



Report #3 of 6

How Does Racism in Nursing Show Up in the Education Space?



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3	Introduction
4	THEME: Historical
8	THEME: Pedagogy
10	THEME: Access
13	THEME: Climate and Culture
15	THEME: Progression
18	Conclusion
20	References

Introduction

Schools of nursing (SONs) are the front door to the nursing profession. Racial, structural, and institutional inequities that are embedded in nursing programs and schools have the most profound impact on the profession because of the expanded reach they have into the future of students who progress and those who fail, the nursing workforce, future nurse educators (NEs), and the health and well-being of our nation. It is important that NEs learn about our racist history and work to create climates and environments that are built on equity, human dignity, and equal service to all.

It starts with leadership. Once students enter our SON and programs, academic leaders must ensure that faculty are trained about the history of racism in nursing and taught how to develop curricula and course content that are pedagogically sound, are racially affirming, and promote an anti-racism ideology. Academic leaders, faculty, researchers, publishers, and social media platforms must evaluate all future publications, proposals, and communication to eliminate racist stereotyping of diverse populations. Our scholarship must be based on “biological markers” and not social constructs such as race, religion, gender, sexuality, etc. Nurse educators are compensated for their services to prepare and produce future nurses, and there is no place in the profession for structural and institutional barriers that block access and limit students and faculty progressions. Both student and faculty need support to be successful. Therefore, SON and university/college leaders will need to rethink how success is measured in both spaces.

Looking through a new lens, we invite you to review our work and provide critical feedback to inform this work and shape the future of nursing. It is our hope that you will join us in advocating for real change. Nurses cannot chart a path toward health equity until there is racial healing in the profession.

THEME: Historical

Goal statement: Recognize the roots of racism in nursing education, climates and environments that are built on equity, human dignity, and equal service to all.

Pre-19th Century

To recognize the metastatic nature of racism and how it presents in nursing today, one must painstakingly unearth the foundation that underlies the profession and dare to interrogate the racial caste system that shaped the discipline. In the early 17th century, racism emanated in the United States through a lens of white superiority that promulgated a false doctrine and erroneous rhetoric that alleged the congenital inferiority and worthlessness of individuals racially identified as Black (King, 1968). Race, a socially constructed marker, was sold as a biological construct that transcended generations (National Human Genome Research Institute, 2018). Racism became the vehicle through which discriminatory ideas, policies, practices, guidelines, and rules came together, were endorsed legally or de facto, and were driven by dominant voices across healthcare settings and the nursing discipline over multiple centuries (Hine, 1989; Carnegie, 2000). While rooted in slavery, racism is not a binary construct that exclusively encapsulates white dominance over Black disempowerment. Rather, racism continues to be operationalized by a subliminal and sometimes deliberate acceptance and propagation of negative stereotypical messages about historically racialized groups that serve to delegitimize and reduce their full humanity, limit access, fuel oppression, normalize unfair treatment, and sustain racial inequities through racist policies. It is against this backdrop that the genesis of nursing came to be.

The myth of “separate but equal” produced inequities regardless of where it was situated or when it was espoused. It was during the Crimean War in 1854 that Mary Seacole was denied an opportunity to join the team of nurses under the supervision of Florence Nightingale (Seacole, 2005). Nevertheless, Seacole cared for wounded men afflicted with diseases, although separately and without the government sponsorship afforded to Nightingale. Similarly, Jim Crow laws in the South denied access to higher education and economic mobility. However, Historically Black Colleges and Universities (HBCUs) emerged, albeit grossly underfunded, to address the inequalities related to racism. Booker T. Washington established and served as president of Tuskegee University in 1881. Tuskegee was the first HBCU and the first one to create a nursing program (Hine, 1989). Recognizing the need to create opportunities for African Americans and Blacks in the South and improve health care outcomes, HBCUs that had nursing programs began to emerge between 1890 and 1930 and included Dillard University, Florida A&M, Hampton University, and Howard University (Hine, 1989).

