of Health and Human Services Office of Minority Health. National Partnership to End Health Disparities. Toolkit for Community Action https://lucascountyhealth.com/wp-content/uploads/2016/07/NPA_Toolkit-for-Community-Action.pdf
- Subrahmanian, K. & Swamy, P. (2018). *Global Child Health: A toolkit to address health disparities* (2018). Springer Publishing.

- Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>
- Health Disparities and Disabilities in Research: A toolkit for interagency collaboration. <https://icdr.acl.gov/resources/reports/health-disparities-and-disabilities-research-toolkit-interagency-collaboration>
- Jackson, C., Gracia, J., N. (2014). Addressing health and health-care disparities: The role of a diverse workforce and the social determinants of health. *Public Health Reports*, 129(2), 57-61. doi: [10.1177/00333549141291S211](https://doi.org/10.1177/00333549141291S211)
- LGBT Health Disparities. <https://www.apa.org/advocacy/health-disparities/lgbt-health.pdf>
- Morris, M., Cooper, R., L., Ramesh, A., Tabatabai, M., Acury, T., A., Shinn, M., Im, w., Juarez, P., & Matthews-Juarez, P. (2019). Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: A systemic review. *BMC Medical Education*. Retrieved From: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-019-1727-3>
- National Institutes of Health. National Heart, Lung, and Blood Institute. Health Disparities <https://www.nhlbi.nih.gov/health/educational/healthdisp/index.htm>
- Phillips, J., M. & Malone, B.. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports*, 129(2), 45-50. doi: [10.1177/00333549141291S209](https://doi.org/10.1177/00333549141291S209)
- Rural Health Disparities. <https://www.ruralhealthinfo.org/topics/rural-health-disparities>
- TED Talk Racism and Health Disparities. Dr. David Williams, "How Racism is making us Sick" <https://www.publichealthcommute.com/race>
- Wesley, Y. (2015). Leadership competencies to reduce health disparities. *Nursing Management*, 46(2), 51-53.

Social and Structural Determinants of Health

Social Determinants of Health

- Dr. Camara Jones Explains the Cliff of Good Health <https://www.urban.org/policy-centers/cross-center-initiatives/social-determinants-health/projects/dr-camara-jones-explains-cliff-good-health>

- Equity Toolkit Helps Communities Take On Social Determinants of Health
<https://campaignforaction.org/resource/equity-toolkit-helps-communities-take-on-social-determinants-of-health/>
- Tools to Assess and Measure Social Determinants of Health
<https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools>
- Waite, R., & Ryan, R., A. (2020). Adverse childhood experiences: What students and health professionals need to know. Routledge.
 - This is relevant for practicing health professionals and students learning about ACEs and trauma using micro-to-macro lenses accompanied by a structural competency framework to elucidate health implications across the lifespan.
 - Thornton, M., & Persaud, S., (September 30, 2018). Preparing today's nurses: Social determinants of health and nursing education, *The Online Journal of Issues in Nursing*, 23(3) Manuscript 5.
<https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No3-Sept-2018/Social-Determinants-of-Health-Nursing-Education.html>

Structural Determinants of Health Resources

- Structural Determinants of Health Resource Guide
<https://samuelmerritt.libguides.com/structuraldeterminants>
- Structural Competency: Curriculum for Medical Students, Residents, and Interprofessional Teams on the Structural Factors That Produce Health Disparities MedEdPortal https://www.mededportal.org/doi/10.15766/mep_2374-8265.10888#364329
- Waite, R., & Hassouneh, D. (2020). Structural competency in mental health nursing: Understanding and applying key concepts. *Archives of Psychiatric Nursing*. Retrieved from: <https://doi.org/10.1016/j.apnu.2020.09.013>
- Davis, S., & O'Brien, A-M. (2020). Let's talk about racism: Strategies for building structural competency in nursing. *Academic Medicine*. Retrieved from: DOI: [10.1097/ACM.0000000000003688](https://doi.org/10.1097/ACM.0000000000003688)
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Accessed at <https://www.nap.edu/catalog/21923/a-framework-for-educating-health-professionals-to-address-the-social-determinants-of-health>

