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Achieving Diversity and Meaningful Inclusion in Nursing Education

A Living Document from the National League for Nursing

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Mission: Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

Core Values: Caring, Integrity, Diversity, Excellence

INTRODUCTION

The National League for Nursing believes that diversity and quality health care are inseparable. Together they create a path to increased access and improved health and can eliminate health disparities. The NLN is committed to the education of exemplary nurses who value and embody the richness of difference and inclusion to help advance the health of the nation and the global community.

Diversity signifies that each individual is unique and recognizes individual differences – race, ethnicity, gender, sexual orientation and gender identity, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other attributes. It encourages self-awareness and respect for all persons, embracing and celebrating the richness of each individual. It also encompasses organizational, institutional, and system-wide behaviors in nursing, nursing education, and health care.

Voices from governance, faculty, students, and staff allow nurse educators to collaboratively develop policies and practices that benefit all learners and members of the health system. The current lack of diversity in the nurse workforce, student population, and faculty impedes the ability of nursing to achieve excellent care for all. Adverse effects in population health care due to the lack of a diverse workforce that knows how to build inclusive environments are well documented (Institute of Medicine, 2004; Lim et al, 2014).

Workforce diversity encourages increased access to health care through broader consumer choices of clinicians and invites varied perspectives in making health-related

decisions. A culturally responsive workforce and a relationship-centered health care system offer healing and hope to all patients.

BACKGROUND

For years, the NLN has addressed the need for nursing education to step up and lead the efforts to expand diversity among faculty and students. While the League has created awareness about the need to have a strong diverse workforce, progress has been slow in changing the demographics of the nursing profession. The NLN's diversity initiatives have included:

- › The Think Tank on Expanding Diversity in the Nurse Educator Workforce outlined a plan to implement specific initiatives through 2011 and beyond, including the theme for the September 2008 NLN Education Summit, “The Power of Diversity: Embracing Differences in Heritage and Thought.” These led to the NLN’s documentation of its diversity initiatives and raised awareness for seeking resources to expand diversity in nursing education.
- › A Reflection and Dialogue (R&D) post, “A Commitment to Diversity in Nursing and Nursing Education,” regarding diversity as a system-wide issue recommended the need to examine practices and traditions that favored some and excluded others, to expose micro-inequities, to address the lack of diversity that leads to health disparities, and to maintain and define cultural humility. Faculty were invited to join a dialogue about these reflections and recommendations.
- › The NLN Diversity Toolkit provides resources for administrators and educators to achieve a more inclusive faculty and student population.
- › The NLN Center for Diversity and Global Initiatives promotes diversity and inclusivity in nursing and develops global leadership.
- › The 2014 Leadership Conference, “Academic Leadership Excellence: Creating Inclusive Environments,” explored inclusivity and its relevance to nursing education and health care, how to engage in courageous dialogue about leading in a diverse world, and action strategies to develop a foundation for cultural due diligence and inclusivity in nursing education programs.
- › An NLN Strategic Action Group recognized the need to strategically explore the continued significance of diversity and inclusivity in nursing education. The group concluded that leadership development in nursing practice and education is critical in strengthening diversity in the nurse workforce.

Current Status of Nurse Workforce Diversity

Past and current literature documents the lack of racial, ethnic, and gender diversity and to a lesser degree, nurses with disabilities in the registered nurse population. It is important to note however that gender diversity has been documented only in a binary fashion, male and female. There is very little documentation about LGBTQ populations. Although the growth is slow, registered nurses from underrepresented racial/ ethnic populations are increasing in number (DHHS, HRSA and BHW, 2014).

Racial, Ethnic, and Gender Diversity in the Nurse Workforce

In a four-year period, there was a slight increase in the percentage of RNs from underrepresented racial/ethnic backgrounds. The 2008 National Sample Survey of Registered Nurses (NSSRN) revealed that nurses from underrepresented racial/ethnic backgrounds were 16.8 percent of the RN workforce compared to 10.7 percent in 2004.

Data from the National Council of State Boards of Nursing (NCSBN) and the Forum of State Nursing Workforce Centers study (2013) compared the registered nurse population to the general population and discovered that the upward trend continued. Nineteen percent of RNs who responded were from the underrepresented racial/ethnic populations (DOI: [http://dx.doi.org/10.1016/S2155-8256\(15\)30136-8](http://dx.doi.org/10.1016/S2155-8256(15)30136-8)). Although Caucasians are overrepresented as RNs when compared to the general population, the percentage difference is quite small. African-Americans and Hispanics are grossly underrepresented in the RN ranks when compared to the general population. Conversely, Asians are overrepresented as registered nurses when compared to their numbers in the general population. Also, it was noted that there was tremendous underrepresentation of men in nursing.