Racism was not unique to the South. In 1890, Emma Reynolds applied to every nurse training institution in Chicago and was denied access (Hine, 1989). Her story was not an anomaly (Carnegie, 2000). When the U.S. Supreme Court upheld the constitutionality of a state's Jim Crow law in *Plessy v. Ferguson*, in 1896, under the cloak of "separate but equal" systems, racial discrimination was affirmed in health care systems and nursing education. In the United States, beliefs that fueled segregation crossed state lines and prevented many students from accessing nursing. From 1890 to 1925, racial segregation and discrimination occurred alongside "an elite cadre of white nurse leaders" who gave "shape and guidance to the professionalization of nursing" (Hine, 1989, p. 89). The professional organizations, journals, and special body of scholarship created by white nurses were racially exclusive and reinforced the power of discrimination and segregation (Hine, 1989; Carnegie, 2000).

20th Century

In the first half of the 20th century, nursing was moving toward establishing formalized hospital-based training for nurses (Hine, 1989). The centuries-long existence of Black, Indigenous, and Latinx nurses, midwives, and other healers was systematically erased to make room for this new Victorian-era approach to nursing education, where nurses were expected to be "literate" and meet a cadre of preferred characteristics. This emerging preference for white Eurocentric attributes influenced the development of "professional" nursing standards that continue to be used to discriminate against racialized groups and perpetuate racism in nursing education (Baptiste et al., 2021; Hine, 1989; Niles & Drew, 2020; Theobald, 2020). By 1900, there were 432 nursing training schools, most of which were hospital-based programs. Hospitals and training programs for nurses remained largely segregated and rapidly overshadowed freestanding nursing programs in the United States (Hine, 1989). Though Black, Indigenous, and Latinx women had historically been responsible for nursing care in their communities, very few were admitted to nursing training schools (Hine, 1989; Moore & Drake, 2020; Theobald, 2020).

During the period from 1900 to the 1950s, nursing education continued to evolve toward a more standardized curriculum. In 1923, the Goldmark Report was published, stating that nursing education should occur in a university setting (Goldmark, 1923). As nursing education moved into academic settings, the number of advanced education programs increased, and nurses of color continued to be excluded through the racial gatekeeping that was pervasive in the beginning half of the century (Niles & Drew, 2020; Moore & Drake, 2021). Schools of nursing were not the only source of racial gatekeeping in nursing during this time. Nurses began to organize as a profession, with the first assembly of the Nurses Associated Alumnae of the United States and

Canada occurring in 1896. In 1911, the Nurses Associated Alumnae of the United States and Canada became the American Nurses Association (ANA). Once again, racialized nurses were excluded from participation. In 1916, the ANA required that nurses join the organization through their state organizations, which denied membership to Black nurses. Many states also prevented Black nurses from taking the examination to become registered nurses (Moore & Drake, 2021). Groups that were racialized were compelled to form their own professional nursing organizations. To address the specific needs of Black nurses, the National Association of Colored Graduate Nurses was formed in 1906 (Moore & Drake, 2021), and in 1916, the Association of Registered Nurses of Porto Rico was formed (Walsh, 2018).

In the 1950s and 1960s, a series of legal changes ended legal support for racial discrimination. In 1954, the U.S. Supreme Court ruled in *Brown v. Board of Education* that in the field of public education the doctrine of “separate but equal has no place” (Cornell Law School, 2020). *Brown* highlighted the nation’s racial caste system and set the stage for passage of civil rights legislation (Rothstein, 2014). As a result, de jure racial exclusion in historically white nursing institutions and organizations, which endured through the 1960s (Lewenson & Graham-Perel, 2020), eventually ended. In 1951, the National Association of Colored Graduate Nurses dissolved to integrate into the ANA (Staupers, 1961). Passage of the Immigration and Nationality Act in 1965 ended legal preference for immigrants from northwestern Europe (Masselink & Jones, 2014). Similarly, the ANA-sponsored Exchange Visitor Program, which had brought primarily European nurses to the United States before 1959, expanded to include nurses from other countries, particularly from the former U.S. colony the Philippines (Choy, 2003).