- The Office of Minority Health launched of a new, free and accredited e-learning program: *Improving Cultural Competency for Behavioral Health Professionals*. The program, available via OMH's [Think Cultural Health website](#), is designed to develop behavioral health providers' knowledge and skills related to culturally and linguistically appropriate services (CLAS).
 - Think Cultural Health
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>
- Giger, J. (2016). *Transcultural nursing: Assessment and intervention* (7th ed.) Elsevier. <https://www.us.elsevierhealth.com/transcultural-nursing-9780323399920.html>

Structural Racism Resources

- Allegories on Race and Racism: Dr. Camara Jones
[TEDX Allegories on Race and Racism Dr. Camara Jones](#)
- Aspen Institute. (2016). 11 terms you should know to better understand structural racism
<https://www.aspeninstitute.org/blog-posts/structural-racism-definition>
- The Aspen Institute. (2016, July 11). Glossary for understanding the dismantling structural racism/promoting racial equity analysis. Retrieved from:
<https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>
- Diversity, Equity, & Inclusion Curriculum. Academy for Diversity and Inclusion in Emergency Medicine. Retrieved from:
<https://www.saem.org/adiem/resources/dei-resource-library/diversity-equity-inclusion-curriculum>
- How Racism Makes Us Sick: David R. Williams
[TED How Racism Makes Us Sick David R. Williams](#)
- Structural Racism: A Massive Barrier to Achieving Health Equity
<https://taskforce.org/structural-racism-a-massive-barrier-to-achieving-health-equity/>
- Declarations of Racism as a Public Health Issue. APHA.
<https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>. Accessed August 24, 2020.

- “Racism as a Determinant of Health: A Systematic Review and Meta-Analysis” (PLOS ONE, September 23, 2015), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580597/>
- Structural racism and health inequities in the USA: evidence and interventions” (The Lancet, April 8, 2017), available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30569-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30569-X/fulltext)
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- An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty and Trainees https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858
- Moorley, C., Darbyshire, P., Serrant, L., Mohamed, J., Ali, P., & De Souza, R. (2020). “Dismantling structural racism: Nursing must not be caught on the wrong side of history.” *Journal of Advanced Nursing*. <https://doi.org/10.1111/jan.14469> (free access)

Developing Cultural Competence/Cultural Humility

Since the publication of the 2002 Institute of Medicine Report, *Unequal Treatment*, there has been considerable momentum in research to address health disparities and to discover ways to improve health care provided to minority groups. Reducing disparities requires attention to the essential components of equitable, patient-centered, culturally appropriate high-quality care (Institute of Medicine: *In the Nation's Compelling Interest*, 2003). Campinha-Bacote (2002) developed *The Process of Cultural Competence in the Delivery of Healthcare Service* model of care. The constructs of the model included cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters. Cultural desire is the desire to know and be skillful in cultural encounters.

Cultural awareness is the recognition of ethnocentrism and the potential for cultural imposition. Cultural knowledge includes information about health beliefs and practices, disease incidence and prevalence, and treatment efficacy. One develops skill using awareness and knowledge in providing holistic and culturally appropriate care. Nursing faculty are charged with educating the future. The following recommendations reflect those observable behaviors representing culturally appropriate care.

Cultural competence in practice is defined not by a discrete endpoint but as a commitment and active engagement in a lifelong process that individuals “enter into on an ongoing basis with patients, communities, colleagues and with themselves” (Tervalon & Murray-Garcia, 1998). Tervalon and Murray-Garcia posit that cultural humility is a more suitable goal than cultural competence.

The strategies and tools introduced in this section offer nursing faculty options in developing cultural competencies in order to practice with cultural humility. The nine cultural competency/humility statements serve as pathway in providing more culturally appropriate nursing care for a diverse population.

Cultural Competency 1. Apply knowledge of socioeconomic, environmental, and cultural, political, and technologic factors that affect nursing practice and healthcare across multiple contexts.

Sub-Competencies

- Acquire and integrate knowledge about the cultures represented in the community being served, adapting care to meet client needs, and documenting assessment and adaptations.
- Provide culturally tailored care (cultural awareness, skill, sensitivity, and humility) to diverse populations.
- Use of culturally competent verbal and non-verbal communication skills for eliciting patients' beliefs and practices.

- Recognize how unconscious and conscious biases undermine efforts to provide care to diverse populations.
- Identify social determinants of health and discuss their influence on health and wellbeing.
- Develop plans of care and community assessments that include but are not limited to cultural, structural, environmental, and political factors.