Comparison of Nursing Diversity to General Population (NCSBN, 2013)

Ethnic or Gender Group	Registered Nurse Population	General Population
Caucasian	83%	77.7%
African American	6%	13.2%
Asian	6%	5.3%
Hispanic	3%	17.1%
American Indian/ Alaskan Native	1%	1.2%
Native Hawaiian/ Pacific Islander	1%	0.2%
Female	93%	51%
Male	7%	49%

Additional documentation for lack of diversity along the lines of race, ethnicity and gender was reported in the Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2010-2012). Female RNs (90.8%) were in great disproportion to male RNs (9.2%). Registered nurse race and ethnicity data from the occupations report were as follows: White (78.6%), African Americans (10.7%), Asian (8.8%), American Indian and Native

Alaskan (0.4 percent), Native Hawaiian and other Pacific Islander (0.1%), Multiple/Other race (1.4%), Hispanic or Latino (5.4%). Of note is that the largest representation of African Americans (25 percent) is among licensed practical/vocational nurses; nearly twice their representation in the overall US workforce (DHHS, HRSA and BHW, 2014).

Lack of Diversity of Faculty in Nursing Education

Underrepresented racial/ethnic populations are sorely missing in academia. The NCSBN (2013) analysis of job titles noted that nurse faculty and nurse executives had the least diversity when compared to staff nurse positions. Respectively, 87 percent and 86 percent of nurse faculty/nurse executives were white and 79 percent of staff nurses were white. Nurse faculty are required to have baccalaureate and higher degrees in most states. Although nurses from underrepresented groups are more likely to have a minimum of the baccalaureate degree (Fraher et al 2015), they are less likely to enter academia. Regarding completion of nursing degrees beyond the associate degree, the national survey (NSSRN, 2008) reported nurses from underrepresented populations have higher rates than white nurses: Asian (75.6 percent), African-American (52 percent), Hispanic (51.5 percent), and white (48.2 percent). Only 12.3 percent of full-time faculty in nursing education come from minority backgrounds (AACN, January 2014 Fact Sheet). The percentage of men in nursing education is even smaller. Men account for only 5.5 percent of full-time faculty teaching at baccalaureate and higher-degree schools of nursing (AACN, 2015).

Enrollment, Graduation, and Licensure Boost Diversity in the Workforce

Nursing pipeline programs are instrumental in increasing diversity in nursing education and ultimately the nursing profession. Key intervention strategies incorporating academic support, professional opportunities, and financial support lead to the likelihood of underrepresented racial/ethnic students enrolling in health professions, including nursing. A national examination of US baccalaureate programs found that in the 20 percent with formal pipeline programs in place, enrollment and graduation rates increased for Asian and Hispanic students while enrollment remained static for black students and their graduation rates decreased (Brooks-Carthon, 2013). Factors include lack of institutional efforts to recruit and retain diverse students, failure to promote an inclusive environment and welcoming climate, and insufficient academic support activities (Brooks-Carthon, 2013).

A recent trend indicates appreciably more racially/ethnic diverse candidates preparing to be registered nurses. Woo & Dragan's (2012) breakdown of the 152,069 US-educated candidates who took NCLEX-RN in 2010 showed an increase in the percentage of minority candidates (31.42%) taking the licensure examination: African American (10.63%), Asian Indian (1.06 percent), Asian other (4.80 %), Hispanic (7.07 %), Native American (0.65 %), other (5.92 %), Pacific Islander (1.29 %). White candidates

represented 68.59 percent of the candidates. The NLN Biennial Schools of Nursing Survey (2014) indicated that the percentage of minority students enrolled in basic RN programs was 28 percent revealing a stagnant five-year enrollment trend.

LGBTQ Health in Nursing Education

The literature documents health disparities related to the LGBTQ community and the need for culturally competent health care (Ard, K., & Makadon, H., 2012). GLMA: Health Professionals Advancing LGBT Equality has advocated for inclusion of questions about sexual orientation and gender identity in national health surveys to document the extent of health disparities in the LGBTQ community. In 2013, the National Health Interview Survey (NHIS) included questions on sexual orientation. Clear health disparities were found among the 2.3 percent of the adults surveyed that identified from the LGBTQ community. LGBTQ youth are more likely to be homeless and commit suicide. Lesbians and bisexual females are more likely to be overweight or obese (Struble, CB. Lindley, LL., Montgomery, K., et al. 2010). Gay men are at higher risk of HIV/AIDS and other sexually transmitted diseases. Transgender people have additional issues such as mental health concerns, suicide, violence, drug and alcohol abuse, and no health insurance (Ard, K., & Makadon, H., 2012). Moreover, Randall and Eliason (2012) view lesbians as the largest minority group within nursing and argue the lack of a unified effort to recognize or support them in the nursing profession or as patients in the health care environment.