Although legal changes eventually had a significant impact on de jure racial discrimination, they had no power to abolish racist ideology in nursing and health care. Acceptance of scientific racism (beliefs in biological inferiority) contributed to nurses’ historic participation in the violation of racialized people’s human rights, such as occurred in the Tuskegee Experiment (Crenner, 2012) and the forced sterilization of thousands of racialized women in the 1960s and 1970s, and hundreds in the 2000s (Alonso, n.d.; Kardish, 2014). At the same time, scientific racism in nursing curricula and textbooks prepared a nursing workforce to deliver discriminatory care (Byrne, 2001; Jaschik, 2017), reinforcing the status quo of medical apartheid in America (Garber, 2020; Newkirk, 2016; Smedley et al., 2003). De facto racial exclusion in nursing organizations and mass human suffering caused by health injustice led to the formation of professional associations to represent the voices of racialized nurses and their communities, including Chi Eta Phi Sorority Inc., a professional nursing organization in 1932, the National Black Nurses Association (NBNA) in 1971, the National Association

of Hispanic Nurses (NAHN) in 1975 (NBNA n.d.; NAHN, n.d.), the Philippine Nurses Association of America Inc. (PNAA) in 1979, the Asian American Pacific Islander Nurses Association (AAPINA) in 1992, and NANAINA in 1993 (which unites American Indian/Alaska Native nurses and those who care for AN/Al people). Due to the ongoing lack of diversity, support, and progression in nursing, in 1998 the National Coalition of Ethnic Minority Nurse Associations (NCEMNA) was founded to provide a unified voice and force advocating for equity and justice in nursing and health care for ethnic minority populations. NCEMNA consists of five national ethnic nurse associations: AAPINA, NANAINA, NAHN, NBNA, and PNAA.

In the post-civil rights era, nursing education deployed policies that failed to readdress its white supremacist foundations, resulting in reproduction of the pre-civil rights racial hierarchy. These seemingly race-neutral approaches obscured how white supremacist power relations cultivated inequality and oppression, enabling continuation of the status quo (Koschmann, Jeffers & Heidari, 2020; Jones, 2014). Examples include accreditation standards for nursing programs that failed to mandate equity (Hassouneh, 2018) and criteria for selection of National League for Nursing Centers for Nursing Excellence that disregarded the need for anti-racist change to achieve excellence. Similarly, the American Association of Colleges of Nursing (1997) has historically expressed support for diversity, equity, and inclusion (DEI) without engaging in the substantive anti-racist policy change efforts needed to create equal outcomes across groups. Thus, the construction of standards for education and of problems and their solutions by nursing educational institutions and organizations obscured the operations of white supremacy while maintaining the status quo of racial hierarchy in the profession.

Nursing's most recent history in the 21st century reveals some progress in changing the predominantly white female leadership of the American Nurses Association and other organizations. Of the first 35 ANA presidents, two were Black women: Dr. Barbara Nichols, elected in 1978, and Dr. Beverly Malone, elected in 1996 (Waite & Nardi, 2019). The election of Dr. Ernest Grant heralded the election of the first Black male president of the ANA, in 2014. He is currently serving his second term. However, at the state level, many of the ANA's affiliate chapters have yet to elect a nurse of color as president.

THEME: Pedagogy

Nursing curricula and pedagogy have historically centered on the experiences of people who are white-identifying and failed to ensure that content and methods for teaching are racially affirming, promote an anti-racism ideology, and mitigate anti-Blackness. This is evident in the pedagogical approach used to address cultural competency, where a variety of races and ethnicities are discussed in nursing textbooks and peer-reviewed journals. It is common to see stereotypes being taught through patient-provider scenarios, case studies, and simulations, and in the clinical setting.

Nursing textbooks are commonly written without references to or input from highly skilled scholars from minoritized groups. The omission of diverse perspectives and lived experience results in educational materials that perpetuate stereotypes and nonscientific, biased beliefs about Black people. The use of race as it relates to medical diagnoses and treatment reinforces disproved notions about being Black or of African descent as a biological construct and contributes to ongoing racial disparities in health care (Bach, 2003). In fact, race is an insufficient proxy for genetic ancestry, and science has demonstrated that race is a social category with no basis in biology (Lee, 2009).