Cultural Competency 2: Integrate knowledge of perspectives, values, and practices of culturally diverse individuals, families and communities regarding healing traditions and systems.

Sub-Competencies

- Uses culturally sensitive skills when planning and implementing person-centered care.
- Integrates cultural awareness, cultural knowledge, and cultural skill in care delivery.
- Demonstrates respect for a client’s values, beliefs, and practices.
- Provide culturally responsive, patient-centered care that assesses and addresses social determinants of health.
- Assess accurately and make appropriate adaptations to accommodate disparate patient circumstances.
- Conducts cultural health assessments and provides cultural-specific care as determined by the individual conditions and needs.
- Demonstrates awareness of personal implicit and explicit bias that may impact care delivery.

Cultural Competency 3: Engage with community stakeholders to work toward achieving equity in health and wellbeing.

Sub-Competencies

- Consistently identify and address socioeconomic, environmental, and cultural factors in nursing care planning activities and interventions.
- Engage with communities to assess healthcare needs of diverse populations and reduce health disparities.
- Recognize how implicit bias impacts the health of individuals, families, communities, and populations.
- Advocate for health equity.
- Develop, engage, and reflect on community projects/partnerships to promote diversity, equity, and inclusion.
- Engage multi-sector community resources to improve patient and population health outcomes.

Cultural Competency 4. Integrate fully, throughout the curriculum, evidence to provide just care.

Sub-Competencies

- Examine cultural variations in healthcare values, beliefs, and practice in the provision of culturally appropriate care.
- Engage in the evaluation of effectiveness of interventions for persons with unique health values, beliefs, and practices.
- Identify, review, and synthesize diverse sources of data/evidence to gain multiple perspectives.
- Participate in the access, collection, documentation, and use of cultural and social data to inform the delivery of care.
- Use data to advocate for health equity for individuals/communities.
- Identify gaps in data/evidence related to diverse and underserved populations.
- Facilitate access to data resources and services to inform delivery of just care.
- Critique existing research and knowledge sources to determine its relevance and applicability to diverse individuals, communities, and populations.
- Consistently use Evidence Based Practice (EBP) tools to assess social determinants of health.
- Utilize clinical practice guidelines and EBP to deliver quality care, (e.g., Healthcare Effectiveness Data and Information Set [HEDIS] metrics).

Cultural Competency 5. Promote safe, equitable, and quality outcomes of care inclusive of diverse populations.

Sub-Competencies

- Provide quality and safe care to minimize health disparities and implement culturally inclusive programs and services.
- Recognize how social determinants of health impact quality and safety in complex healthcare systems.
- Complete plans of study applying knowledge of social determinants of health and quality and safety in diverse populations.
- Critique case studies that address implicit bias affecting quality and safety in diverse populations.
- Engages in cultural encounters to assess linguistic needs of diverse populations.
- Demonstrate respectful communication and cultural knowledge that increases agency of persons from diverse populations.
- Evaluate plans of care demonstrating knowledge of social determinants of health, quality, and safety in diverse populations.
- Engage in lifelong learning to improve health, quality, and safety in diverse populations.

Cultural Competency 6. Integrate the core principles of social justice into interprofessional practice as evidenced by engagement toward the elimination of health disparities and the attainment of health equity for all.

Sub-Competencies

- Collaborate with interprofessional teams to deliver quality and safe care, minimize health disparities, and implement culturally inclusive programs and services.
- Engage in a collaborative process with patients, families, the community, and the healthcare team to optimize outcomes and the care experience for diverse populations.
- Work with other health professional teams and community stakeholders to resolve existing health disparities.
- Examine and apply strategies to mitigate unconscious bias of team members in the delivery of healthcare services and its impact on care delivery.
- Advocate for effective resources used by the interprofessional team to facilitate cross-cultural communication for diverse populations.
- Communicate effectively with patients, families, the public, and within organizations across a broad range of socioeconomic and cultural backgrounds.
- Collaborate with public, private, professional organizations, and communities to establish policies and guidelines for culturally competent care.
- Recognize how the distribution of power, knowledge, and resources affect clients' ability to be a full partner on the care team.