Currently, the LGBTQ population, increasingly more visible in our society, is underreported in the nursing literature. Lim, Johnson & Eliason, 2015 who found that LGBTQ faculty in baccalaureate nursing education programs were more aware of and prepared to address health concerns of the LGBTQ population than heterosexual faculty. The researchers' described their self-identified study participants as 78 percent heterosexual, 4 percent gay, 5 percent lesbian, and 2 percent bisexual; 10 percent declined to answer. This study supported the critical need to increase space in nursing education curricula for health care parity in LGBTQ individuals and families.

Nurses with Disabilities

The National Organization of Nurses with Disabilities (NOND) advocates for an inclusive workplace culture and argues that people with disabilities should be included in the discourse regarding diversity (Davis, 2011; Neal-Boylan, L., & Smith, D. 2015). Some nurses with disabilities face discrimination in the workplace.

Currently, data on the number of nurses or nurse educators with disabilities are limited. In 2014, a policy roundtable hosted by the Office of Disability Employment Policy in collaboration with the NOND discussed ways to use the skillsets of people with disabilities to address the workforce shortage in nursing.) NOND experts explained that both nurses and nursing students with disabilities and nursing education programs

need education regarding their rights under the Americans with Disabilities Act. Despite the intent of the ADA as civil rights legislation, some universities continue to neglect content concerning disabilities in curricula, fail to include faculty and students with disabilities in their programs, and exclude faculty and students with disabilities in promotional materials.

Moreover, nursing students may have difficulty in the admissions process due to inappropriate use of standards meant for employment, rather than educational settings, and lack of accommodations. The roundtable recommended additional education of faculty, students, and administrators to address the issues outlined above and the potential for students with disabilities to help address the nursing shortage.

Racial/Ethnic Health Disparities and Inequity

The Agency for Healthcare Research and Quality (AHRQ) states that health care quality remains suboptimal for diverse populations in the United States because some individuals do not receive quality care or believe that their values are honored or respected. The Patient Protection and Affordable Care Act (ACA) of 2010 expanded coverage and improved access to the nation's health care system. ACA's creation of subsidies made insurance more affordable and benefited immigrant citizens. The sheer numbers of immigrants coming into the health care system create enormous opportunities to provide culturally competent care.

The 2014 Quality Data Report shows improvement in access to care with the increased rate of insured adults due to ACA. However, disparities in access to care and quality of care still remained.). The IOM's Future of Nursing (2010) urged increased racial/ethnic and gender diversity in the nursing workforce to reduce health disparities. The Institute of Medicine's seminal 2003 reports "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare" and "Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century" suggest that a diverse provider workforce can lead to improvements in quality of care.

Barriers to Diversity and Inclusion in Nursing Practice and Education; Nurses as a Microcosm of Society

Nurses are bound by an ethical code of conduct (ANA, 2015) that calls for the inherent dignity and worth of people to be respected, and, in collaboration with other health professionals will reduce health disparities. However, these expectations don't take into account the fear of difference and that could end in implicit and explicit biases (Dreachslin, JL., Gilbert, MJ. & Malone, B (2013). A comprehensive sense of self and a deep understanding of one's own culture are prerequisite to caring for people from diverse cultures with different values. Appreciating the boundaries of personal beliefs and practices as separate from professional values and practices is essential along with acknowledgment that nurses are humans with personal baggage and biases. Without

self-awareness and nurses' motivation to develop critical competencies to work with diverse populations, injustices are likely to occur. Injustices flourish where the implicit is not made explicit (NLN, 2009).

The Influence of Micro-Inequities

Micro-inequities, subtle, often unconscious, sometimes unintentional messages that devalue, discourage and impede academic performance can become a pattern within nursing education, and among colleagues and students. A micro-inequity is a way to single out, overlook, ignore or discount an individual based on an unalterable characteristic such as gender, age or race. The messages may be delivered in many ways such as facial expressions, gestures, tone of voice, choice of words, hints and sentence structure that could create bias or misunderstanding (NLN, 2009). Therefore, nurse educators must be mindful of their own core values and beliefs in meeting the needs of their students and as they teach students to care for diverse populations.