Despite the significant efforts to analyze the interlocking systems of inequitable access and discrimination in healthcare, nursing education tends not to include an anti-racism pedagogy in its curricula (Hassouneh, 2006). Nurse educators should become proficient in and knowledgeable about social determinants of health that are structurally, institutionally, and politically based as they prepare the future nursing workforce to provide culturally informed, congruent, and safe care for an increasingly diverse population.

In addition, educators play a fundamental role in the academic success of students and their ability to operationalize the profession's value of social justice. Equity pedagogy is one approach to teaching and learning that supports the academic achievement of all students. According to Banks (2006), "an equity pedagogy exists when teachers modify their teaching in ways that will facilitate the academic achievement of students from diverse racial, cultural, gender, and social-class groups" (p. 18). Effective educators learn to utilize a range of pedagogical strategies to meet the needs of a range of learners. Three examples that support the three domains of learning – cognitive, socio-emotional, and skills

and behaviors (Bloom & Krathwohl, 1956) – are (1) cooperative strategies rather than competitive strategies, to help students develop positive racial attitudes; (2) narrative pedagogy, which allows students to build on lived experiences and supports relevance; and (3) culturally responsive teaching, which is “an umbrella term for pedagogies that prepare students to support social justice in and beyond the classroom” (Day & Beard, 2019, p. 279).

Recommendations

- 1. Develop programmatic outcomes for DEI and anti-racism.**
- 2. Assess curriculum for DEI, and revise. Consider policy modification.**
- 3. Assess educational resources for bias, especially textbooks.**
- 4. Assess for, develop, and ensure access to DEI educational resources – provide supplemental DEI educational resources as needed.**

THEME: Access

Goal: To promote an equitable and inclusive academic environment (culture and climate); students, staff, faculty, and administrators need access to people, resources, and opportunities to make a meaningful impact and drive optimal success.

To promote an equitable and inclusive academic environment (culture and climate) where students, faculty, staff, and administrators are successful, each group needs access to people, resources, and opportunities. Within the academy, these groups have a synergistic relationship, meaning that the successes or challenges of one influence the other, as well as the overall mission of an institution of higher learning. Although they work together, each is discussed separately in terms of tools for success: people, resources, and opportunities.

Students

To support BIPOC (Black, Indigenous, and people of color) nursing students, we must set a standard that cultivates an environment of equitable and inclusive excellence along with purposeful development of resources that foster the success of all students (Williams, 2020). Nursing schools must be intentional and committed to cultivating an equitable and inclusive environment that affords students access to culturally proficient faculty, staff, and opportunities to achieve superior academic outcomes, reinforced by anti-racist policies and pedagogies. There should be access and opportunities for students to engage with nursing faculty with diverse experiences and role preparation such as nurse researcher and nurse executive/leader. BIPOC nursing students should also be provided with a sustainable and comprehensive safety net including elements such as mentoring, early access to financial support, current technology, mental wellness practitioners, healthy food, and safe and affordable on/off-campus housing. Access to nursing education should be financially accessible. Holistic admissions should be considered a successful strategy for developing a diverse student population with measurable diversity outcomes for students, staff, and faculty. On the national level, nursing education accrediting bodies should implement standards requiring holistic admissions review of all nursing programs with measurable diversity outcomes for students, staff, and faculty. Unlike other health profession education organizations, there are no nursing education accrediting bodies that currently require this.

Staff

Staff provide the support and infrastructure for members of the academic community when it comes to equitable and inclusive excellence. Staff are vital front-line personnel that facilitate the advancement of the academy's mission. For example, staff may be the first resource for students applying to nursing school or remaining in a program because they may be advising students. Historically, we know the discordance arising from the interactions of culturally inept staff and nursing faculty with BIPOC nursing students. Williams and colleagues (2005) describe an equitable and inclusive excellence scorecard that includes campus climate, with competent staff willing to help set the tone of the culture, commitment, and communication through the academic environment that students must navigate. Just as in other parts of the academy, staff should be empowered to bring their whole selves to work, with opportunities for success. Staff success includes access to people, resources, and opportunities to make a meaningful contribution to inclusive excellence.