Cultural Competency 7. Recognize how the distribution of power, knowledge, and resources affect clients' ability to fully access and utilize complex systems of health care.

Sub-Competencies

- Analyze systems of care for strengths and areas for improvement in meeting the needs of diverse populations.
- Advocate for a culturally competent system built on an awareness of the integration and interaction of health beliefs and behaviors, disease prevalence and incidence, and treatment outcomes for different patient populations.
- Identify specific structural barriers, such as housing, transportation, education, social supports, insurance, and access to health care that affect health.
- Engage in problem solving in order to remove structural barriers that affect health.
- Incorporate the principals of social justice in systems of care.
- Evaluate a system's accessibility and use of informatics and technology from the perspective of promoting fairness, social justice, and equity and how it addresses the determinants of health.

Cultural Competency 8. Engage in critical self-assessment and reflection of one's own values and beliefs to increase awareness of the impact on nursing care delivery.

Sub-Competencies

- Define the concepts of diversity, equity, and inclusion as they apply to one's personal philosophy of nursing.
- Describe own cultural background, privilege, and biases.
- Incorporate the principles of social justice into professional practice.
- Conduct nursing practice that is consistent with the ethical principles as outlined in the ANA Code of Ethics for Nurses with Interpretive Statements.
- Advocate for policies that promote fairness, social justice, and equity and that address the determinants of health.
- Values the importance of bias on decision-making.
- Recognize and report individual and institutional discrimination practices, unequal treatment practices, breaches of patients' human and civil rights, or violations of respect for patient autonomy to appropriate authorities.

Cultural Competency 9. Engage in lifelong learning and leadership development to support principles of diversity, equity, and inclusion.

Sub-Competencies

- Articulate the value of pursuing lifelong learning related to diversity, equity, and inclusion to foster personal and professional growth.
- Engage in self-reflection about one's own beliefs.
- Recognize and manage the impact of bias through self-assessment and continuing education.
- Demonstrate increased self-awareness of implicit bias during interaction with patients, families, and colleagues.
- Demonstrate leadership in addressing behavior that is insensitive, lacks cultural awareness, or reflects prejudice in order to improve adherence to professional standards of respect, dignity, and civility.
- Engage in a variety of activities to develop an enhanced understanding of diversity, equity, and inclusion to support both professional nursing practice development and personal growth.
- Demonstrate insight and understanding into the broader influences of health disparities such as power differential, macroaggressions, privilege, implicit and explicit bias, stereotyping, and stigma.

Glossary of Terms

Affinity Groups: An intentionally created space for those who share an identity to convene for learning, support, and connections.

Ally: Someone who makes the commitment and effort to recognize their privilege (based on gender, class, race, sexual identity, etc.) and work in solidarity with oppressed groups in the struggle for justice. Allies understand that it is in their own interest to end all forms of oppression, even those from which they may benefit in concrete ways. Allies commit to reducing their own complicity or collusion in oppression of those groups and invest in strengthening their own knowledge and awareness of oppression.

Antiracism: The work of actively opposing racism by advocating for changes in political, economic, and social life. Anti-racism tends to be an individualized approach, and set up in opposition to individual racist behaviors and impacts.

Climate Survey: An assessment of the experiences and perceptions of diverse individuals on campus to inform policy, programming and help create an environment where everyone feels safe, welcome, valued, and respected.

Colonization: Form of invasion, dispossession and subjugation of a people.

Critical Race Theory: Considers many of the same issues that conventional civil rights and ethnic studies take up, but places them in a broader perspective that includes economics, history, and even feelings and the unconscious. Unlike traditional civil rights, which embraces incrementalism and step by step progress, critical race theory questions the very foundations of the liberal order, including equality theory, legal reasoning, Enlightenment rationalism, and principles of constitutional law.

Cultural Competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989). Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally

- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve systematically consumers, key stakeholders, and communities. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum

Culturally Sensitive: Health care that reflects “the ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage” (DHHS, OMH, 2001, p. 131)

Equity-Minded Learning: The characteristics of equity-mindedness are as follows: (a) being race conscious in a critical way, as opposed to color blind; (b) being cognizant of structural and institutional racism as the root cause of inequities as opposed to deficiencies stemming from essentialist perspectives on race or ethnicity; (c) recognizing that to achieve equity it may be necessary to treat individuals unequally as opposed to treating everyone equally; and (d) being able to focus on practices as the source of failure rather than student deficits. (Center for Urban Education)

First-generation Student: The student is the first person in their family to attend a four-year college or university to attain a bachelor’s degree

Health Disparities: refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. A “health care disparity” typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care. Health and health care disparities often refer to differences that are not explained by variations in health needs, patient preferences, or treatment recommendations and are closely linked with social, economic, and/or environmental disadvantage. The terms “health inequality” and “inequity” also are used to refer to disparities. Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.