Racism

The American Public Health Association's former president Shiriki Kumanyika identified racism as one of the most challenging tools of social stratification which continues to serve as a barrier to improvement in public health. Kumanyika & Jones (2015) reflected on the evidence i.e., showing how unequal treatment in the health care system due to race leads to health disparities. Williams & Wyatt (2015) reported that unconscious bias by health care professionals contributes to racial/ethnic health disparities.

CALL TO ACTION

Creating inclusive academic environments that foster the recruitment, retention, and graduation of diverse students, is the role and responsibility of nursing education leadership (HRSA, 2006). The National League for Nursing – diverse in race, ethnicity, culture, language, and gender – strongly supports diversity and inclusion in nursing education and practice. The Association of American Colleges and Universities (AACU, 2015) urges higher education to use inclusive excellence as a strategic framework to actively review and evaluate institutional practices and policies. Inclusive excellence includes all features, ideas, processes, and challenges connected to diversity and inclusion that moves from discussion and leads to institutional change.

It is imperative that all institutional leaders create academic environments where diverse faculty, staff, and students can flourish. Administrators, faculty, and staff must be prepared to cultivate a learning environment where diversity and inclusion is embraced and celebrated. Students must be prepared to care for diverse populations in culturally responsive ways. Diverse faculty and students must be welcomed and sustained in nursing education programs. Curricula that respond to the health needs of all populations must be designed and implemented. There must be a willingness to challenge unintentional and intentional bias that promote micro-inequities and act as a barrier to achieve diversity in nursing and nursing education.

CONCLUSION

Like the NLN, other national organizations underscore the critical need for expanding diversity in the health care workforce. It is widely accepted that diversity brings differences in perspectives which leads to institutional excellence. Nursing education must provide the leadership in a dramatic expansion of diversity and inclusion. Educational institutions must graduate providers that mirror our nation and that have the capacity to meet the health care needs of all communities and individuals, including those of various abilities, ages, cultures, ethnicities, gender identity/gender nonconformity, political beliefs, race, religious beliefs, socioeconomic status, or other legally protected categories.

The NLN remains committed to leading diversity and inclusion efforts that advance the health of our nation and the global community to sustain a more diverse workforce that fosters inclusive environments. The recommendations below are a call for the nursing education community to co-create diversity and inclusion in nursing practice and nursing education to impact health care for all populations and global communities.

RECOMMENDATIONS

For Deans, Directors, Chairs of Nursing Programs

- › Commit to diversity and inclusivity in the academic mission, leadership, faculty, students, and curricula.
- › Develop a plan to actively recruit and retain faculty, staff, and students from diverse backgrounds.
- › Enact a governance structure that fosters an environment of inclusivity including recruitment and retention of a diverse leadership team.
- › Provide internal and external resources that empower all individuals to achieve excellence in diversity and inclusion.
- › Evaluate results or outcomes of diversity plan implementation.
- › Develop diversity leadership champions among faculty, staff and students.

For Nurse Faculty

- › Co-create a positive collaborative organizational culture that integrates the value of diversity and inclusivity into the functions of the nursing education program and academic institution.
- › Form academic-practice partnerships to strengthen inclusive practice.

- › Provide inter-professional learning opportunities that prepare students to care for diverse populations in culturally responsive ways.
- › Determine metrics to monitor benchmarks for diversity and inclusion among nursing education programs.
- › Form alliances with community organizations as resources for strengthening diversity and inclusion in the workforce.
- › Provide curricula that includes culturally appropriate health care of diverse populations with attention to health disparities.
- › Establish formal mentoring initiatives for underrepresented students and faculty.
- › Strengthen workforce diversity research in nursing education, i.e.,
 - o Evidence-based approaches to recruitment, retention, career advancement of diverse nurse faculty
 - o Micro-aggressions that influence who enters and exits nursing faculty, looking at variables like unconscious bias and the threat of stereotypes

For the National League for Nursing

- › Continue to demonstrate evidence of diversity and inclusion within the organization and in stakeholder engagement.
- › Disseminate a comprehensive tool that measures the effectiveness of diversity in nursing education.
- › Continue to collect gender, racial/ethnic enrollment and retention data in nursing programs nationally.
- › Continue to provide professional development regarding diversity and inclusion.
- › Establish criteria for recognizing excellence for diversity and inclusion in nursing education, e.g., NLN award, Centers of Excellence.
- › Develop a panel of experts to serve as diversity mentors for nursing education programs.
- › Use multiple communication strategies to keep diversity and inclusion issues visible to the nursing education community.
- › Build organizational connections and coalitions that advance diversity and inclusion in nursing education and practice.
- › Seek funding to support diversity initiatives.
- › Create a database of nursing education programs that are exemplars of diversity.

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