Faculty

BIPOC nursing faculty members face unique challenges compared to white nursing faculty members. Therefore, an evidence-based, strategic support plan is needed to move these faculty toward success ("Three Strategies to Support Minority Faculty," 2018). The plan includes access to people, resources, and opportunities. BIPOC faculty need access to collaboration opportunities with other faculty members who share the same ethnicity and culture. These relationships provide an accepting space for faculty to share experiences and decrease feelings of social isolation while enhancing a sense of belonging. Bidirectional conversations between BIPOC faculty can help these educators express their experiences with microaggressions and bias in the workplace ("Three Strategies to Support Minority Faculty," 2018). Access to senior-level minoritized faculty and allies to promote faculty development and exposure to resources is crucial for success in the academy as teachers, scholars, and servant leaders.

Administrators

Executive leadership is critical to ensuring racism is addressed within the academy. Williams and colleagues (2005) convey that administrators are most important to cultivating and driving organizational change in the academy. They set the tone for communicating the vision, building capacity, and attracting and allocating resources to make ensure inclusivity. Depending on their role, administrators have significant responsibility in supporting academic inclusive excellence because they often control the necessary resources for student, faculty, and staff success. Not unlike other workplaces, academic administrators set the tone for the culture and climate of an organization. The optimal culture would embrace, expect, and tolerate nothing less than an inclusive environment for all stakeholders. To access people, resources, and opportunities for themselves and stakeholders, Kalargyrou and Woods (2009) stated that administrators need communication, diplomacy, and human resources skills to develop collaborative and collegial relationships among staff and faculty. Executive leadership should be accountable for strategically rooting out racism in the academy, ensuring that there is equity and reward systems throughout.

Summary

With access to people, resources, and opportunities, individuals can contribute to the academy's success while also experiencing a sense of value and belonging. All stakeholders in an inclusive academy will contribute to and expect a culture that embraces the importance of communication, diplomacy, empathy, humility, and respect.

THEME: Climate and Culture

As early as pre-school, distinct variabilities occur in school performance between minoritized groups and their peers (Voight, 2013). Almost half of all college students who enter a four-year postsecondary institution will fail to complete a bachelor's degree within six years of entering higher education (U.S. Department of Education, 2012). In addition, BIPOC nursing students face substantial racial and ethnic disparities in college persistence and degree attainment.

Climate and culture are concepts that help to describe the internal environments of organizations and institutions. Culture refers to the deeply embedded patterns of organizational behavior and the shared values, assumptions, and beliefs that members have about their organization or its work. Climate is generally thought to focus on patterns of behavior or formal activities in an institution that can be observed directly and objectively. Examples include but are not limited to certain practices, policies, procedures, and characteristics. Climate is often related to governance and decision patterns, teaching and learning processes, participant behaviors, effort and interaction patterns, and work patterns. Therefore, climate is considered to change more rapidly compared to culture.

Nora and Cabrera (1996) conducted a quantitative analysis of 831 students at a single predominantly white institution and found that students of color reported more negative campus climates, higher levels of discrimination by faculty, and greater insensitivity in the classroom than their white peers. These are common negative behaviors experienced by BIPOC nursing students enrolled at predominantly white academic institutions. Developing diverse, equitable, inclusive, and accessible environments where there is a collective sense of belonging and all individuals thrive and do their best work is critical to achieving academic nursing's goals related to diversity, equity, and inclusion. When students feel valued, respected, and welcomed by their classmates and peers, they report experiencing a stronger bond to the greater campus community. In this environment, students feel safe enough to share experiences, engage in thoughtful discussions, and offer support to others. Peers can also help buffer the effects of a negative classroom relationship with a faculty member (Sidelinger et al., 2011).

By developing a better understanding of how learning environments are impacting student success, educators can be equipped with valuable information to initiate change, target areas of growth, and, most important, improve student outcomes. Hence, the examination of climate and culture is a key element in mitigating racism in nursing education.