Health Equity: Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Holistic Admissions: “A flexible individualized way of assessing an applicant’s capabilities by which balanced consideration is given to experiences, attributes, and academic metrics.” It focuses on an understanding of the whole applicant as opposed to ranking applicants on their academic credentials

Implicit Biases: Associations that are automatically expressed and which people unknowingly hold; also known as unconscious or hidden biases. Many studies have indicated that implicit biases affect individuals' attitudes and actions, thus creating real-world implications, even though individuals may not even be aware that those biases exist within themselves. Notably, implicit biases have been shown to be favored above individuals' stated commitments to equality and fairness, thereby producing behavior that diverges from the explicit attitudes that people may profess.

https://www.aha.org/system/files/media/file/2020/12/ifdhe_snapshot_survey_FINAL.pdf

Intergroup Dialogue: A model of social justice used to create opportunities for meaningful cross-group interaction. It teaches students, faculty, and staff to create meaningful relationships and dialogue among people from different social, economic, racial, and ethnic groups.

Intersectionality: Intersectionality is simply a prism to see the interactive effects of various forms of discrimination and disempowerment. It looks at the way that racism, many times, interacts with patriarchy, heterosexism, classism, xenophobia — seeing that the overlapping vulnerabilities created by these systems actually create specific kinds of challenges ([Kimberlé Williams Crenshaw](#)).

Institutional Racism: Refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group, but their effect is to create advantages for whites and oppression and disadvantage for people from groups classified as people of color.

Microaggression: The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.

Minority-serving institutions (MSIs)

- Designations are based on compositional diversity of the institution or specific institutional mission to serve a specific racial group
- There are six categories of MSIs classified by the Higher Education Act
 - Hispanic Serving Institutions (HSIs)
 - Historically Black Colleges and Universities (HBCUs)
 - Tribal Colleges and Universities (TCUs)
 - Alaska Native Serving institutions (ANSIs)
 - Native Hawaiian Serving Institutions (NHSIs)

Mission Statement – communicates the organization's reason for being and how its serves its key stakeholders (purpose of being). Who are we? What does our organization value? It is longer than the vision statement? Stakeholders – students,

faculty staff, government, and communities. The mission statement is longer than the vision statement and summarizes the organization's values.

Predominately White Institutions (PWIs)

- Although not an official designation it is a term used to describe institutions of higher learning in which Whites account for 50% or greater of the student enrollment and whose histories, policies, and practices center the white majority

Privilege: Unearned social power accorded by the formal and informal institutions of society to ALL members of a dominant group (e.g., white privilege, male privilege, etc.). Privilege is usually invisible to those who have it because we're taught not to see it, but nevertheless it puts them at an advantage over those who do not have it.

Social Determinants of Health: The conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants.

Structural Determinants of Health: all the social and political mechanisms that generate stratification and social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources. The structural determinants cause and operate through intermediary determinants of health—housing, physical work environment, social support, stress, nutrition and physical activity—to shape health outcomes (WHO, 2010).

<https://nccd.hhs.gov/resources/entry/a-conceptual-framework>

Systemic Racism: Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), which unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. *Camara Phyllis Jones, MD, MPH, PhD*

<https://www.apha.org/topics-and-issues/health-equity/racism-and-health>

Values: belief of the organization's emotional investment. Reaffirms the organization's values not evident in the mission or vision statements. Roles of mission and vision- communicates the purpose of the organization to stakeholders, informs strategy development, and develop the measurable goals and objective to gauge the success of the organization's strategy.

Vision Statement: is the future-oriented declaration of the organization's purpose and aspirations (based on the purpose; this is what we want to become). The vision statement answers the question of where the organization is going.

For more definitions on key terms related to diversity, equity, and inclusion, see the [Racial Equity Tools Glossary](#).

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