Recommendations to Build Inclusive Learning Environments

The National Academies of Sciences, Engineering, and Medicine (2021) recommends the following:

- 1. Assess all organizational policies for diversity, equity, and inclusion best practices.**
- 2. Build an organizational anti-racist climate by routinely assessing the perceived racial climate as well as the cultural competence of faculty, staff, and students, and promote cultural competence of faculty, staff, and students. Assess student bias against faculty of color.**
- 3. Provide anti-racism training resources and create open and safe spaces for action-oriented conversations.**
- 4. Build the infrastructure and allocate resources to support underrepresented and disadvantaged students, faculty, and staff. An example of structural resources is the existence of departmental groups and clubs that are inclusive of people of color. These groups could include faculty, staff, and students.**

THEME: Progression

Related goal: 1. Advocate for equity in educational outcomes for racially minoritized students in access, retention, and degree completion. (Student Focused)

Related goal: 2. Ensure equitable structures and opportunities that foster pathways to increase the recruitment, retention, and progression of faculty of color and leaders in schools of nursing. (Faculty and Administrator Focused)

Overview

Ensuring student, faculty, and administrator progression requires understanding of systemic patterns of disparity in order to address and eliminate barriers and remove participation gaps as part of an intentional strategy to improve student progression, faculty progression, and administrator progression (Accreditation Board for Engineering and Technology, 2021). Intentional restructuring of academic environments that focuses on transparent policies, processes, and resources provides equitable access to resources that empower students, faculty, and administrators to be successful in their progression pathways. To mitigate systemic racism embedded in nursing education, the work group focused on systems, processes, and resources that can support students' progression through their programs of study. Likewise, faculty and administrator progression can be supported by the implementation of systems, processes, and resources for role transition and role development.

Operational Definitions for Progression

- 1. Student progression is the pathway to degree or certificate completion from the point of admission through program completion. Student progression encompasses retention and focuses on *how* students proceed through programs of study. Student progression includes systems, processes, and resources that assist students through their programs of study.**
- 2. Faculty progression is the pathway to role acquisition and includes systems, processes, and resources that support faculty success for transition in the faculty role. Faculty progression starts on the first day of employment and proceeds throughout the employment period.**
- 3. Administrator progression is the pathway to role acquisition and includes systems, processes, and resources that support administrator success for transition in the administrative role. Administrator progression starts on the first day of employment and proceeds throughout the employment period.**

Resources

Resources to support student progression include, but are not limited to, robust orientation/mentoring processes, holistic admission/transfer pathways, targeted and intentional engagement/socialization (internal and external), faculty and peer mentoring, academic strengthening mechanisms, comprehensive student support services, flexible learning options, and nonacademic support (e.g., fiscal and childcare). Resources to support faculty and administrators include, but are not limited to, adoption of comprehensive onboarding processes, engagement/socialization (internal and external), peer mentoring, professional development for role development, academic support, leadership support, and other support (e.g., childcare).

Recommendations

In addition to implementation of the resources identified previously, schedule regular review (monitoring) of systems, processes, and resources for student, faculty, and administrator progression to identify implicit bias, and take measures to correct biases. Engage college/university leaders, faculty, staff, and students in conversations directed toward addressing explicit and implicit bias and anti-Blackness, and to foster inclusiveness. Encourage faculty to discuss equity in student resources and faculty resources that are linked to success, as well as academic equity and access to resources. Provide faculty and administrator development to prepare faculty and administrators for implementation of learning experiences that decrease non persistence in students. Maximize educational capacity by establishing partnerships with communities of interest to build collaborative initiatives that engage students, faculty, and administrators. Implement reporting systems for students, faculty, and administrators' documentation of aggressions and microaggressions for investigation. Establish workload policies that provide equitable research opportunities and leadership opportunities for faculty and administrators. Remove barriers to research tracks. Additional recommendations are listed in Table 1 – Student Systems, Processes, and Recommendations and Table 2 – Faculty and Administrator Systems, Processes, and Recommendations.

Table 1. Student Systems, Processes, and Recommendations

Systems	Processes	Recommendations
Student Admission (inclusive of transfer pathways and matriculation); Advisement	Marketing/Advertisement Orientation/Mentoring	Engagement/Socialization Strategic Internal/External Partnerships (e.g., sororities and fraternities) Faculty Mentoring Peer Mentoring Affinity Groups
Instructional Modalities	Flexible Learning Academic Support	Flexible Learning Options Retention/Learning Specialist/ Inclusion Liaison/Engagement Specialist for Academic/Content Support Referrals to Community Support Administrative Support Adjunct/ Visiting Faculty
Nonacademic Support	Nonacademic Student Support	Foundations Scholarships Population-Specific Grants Grant Writers Childcare Referrals to Community Support

Table 2. Faculty and Administrator Systems, Processes, and Recommendations

Systems	Processes	Recommendations
Employment/Hiring	Onboarding Mentoring	Engagement/Socialization Peer Mentoring (faculty/administrator and organizational leadership; inclusive of the tenure process)
Professional Development (role, research, specialty, and leadership)	Professional Development Selection	Professional Development (role, research, specialty, and leadership) Faculty/Administrator Fellowships
Support (academic and other); Use of Supportive Services	Support (academic and other)	Administrative Support Grant Writers Teaching/Learning Centers for Excellence Childcare
Promotion/Tenure; Participation in Pre-Promotion/Tenure Workshops and Mentoring	Promotion/Tenure	Mentors, Mentoring of Minority Faculty Including Scholarship and Orientation to the Academic Culture by Minority Scholars Administrative Support Teaching/Learning Centers for Excellence Development Funds for Grant Writing, etc. Research Funds

Conclusion

We need leaders to commit to “real change” who are ready to view their systems from the edge of chaos, not just to innovate, but to eliminate. Diversity among leaders is needed to break down racial barriers. Leadership and educators must be representative of the nursing students for whom we are trying to break down barriers. Our call to action is that academic leaders move beyond hiring DEI officers and seek to mandate the implementation of anti-racist environments and create a sense of belonging among faculty and students. Belonging is defined as the ability to be one’s authentic self both professionally and personally with respect to culture and the lived experience without being labeled as aggressive while others are considered compassionate. The work assigned to these positions appears to focus on “training” around the concepts of diversity, equity, and inclusion, and, to a small extent, tolerance. Diversity is the “low-hanging fruit” of the analytical profile of differences in the organization. It is easy to measure and is ideal for developing dashboards that are then translated to mean organizational excellence (Dawson, 2021). On the other hand, equity is about fairness and justice in the workplace, ensuring that every person is going to have access to and receive the resources and support they need to achieve and be their best self (DeConinck, 2010). It is about the impartiality of decision-makers and leaders in the organization.

Organizations must perform the baseline work to identify leaders’ “workaround” practices. This may mean evaluating and addressing organization equality and equality practices, which is different from the social policy view of equality that focuses on equality among race, ethnicity, gender, and other societal or human characteristics. Organizational equality and equity together describe a state of being treated equally in pursuit of professional status, progression in one’s career, promotional opportunities, compensation, rights to share in nonmonetary benefits, and the right to have more than just a seat at the table, but to also be heard. SONS should include internal and external comparison and assessment of their policies and practices. For example, they should examine why most major universities consider a 70-point earned grade to be a passing C, while many programs with a large minority student population require 75 points or higher to receive a C grade, or in the worst case they consider a C a failing grade, thereby increasing the time to reach graduation and the economic debt of these students.

Finally, there is the question of inclusion, or, as some authors and organizations are defining their culture, of “belonging.” Glassdoor Team (2021) defined belonging as the ability to be one’s authentic self both professionally and personally with respect to culture and lived experiences. It is the ability of the organization to support and allow the individual to show up and connect with its mission, vision, and values without being asked to change to fit who the organization thinks the individual should be. The lack of BIPOC health professionals is compounding the nation’s persistent racial and ethnic health disparities. We recommend that predominantly white institutions implement sustainable measures that foster equitable access for BIPOC nursing students and educators to have a curriculum and a faculty workplace environment that does not attend to the social construction of difference with nonoppressive standards.

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